CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hovey Linda Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District

Division, Board, Department, District, if applicable
Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: --------------------------------- Position: ---------------------------------

2. Jurisdiction of Office (Check at least one box)

□ State
□ Multi-County ____________________________
□ City of ____________________________
□ Judge or Court Commissioner (Statewide Jurisdiction)
□ County of ____________________________
□ Other Public School District

3. Type of Statement (Check at least one box)

□ Annual: The period covered is January 1, 2014, through December 31, 2014.

- or -

□ The period covered is _______/_____/_______, through December 31, 2014.

□ Assumed Office: Date assumed _______/_____/_______

□ Leaving Office: Date Left _______/_____/_______ (Check one)

- or -

□ The period covered is January 1, 2014, through the date of leaving office.

□ The period covered is _______/_____/_______, through the date of leaving office.

□ Candidate: Election year __________ and office sought, if different than Part 1: __________

4. Schedule Summary

Check applicable schedules or "None."

□ Schedule A-1 - Investments - schedule attached
□ Schedule A-2 - Investments - schedule attached
□ Schedule B - Real Property - schedule attached

- or -

□ Schedule C - Income, Loans, & Business Positions - schedule attached
□ Schedule D - Income - Gifts - schedule attached
□ Schedule E - Income - Gifts - Travel Payments - schedule attached

► Total number of pages including this cover page: __________

5. Verification

MAILING ADDRESS
1163 E. 7th St.

STREET
Chico

CITY
CA

STATE
95928

ZIP CODE

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3000

E-MAIL ADDRESS
lhovey@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/23/2015

Signature ____________

(Fill the originally signed statement with your filing officer.)
SCHEDULE D
Income – Gifts

NAME OF SOURCE (Not an Acronym)

Kingsley Bogard LLP

ADDRESS (Business Address Acceptable)

50 Iron Point Circle, Suite 110 Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)
12/13/14 $78.89 CSBA Dinner

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)

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Comments:

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FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov