STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Staley Kelly Jan

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Superintendent

► 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.
-Or-
The period covered is _______/_____/_______, through December 31, 2014.
☐ 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.

☐ Assuming Office: Date assumed _______/_____/_______

☐ Candidate: Election year _______ and office sought, if different than Part 1: ____________

4. Schedule Summary
Check applicable schedules or "None."

-Or-
☐ None - No reportable interests on any schedule

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 C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)
1163 East Seventh Street
Chico, CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000

E-MAIL ADDRESS
kstaley@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 03/16/2015

Signature

FPCC Form 700 (2014/2015)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
277 Saint Augustine

CITY
Chico, CA 95926

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☑ $100,001 - $1,000,000
☐ Over $1,000,000

ACQUIRED DISPOSED
14
14

NATURE OF INTEREST
☑ Ownership/Deed of Trust
☐ Easement

☐ Leasehold

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None

Jennifer Kuyper (through 10/14)
Brian and Kelly Parsons (current)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☑ $100,001 - $1,000,000
☐ Over $1,000,000

ACQUIRED DISPOSED
14
14

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement

☐ Leasehold

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None

Comments: 277 Saint Augustine, Chico, CA home was property of husband prior to our 2012 marriage.
**NAME OF SOURCE OF INCOME**

Tri Counties Bank
780 Mangrove Avenue, Chico, CA

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

Husband's Employment

**YOUR BUSINESS POSITION**

None

**GROSS INCOME RECEIVED**

☐ $500 - $1,000  ☑ $1,001 - $10,000  ☐ $10,001 - $100,000  ☐ OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

☐ Salary  ☑ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of $10,000 or more

☐ Other (Describe)

**GROSS INCOME RECEIVED**

☐ $500 - $1,000  ☐ $1,001 - $10,000  ☐ $10,001 - $100,000  ☐ OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

☐ Salary  ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of $10,000 or more

☐ Other (Describe)

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**HIGHEST BALANCE DURING REPORTING PERIOD**

☐ $500 - $1,000  ☐ $1,001 - $10,000  ☐ $10,001 - $100,000  ☐ OVER $100,000

**INTEREST RATE**

☐%  ☐ None

**TERM (Months/Years)**


**SECURITY FOR LOAN**

☐ None  ☐ Personal residence

☐ Real Property

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Street address

--------
City

☐ Guarantor

☐ Other (Describe)

Comments:
**SCHEDULE D**  
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>Stutz, Artiano, Shinoff &amp; Holtz</td>
<td>2488 Historic Decatur Road #200, San Diego, CA</td>
<td>Former Legal Firm</td>
<td>12/12/14</td>
<td>$40.00</td>
<td>Box of nuts &amp; candies</td>
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</table>

**Comments:** Unsolicited gift box of candies and nuts (value not stated) arrived via mail and was placed in staff room for all office staff to enjoy.
# SCHEDULE E
**Income – Gifts**
**Travel Payments, Advances, and Reimbursements**

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.

## Name
Kelly Staley

### NAME OF SOURCE (Not an Acronym)
**Association of California School Administrators**

**ADDRESS (Business Address Acceptable)**
1029 J Street, Suite 500

**CITY AND STATE**
Sacramento, CA 95814

- 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

**DATE(S):** 01/01/14 - 12/31/14  
**AMT:** $200.64

**TYPE OF PAYMENT:** (must check one)  
- Gift  
- Income

- Made a Speech/Participated in a Panel

- Other - Provide Description

Member of ACSA Superintendent's Council; mileage for 2 meetings

### NAME OF SOURCE (Not an Acronym)
**California School Boards Association**

**ADDRESS (Business Address Acceptable)**
3251 Beacon Boulevard

**CITY AND STATE**
West Sacramento, CA 95691

- 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

**DATE(S):** 01/01/14 - 12/31/14  
**AMT:** $386.55

**TYPE OF PAYMENT:** (must check one)  
- Gift  
- Income

- Made a Speech/Participated in a Panel

- Other - Provide Description

Member CSBA Superintendent's Advisory Board; meals (provided) and Mileage (reimburse) for 3 mtgs.

### Comments: