

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
SEVERE LAWRENCE RHYS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
MARIGOLD ELEMENTARY SCHOOL
 Division, Board, Department, District, if applicable Your Position
CHICO UNIFIED SCHOOL DISTRICT 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 Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of BUTTE
 City of _____ Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2014, through December 31, 2014.
 -or-
 The period covered is _____, through December 31, 2014.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 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.

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: _____**

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
2446 MARIGOLD AVE CHICO CA 95926
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3121 lsevere@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 4-2-15
 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)