CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Allen Michael Anthony

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chapman Elementary
Your Position
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
☐ County of Chico Unified School District
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other

3. Type of Statement (Check at least one box)
☐ Other: The period covered is _______/_____/______ through December 31, 2017.
☐ Assuming Office: Date assumed _______/_____/______
☐ Leaving Office: Date Left _______/_____/______
☐ Candidate: Date of Election _______/_____/______ and office sought, if different than Part 1:

☐ Total number of pages including this cover page: _______

Schedules attached
☐ 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 (Business or Agency Address Recommended - Public Document)
[Address]

DAYTIME TELEPHONE NUMBER (530) 680-8895
E-MAIL ADDRESS MAAllen@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 2/22/18
Signature ________________________________
(Fill the originally signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) Beebe (FIRST) Mark (MIDDLE) 

1. Office, Agency, or Court
Agency Name (Do not use acronyms) Chico Unified School District
Division, Board, Department, District, if applicable Your Position 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 Chico
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of Butte
☐ Other

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __/__/2017
- or -
The period covered is __/__/2017, through December 31, 2017.
☐ Assuming Office: Date assumed __/__/2017
☐ Other
☐ Candidate: Date of Election __/__/2017 and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 

Schedules attached
☐ 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

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

5. Verification
MAILING ADDRESS 197 Cohosel Home Chico, CA 95926
STREET
CITY Chico
STATE CA
ZIP CODE 95926

DAYTIME TELEPHONE NUMBER (530) 891-3000
E-MAIL ADDRESS Mark.Beebe@Chico.sd.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 1/23/2019
Signature __________________________ (File the original signed statement with your filing official)

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Benz Mele Lea

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Principal
Sierra View Elementary

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 ____________________________
☐ County of ____________________________
☐ Other Public School District

☐ Judge or Court Commissioner (Statewide Jurisdiction)

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left __________
-OR- The period covered is __________/__________/__________, through December 31, 2017.
-OR- The period covered is __________/__________/__________, through the date of leaving office.

☐ Assuming Office: Date assumed __________
☐ Candidate: Date of Election __________ and office sought, if different than Part 1:

☐ No reportable interests on any schedule

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page:

Schedules attached

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
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☐ 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

5. Verification

MAILING ADDRESS
1594 Hooke Oak Ave, Chico, CA 95926

STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 891-3117

E-MAIL ADDRESS: mbenz@chicouisd.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 2/11/18

Signature (Fill the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)  (FIRST)  (MIDDLE)
Besnard          Bruce          R

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Shasta Elementary

Your Position
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 School

3. Type of Statement (Check at least one box)


- or -

The period covered is ____________/________/, through
December 31, 2017.

☐ Assuming Office: Date assumed ________/_______

☐ Leaving Office: Date Left ____________/________

(Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.

- or -

☐ The period covered is ____________/________, through
the date of leaving office.

☐ Candidate: Date of Election ___________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _________

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☐ 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

- or -

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS: 1163 E. 7th Street

STREET: Chico

CITY: CA

STATE: 95928

ZIP CODE:

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER: (530) 891-3141

E-MAIL ADDRESS: bbesnard@chicosd.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 02/06/18

(month, day, year)

Signature

(Fill the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST)          (FIRST)          (MIDDLE)
Bettencourt    Jo Ann            F

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Rosedale Elementary School

Your Position
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 _______________________
☐ County of __________________________
☐ City of _____________________________
☐ Other Public School District

3. Type of Statement (Check at least one box)

- or -
   The period covered is ______/____/____, through December 31, 2017.

☐ Leaving Office: Date Left ______/____/____
   (Check one)
   ☐ The period covered is January 1, 2017, through the date of leaving office.
   - or -
   ☐ The period covered is ______/____/____, through the date of leaving office.

☐ Assuming Office: Date assumed ______/____/____

☐ Candidate: Date of Election __________ and office sought, if different than Part 1: __________

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☐ Schedule A-1 - Investments – schedule attached
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☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income – Gifts – schedule attached
☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

- or -

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)
1163 E. 7th Street
Chico, CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3104

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 01/23/2018

Signature _____________________________

(Print the originally signed statement with your filing official.)

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST
Chico Turf Plus, LLC
3030 Thorntree Drive, STE 3
Name
Address (Business Address Acceptable)
Check one
□ Trust, go to 2
□ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Chemical Lawn Care
FAIR MARKET VALUE
$0 - $1,999
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE, LIST DATE:
□ 01/01/17
□ 12/31/17

ACQUIRED
DISPOSED

NATURE OF INVESTMENT
□ Partnership
□ Sole Proprietorship
□ Other

YOUR BUSINESS POSITION
Vice President

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

□ $0 - $499
□ $500 - $1,000
□ $1,001 - $10,000
□ $10,001 - $100,000
□ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)
□ None
□ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
□ INVESTMENT
□ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE, LIST DATE:
□ 01/01/17
□ 12/31/17

ACQUIRED
DISPOSED

NATURE OF INTEREST
□ Property Ownership/Deed of Trust
□ Stock
□ Partnership
□ Leasehold
□ Other

□ Check box if additional schedules reporting investments or real property are attached

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
□ Trust, go to 2
□ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
$0 - $1,999
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE, LIST DATE:
□ 01/01/17
□ 12/31/17

ACQUIRED
DISPOSED

NATURE OF INVESTMENT
□ Partnership
□ Sole Proprietorship
□ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

□ $0 - $499
□ $500 - $1,000
□ $1,001 - $10,000
□ $10,001 - $100,000
□ OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)
□ None
□ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
□ INVESTMENT
□ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

IF APPLICABLE, LIST DATE:
□ 01/01/17
□ 12/31/17

ACQUIRED
DISPOSED

NATURE OF INTEREST
□ Property Ownership/Deed of Trust
□ Stock
□ Partnership
□ Leasehold
□ Other

□ Check box if additional schedules reporting investments or real property are attached

Comments:

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bevers Gloria

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

► 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
☐ County of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other School District

3. Type of Statement (Check at least one box)

- or-
The period covered is through December 31, 2017.
☐ Leaving Office: Date Left
- or-
The period covered is through the date of leaving office.
☐ Assuming Office: Date assumed through the date of leaving office.
☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 

Schedules attached

☐ Schedule A-1 - Investments – schedule attached
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☐ 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

- or-
☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1163 E. 7th Street
Chico, CA 95928
STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000
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 2/30/18
(Month, Day, Year)

Signature

(If the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) Bohannon

(FIRST) John

(MIDDLE)

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Educational Services

Your Position
Director

► 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

3. Type of Statement (Check at least one box)


-OR-

The period covered is ______/_____/_______, through December 31, 2017.

☐ Assuming Office: Date assumed ______/_____/_______

☐ Leaving Office: Date Left ______/_____/_______

(Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.

-OR-

☐ The period covered is ______/_____/_______, through the date of leaving office.

☐ Candidate: Date of Election ______/_____/_______ and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► Total number of pages including this cover page: ______

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

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☐ 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

-OR-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1163 East Seventh Street
Chico	CA	95928

(City)

STREET	

STATE	ZIP CODE

(City)

(City)

(City)

(DAYTIME TELEPHONE NUMBER)

(530) 891-3000

E-MAIL ADDRESS

jbhannon@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 02/20/2018

Signature

(Fill in the original signed statement with your filing officer)
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brian</td>
<td>T</td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**

   Agency Name: (Do not use acronyms)
   Chico Unified School District

   Division, Board, Department, District, if applicable
   Your Position

   ▶ 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)


   [☐] Assumed Office: Date assumed __/__/_____

   [☐] Leaving Office: Date Left __/__/_____

   (Check one)

   [☐] The period covered is January 1, 2017, through the date of leaving office.

   [☐] The period covered is __/__/_____, through the date of leaving office.

   [☐] Candidate: Date of Election __/__/_____ and office sought, if different than Part 1:

4. **Schedule Summary (must complete)**

   ▶ Total number of pages including this cover page: ________

   **Schedules attached**

   □ Schedule A-1 - Investments – schedule attached
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   □ Schedule D - Income – Gifts – schedule attached
   □ Schedule E - Income – Gifts – Travel Payments – schedule attached

   [☐] None - No reportable interests on any schedule

5. **Verification**

   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   901 Esplanade
   Chico CA 95926

   CITY STATE ZIP CODE

   STREET

   DAYTIME TELEPHONE NUMBER ( 530 ) 891-3026 E-MAIL ADDRESS bboyer@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: 2/20/18

   Signature (Write the origianlly signed statement with your filing official)
**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bultema</td>
<td>Kevin</td>
<td>James</td>
<td></td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**

<table>
<thead>
<tr>
<th>Agency Name (Do not use acronyms)</th>
<th>Chico Unified School District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Board, Department, District, if applicable</td>
<td>Business Services</td>
</tr>
<tr>
<td>Your Position</td>
<td>Assistant Superintendent, Business Services</td>
</tr>
</tbody>
</table>

- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Position:</th>
</tr>
</thead>
</table>

2. **Jurisdiction of Office (Check at least one box)**

<table>
<thead>
<tr>
<th>☐ State</th>
<th>☐ Judge or Court Commissioner (Statewide Jurisdiction)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Multi-County</td>
<td>☐ County of __________________________</td>
</tr>
<tr>
<td>☐ City of ______________________</td>
<td>☐ Other Public School District</td>
</tr>
</tbody>
</table>

3. **Type of Statement (Check at least one box)**

  -or-
  The period covered is __________/________/________, through December 31, 2017.

- ☐ Leaving Office: Date Left __________/________/________
  (Check one)
  - ☐ The period covered is January 1, 2017, through the date of leaving office.
  -or-
  - ☐ The period covered is __________/________/________, through the date of leaving office.

- ☐ Assuming Office: Date assumed __________/________/________

- ☐ Candidate: Date of Election __________/________/________ and office sought, if different than Part 1: ______________________

4. **Schedule Summary (must complete)**

- **Total number of pages including this cover page:** ________

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- ☐ None - No reportable interests on any schedule

5. **Verification**

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Business or Agency Address Recommended - Public Document)</td>
<td>1163 East Seventh Street</td>
<td>Chico</td>
<td>CA</td>
<td>95928</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAYTIME TELEPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(530) 891-3000</td>
<td><a href="mailto:kbultema@chicousd.org">kbultema@chicousd.org</a></td>
</tr>
</tbody>
</table>

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: 2.27.18  
Signature: [Signature]

(Fill the originally signed statement with your filing official)
**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**  
548 W. 4th Avenue

<table>
<thead>
<tr>
<th>CITY</th>
<th>Chico</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>1/17/17 ACQUIRED/17/17 DISPOSED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>1/17/17 ACQUIRED/17/17 DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>1/17/17 ACQUIRED/17/17 DISPOSED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>Easement</td>
</tr>
<tr>
<td>Leasehold</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

**NAME OF LENDER***  

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

**HIGHEST BALANCE DURING REPORTING PERIOD**  
| $500 - $1,000 | $1,001 - $10,000 | $10,001 - $100,000 | OVER $100,000 | Guarantor, if applicable |

**NAME OF LENDER***  

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

**HIGHEST BALANCE DURING REPORTING PERIOD**  
| $500 - $1,000 | $1,001 - $10,000 | $10,001 - $100,000 | OVER $100,000 | Guarantor, if applicable |

Comments:
## SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buttema Piano Lessons</td>
<td>Basketball Referee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>496 E 3rd Avenue, Chico, CA 95926</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piano Lessons</td>
<td>Basketball Referee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUR BUSINESS POSITION</th>
<th>YOUR BUSINESS POSITION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>GROSS INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>Salary</td>
</tr>
<tr>
<td>X Spouse's or registered domestic partner's income (For self-employed use Schedule A-2)</td>
<td>X Spouse's or registered domestic partner's income (For self-employed use Schedule A-2)</td>
</tr>
<tr>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>Sale of</td>
<td>Sale of</td>
</tr>
<tr>
<td>(Real property, car, boat, etc.)</td>
<td>(Real property, car, boat, etc.)</td>
</tr>
<tr>
<td>Loan repayment</td>
<td>Loan repayment</td>
</tr>
<tr>
<td>Commission or Rental Income, list each source of $10,000 or more</td>
<td>Commission or Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td>Other</td>
<td>X Other</td>
</tr>
<tr>
<td>(Describe)</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
<th>SECURITY FOR LOAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$500 - $1,000</td>
</tr>
<tr>
<td></td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td></td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td></td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

| Comments: | |
|-----------| |

---

FPPC Form 700 (2017/2018) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
California Form 700: **Kevin J. Bultema**  
Statement of Economic Interests 2017  
Item 1: Attachment

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butte Schools Self-Funded Programs</td>
<td>Board Member</td>
</tr>
<tr>
<td>North Valley Self Insurance Group</td>
<td>Board Member</td>
</tr>
<tr>
<td>Northern California Schools Insurance Group</td>
<td>Board Member</td>
</tr>
<tr>
<td>Oversight Board of the Successor Agency of the Former Redevelopment Agency, Chico CA</td>
<td>Board Member</td>
</tr>
<tr>
<td>Oversight Board of the Successor Agency of the Former Redevelopment Agency, Paradise CA</td>
<td>Board Member</td>
</tr>
</tbody>
</table>
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Caldera Pedro Altamirano

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chico Junior
Your Position
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 Chico
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☒ County of Butte
☐ Other

☐ Assuming Office: Date assumed __________________________
☐ Leaving Office: Date Left __________________________
☐ The period covered is January 1, 2017, through December 31, 2017.
☐ The period covered is __________________________ through December 31, 2017.

☐ Candidate: Date of Election __________________________ and office sought, if different than Part 1: __________________________

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __________________________
☐ The period covered is January 1, 2017, through the date of leaving office.
☐ The period covered is __________________________ through the date of leaving office.

☐ Candidate: Date of Election __________________________ and office sought, if different than Part 1: __________________________

☐ 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

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2

5. Verification
Mailing Address
(If mailing address is different from address below)
280 Memorial Way
Chico, CA 95926

Daytime Telephone Number
(530) 891-3066
E-mail Address
pcaldera@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: 2/26/18
Signature:

(Firmly attached or mailed statement with your filing envelope)
SCHEDULE B
Interests in Real Property
( Including Rental Income)

Name
Pedro A Caldera

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2272 Holly Avenue

CITY
Chico

FAIR MARKET VALUE
☑ $100,001 - $1,000,000

ACQUIRED
DISPOSED

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

Keri Smith

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
☑ $100,001 - $1,000,000

ACQUIRED
DISPOSED

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

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NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Month/Year)

☐ None

☐ Gaurantor, if applicable

HIGHEST BALANCE DURING REPORTING PERIOD

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

 Comments:
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Capen Jessica Thais

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
CUSD
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 Butte
☐ Other ____________________________

3. Type of Statement (Check at least one box)

- or-
The period covered is ______/_____/____2017, through December 31, 2017.

☐ Leaving Office: Date Left ______/_____/____
(Check one)
☐ The period covered is January 1, 2017, through the date of leaving office.
- or-
☐ The period covered is ______/_____/____, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/____

☐ Candidate: Date of Election ______________________ and office sought, if different than Part 1:

☐ Candidate: Date of Election ______________________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: __________

Schedules attached

☐ 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

- or -
☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
280 Memorial Way
CHICO, CA 95926

STREET
(530) 891-3066
DAYTIME TELEPHONE NUMBER

CITY    STATE    ZIP CODE

E-MAIL ADDRESS
jcapen@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 2/20/18

Signature

(Filer should sign statement with your filing official)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cariss Timothy Andrew

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Your Position
Director

► 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 ___________________________

3. Type of Statement (Check at least one box)


☐ Leaving Office: Date Left __/__/______

☐ The period covered is __/__/______ through December 31, 2017.

☐ Assuming Office: Date assumed __/__/______

☐ The period covered is __/__/______ through the date of leaving office.

☐ Candidate: Date of Election __/__/______ and office sought, if different than Part 1: ___________________________

☐ Other ___________________________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ________

Schedules attached

☐ Schedule A1 - Investments - schedule attached

☐ Schedule A2 - 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

5. Verification

MAILING ADDRESS
Chico
1163 East Seventh St.
CA 95928

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000

E-MAIL ADDRESS
tcariss@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: 1/23/18 (month, day, year) Signature ___________________________

(Fill in the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carver John Wayne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable

Your Position
Director Maintenance/Operations/Transportation

► 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 ________________

☐ County of ________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Other Public School District

3. Type of Statement (Check at least one box)

- or -
The period covered is __________/________/________, through December 31, 2017.

☐ Leaving Office: Date Left __________/________/________
(Choose one)
- or -
The period covered is January 1, 2017, through the date of leaving office.
- or -
The period covered is __________/________/________, through the date of leaving office.

