CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Richard
(FIRST) Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Transportation
Your Position
Supervisor

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 ____________________________
☐ City of ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☐ Other 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 __________/________/________ (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

5. Verification

MAILING ADDRESS 2455 Carmichael Dr
STREET Chico
CITY Ca
STATE 95928
ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER ( 530 ) 891-3097
E-MAIL ADDRESS bontriveros@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 03/19/2015
(month, day, year)

Signature ____________________________

(Re 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