

STATEMENT OF ECONOMIC INTERESTS



University, Chico
-0445

COVER PAGE

Please type or print in ink
Department of Sociology
530.898.6384

NAME OF FILER KAISER (FIRST) KATHLEEN (MIDDLE)
Fax: 530.898.4571 (LAST)
www.csuchico.edu/soci

1. Office, Agency, or Court Chico Unified School District
Agency Name (Do not use acronyms)
Board member
Division, Board, Department, District, if applicable Your Position

► 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)



County Butte
of _____

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other Chico Unified School District

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: _____
- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. Verification

1163 E 7th St Chico CA 95926
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (530) 891-3000 E-MAIL ADDRESS KKaiser@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 March 6, 2015 Signature [Signature]
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE D
Income - Gifts

Name
KAISER, KATHLEEN

▶ NAME OF SOURCE (Not an Acronym)
Isom Advisors

ADDRESS (Business Address Acceptable)
1470 Maria Lane, Suite 315

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Walnut Creek, CA 94594
CSBA Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/14</u>	<u>\$ 94.20</u>	<u>Dinner at CSBA</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Jones Hall

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/15/14</u>	<u>\$ 94.20</u>	<u>Dinner at CSBA</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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<u> / / </u>	<u>\$</u>	<u> </u>
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<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____