STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

SPAGGIAI

RENEE

CAMILLE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified

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

☐ 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.

☐ Assuming Office: Date assumed __________/__________/__________

☐ Other __________________

☐ 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 B - Real Property - schedule attached

☐ Schedule A-2 - Investments - 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

1475 East Ave

CHICO

CA

95924

E-MAIL ADDRESS

DAYTIME TELEPHONE NUMBER

530-891-3050

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 3/30/15

Signature

Please print or type in ink.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
PUBLIC DOCUMENT

Date Initial Filing
Received
Official Use Only

FPPC Form 700 (2014/2015)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov