STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) (FIRST) (MIDDLE)
Kruger Jaclyn

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Director, Fiscal Services

Agency: ________________________________ Position: ________________________________
➢ if filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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.
☐ Leaving Office: Date Left __/__/______
-OR-
The period covered is __/__/______, through December 31, 2014.
☐ The period covered is __/__/______, 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."
☐ 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

Total number of pages including this cover page: __________

5. Verification
MAILING ADDRESS
STREET
City STATE ZIP CODE
1163 E. Seventh Street Chico CA 95928

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3000
E-MAIL ADDRESS
jkruger@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 03/18/2015
(month, day, year)
Signature ________________________________

File the originally signed statement with your filing official.

FPPC Form 700 (2014/2015)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov