Sheridan Erica Lorraine

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified
Division, Board, Department, District, if applicable
Marsh Junior High
Your Position
Assistant 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
☐ Mult-County
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County 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.
☐ Leaving Office: Date Left ______/_____/______
☐ The period covered is January 1, 2014, 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

☒ None - No reportable interests on any schedule

☐ Total number of pages including this cover page:

5. Verification

MAILING ADDRESS
(2253 Humboldt Ave., CHico, CA 95928)

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 895-4109

E-MAIL ADDRESS
esherida@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 03/06/2015

Signature

File the originally 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