STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2014, through December 31, 2014.
☐ 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.
☐ Assuming Office: Date assumed ______/_______/_______
☐ 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
☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income - Gifts – schedule attached
☐ Schedule E - Income - Gifts - Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

Total number of pages including this cover page: 1

5. Verification
MAILING ADDRESS
1172 Vallombrosa Ave. Chico CA 96926

STREET

CITY STATE ZIP CODE

BUSINESS OR AGENCY ADDRESS, IF DIFFERENT - PUBLIC DOCUMENT

DAYTIME TELEPHONE NUMBER
( 530 ) 879-7400

EMAIL ADDRESS
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.)