CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Annual: The period covered is January 1, 2014, through December 31, 2014. The period covered is	NAME OF FILE	ER (LAST)		(FIRST)		(MIDDLE)	
Agency Name (Do not use acronyms) Chico Unified Division, Board, Department, District, if applicable Your Position Marsh Junior High 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 Judge or Court Commissioner (Statewide Jurisdiction) Other Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through December 31, 2014. OThe period covered is, through leaving office. Assuming Office: Date assumed, through 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 D - Income - Gifts - Schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule T - Income - Gifts - Travel Payments - schedule attached Schedule T - Income - Gifts - Travel Payments - sche	Sheridar	eridan Erica			Lorraine		
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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 E - Income - Gifts - Travel Payments - schedule attached	☐ Ass	suming Office: Date assumed//				_//, through	
Check applicable schedules or "None." ► Total number of pages including this cover page: Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Income – Gifts – Travel Payments – schedule attached	☐ Car	Candidate: Election year and office sought, if different than Part 1:					
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	4. Schedule Summary						
□ 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	Check						
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✓ None - No reportable interests on any schedule							
5. Verification	5. Verific	ation					
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)			CITY		STATE	ZIP CODE	
2253 Humboldt Ave. CHico CA 95928	•	• •	CHico		CA	95928	
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS	DAYTIME	TELEPHONE NUMBER		E-MAIL ADDRESS			
(530) 895-4109 esherida@chicousd.org	(530) 895-4109		esherida@chice	ousd.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	I certify						
03/06/2015							
Date Signed 03/06/2015 Signature Usua Substitute (File the originally signed statement with your filing official.)	Date Siç	gned (month. dav. vear)	S		ile the originally signed stater	ment with your filing official.)	