## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER	OLADO (LAST)	RAN	(FIRST)		(MIDDLE)
1. Office, Agency, or		77 AA	ВУ		HANYA
Agency Name (Do not us					
Chico Unified Scho	- '				
Division, Board, Departme	nt, District, if applicable		Your Position		
MAINTENANCE	Operations F	EANS porta	HOW .	ساره.	ector
	itions, list below or on an attach				
Agency:	cy:		Position:		
2. Jurisdiction of Off	ice (Check at least one box)				
State	State		Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County	Multi-County		County of		
City 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 (Check one)		
<b>-or-</b> The period December 3	covered is/// 31, 2014.	, through		eriod covered is Janua g office.	ry. 1, 2014, through the date of
Assuming Office: Date assumed/			The period covered is/, through the date of leaving office.		
Candidate: Election	yearar	d office sought, if di	fferent than Part 1	•	
4. Schedule Summai	у				<i>k</i> o 1
Check applicable so	hedules or "None."	► Total r	number of pag	es including this	cover page:
Schedule A-1 - Inves	tments – schedule attached		•		ess Positions - schedule attached
	tments - schedule attached		•	ncome - Gifts - sched	
Schedule B - Real P.	roperty - schedule attached	L	Schedule E - II	icome – Giπs – Travej	Payments - schedule attached
None - No reportable interests on any schedule					
5. Verification				**************************************	
MAILING ADDRESS (Business or Agency Address Re	STREET commended - Public Document)	CITY		STATE	ZIP CODE
1163 E 7th Streed	osimicing y and becameny	Chico		CA	95928
DAYTIME TELEPHONE NUMBER	₹ .	E	-MAIL ADDRESS		
( 530 ) 891-3000					
herein and in any attacher	d schedules is true and complete	e. I acknowledge th	is is a public docu	ment.	nowledge the information contained
I certify under penalty o	f perjury under the laws of the	State of California	that the foregoi	ng is true and correc	t /
Date Signed3/	17/2015	Sig	nature /	ud/ Sol	Ano
	month, day, year)	····		(File the originally signed stater	nent with your filing official.)