CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

<table>
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<th>NAME OF FILER</th>
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<tbody>
<tr>
<td>Rodgers</td>
<td>Kimberly</td>
<td>Jeanne</td>
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1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Emma Wilson Elementary
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 ____________________________
☐ 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, 2013, through December 31, 2013.
- or -
The period covered is ______/_____/______, through December 31, 2013.

☐ Leaving Office: Date Left ______/_____/______
(Check one)

☐ The period covered is January 1, 2013, 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

➤ Total number of pages including this cover page: __________

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1530 W. Eighth Avenue
Chico, CA 95926

STREET
(530) 891-3297

CITY
E-MAIL ADDRESS (OPTIONAL)

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3297

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 03/09/2015

Signature ____________________________

(Fill the original signed statement with your filing official)

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov