

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Kassel Jean Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Chico Unified School District
 Division, Board, Department, District, if applicable
 Loma Vista Special Education
 Your Position
 Principal

► 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 Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County Butte County of _____
 City of Chico Other _____

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.
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 Assuming Office: Date assumed _____ 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." ► Total number of pages including this cover page: 1

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business 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 Payments** – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1172 Vallombrosa Ave. Chico CA 96926
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (530) 879-7400 jkassel@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 _____
 (month, day, year) (File the originally signed statement with your filing official.)