NAME OF FILER
(SALADO) RANDO (MIDDLE) A. HAYA

1. Office, Agency, or Court

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

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, 2014, through December 31, 2014.
☐ Leaving Office: Date Left 12/30/2014
☐ The period covered is _____/_____/_______, through December 31, 2014.
☐ 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:

☐ Candidate:

☐ None: No reportable interests on any schedule

4. Schedule Summary

☐ 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:

☐ 1

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1163 E 7th Street
STREET
CHICO
CITY
CA
STATE
95928
ZIP CODE

DAILY TELEPHONE NUMBER
(530) 891-3000
E-MAIL ADDRESS

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 3/17/2015

Signature

(Filer to originally sign this document)

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