STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER
-LAST-  
FIRST-  
MIDDLE- 

Shepherd  John  Raymond

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School Dist

Division, Board, Department, District, if applicable
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, 2014, through December 31, 2014.
☐ Leaving Office: Date Left ___/___/______
☐ 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:

4. Schedule Summary

Check applicable schedules or “None.”

☐ 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

☐ None - No reportable interests on any schedule

☐ Total number of pages including this cover page: __________

5. Verification

MAILING ADDRESS
(Residence or Agency Address Recommended - Public Document)

1775 East Ave
Chico
CA
95924

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 841-3050

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 3/31/15

(month, day, year)

Signature

(Properly 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