CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

A PUBLIC DOCUMENT

rsity, Chico -0445

COVER PAGE

Ple	ease type or prepartment of Sociology		
	ME OF FILER Fav. 530 808 4571 (LAST)	(FIRST)	(MIDDLE)
	KAISER KATHLE	EN	
1.		& School Dotre	/
	Agency Name (Do not use acronyms)	a Jewel Jistie	
	Board mem her		
	Division, Board, Department, District, if applicable	Your Position	
	▶ If filing for multiple positions, list below or on an attachment. (Do not us	se acronyms)	
	, and a marker bearing in a second of the se		
	Agency:	Position:	
2-	Lurisdiction of Office (Check at least one box)		
	Check at least one poxy		
	R. The	☐ Judge or Court Commissioner (State	ewide Jurisdiction)
	County BUTC	County of	7 /
	of	Fother Chizo link	red School DISTY
<u>-</u> 3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2014, through	Leaving Office: Date Left	1 1
	December 31, 2014.	(Check one)	
	-or- The period covered is, through	O The period covered is January	1, 2014, through the date of
	December 31, 2014.	leaving office.	•
	Assuming Office: Date assumed	The period covered is/_ the date of leaving office.	, through
		•	
	Candidate: Election year and office sought, if	r different than Part 1:	
4.	Schedule Summary	- 10-00 - 1	
	Check applicable schedules or "None." ► Tota	l number of pages including this co	over page:
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property - schedule attached	☐ Schedule E - Income - Gifts - Travel Pa	ayments - schedule attached
	or-		
☐ None - No reportable interests on any schedule			
5.	Verification //(3 £ 7½ CL)	TO CA	95971
	MAILING ADDRESS STREET CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)		
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	A
	(530) 891-3000	KKaiser @ Chicon	usdiona
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge 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.		
W 1 2 21 TK Valle			
	.152.1.	Signature	
	(month, day, year)	(File the originally signed statement	t with your tiling official.)

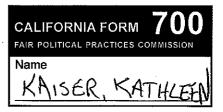
SCHEDULE B Interests in Real Property

(Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1838 Value Ave	CIDY
Chiro (A 95926	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold D Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☑ \$1,001 - \$10,000	\$0 - \$499
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \square \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable
	1 /

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)	
I Som Advisors	Lowes Hall	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1470 Maria Lang Sure 315		
BUSINESS ACTIVITY IF ANY, OF SOURCE A 94594	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
(2,15,14, 94,20 Donner at CSBH	12,5,14,94.20 Donner et as B	
	\$	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
	\$	
	\$	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
Comments:		