☐ Assuming Office: Date assumed __________/________/________

☐ Candidate: Date of Election __________/________/________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached

- or -
☒ None - No reportable interests on any schedule

☐ 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
(Street Address Recommended - Public Document)
2455 Carmichael Dr.
Chico, CA 95928

DAYTIME TELEPHONE NUMBER
(530) 624-7411
jcarver@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 ________/________/________
(signature)

(File the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Copper Dustin Todd

1. Office, Agency, or Court

<table>
<thead>
<tr>
<th>Agency Name (Do not use acronyms)</th>
<th>Your Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico Unified School District</td>
<td>Supervisor</td>
</tr>
</tbody>
</table>

- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Position:</th>
</tr>
</thead>
</table>

2. Jurisdiction of Office (Check at least one box)

<table>
<thead>
<tr>
<th>□ State</th>
<th>□ Judge or Court Commissioner (Statewide Jurisdiction)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Multi-County</td>
<td>□ County of</td>
</tr>
<tr>
<td>□ City of</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

3. Type of Statement (Check at least one box)

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Leaving Office: Date Left <em><strong>/</strong></em>/_______ (Check one)</td>
</tr>
<tr>
<td>□ The period covered is <em><strong>/</strong></em>/_______, through December 31, 2017.</td>
</tr>
<tr>
<td>□ The period covered is <em><strong>/</strong></em>/_______, through the date of leaving office.</td>
</tr>
</tbody>
</table>

| □ Assuming Office: Date assumed ___/___/_______ and office sought, if different than Part 1: |

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1

Schedules attached

| □ 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 |

-OR-

□ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
2455 Carmichael Dr. Chico CA 95928

DAYTIME TELEPHONE NUMBER (530) 864-3247

E-MAIL ADDRESS ddcopper@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 2-20-2018

Signature

[Print the originally signed statement with your filing official]

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DeBock Laurie E

1. Office, Agency, or Court
Agency Name: (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Bidwell Jr. High School
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
☐ County of
☐ Other Public School District
☐ Judge or Court Commissioner (Statewide Jurisdiction)

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left: __/__/______
☐ or
☐ The period covered is __/__/______, through December 31, 2017.
☐ The period covered is __/__/______, through the date of leaving office.
☐ Assuming Office: Date assumed: __/__/______
☐ or
☐ The period covered is __/__/______, through the date of leaving office.
☐ Candidate: Date of Election __/__/______ and office sought, if different than Part 1: __/__/______

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ________

Schedules attached
☐ 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

☐ or
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS: 2376 North Ave.
STREET: chico
(City or Agency Address Recommended - Public Document)

CITY: Ca
CTANC: 95926
ZIP CODE: 95926

DAYTIME TELEPHONE NUMBER: (530) 891-3080
E-MAIL ADDRESS: idebcock@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: 1-22-18
(month, day, year)

Signature: __________________________
(Fill the orginally signed statement with your filing official)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

Assessor's Parcel Number or Street Address
1030 Broadway
CITY
Chico

Fair Market Value
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

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

Joe Tierno, Jim Tierno, Jessica Bergem

Assessor's Parcel Number or Street Address
1286 & 1290 Wanderer Ln.
CITY
Chico, Ca 95973

Fair Market Value
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

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

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

Comments:

FPCC Form 700 (2017/2018) Sch. B
FPCC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov
**SCHEDULE C**
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

---

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enloe Medical Center</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1531 Esplanade</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YOUR BUSINESS POSITION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $500 - $1,000</td>
<td></td>
</tr>
<tr>
<td>□ $1,001 - $10,000</td>
<td></td>
</tr>
<tr>
<td>□ $10,001 - $100,000</td>
<td>X</td>
</tr>
<tr>
<td>□ OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Salary</td>
<td></td>
</tr>
<tr>
<td>□ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</td>
<td></td>
</tr>
<tr>
<td>□ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
<td></td>
</tr>
<tr>
<td>□ Sale of (Real property, car, boat, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ Loan repayment</td>
<td></td>
</tr>
<tr>
<td>□ Commission or</td>
<td></td>
</tr>
<tr>
<td>□ Rental Income, list each source of $10,000 or more</td>
<td></td>
</tr>
<tr>
<td>□ Other (Describe)</td>
<td></td>
</tr>
</tbody>
</table>

---

### 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $500 - $1,000</td>
<td></td>
</tr>
<tr>
<td>□ $1,001 - $10,000</td>
<td></td>
</tr>
<tr>
<td>□ $10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>□ OVER $100,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
<th>SECURITY FOR LOAN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REAL PROPERTY</th>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GUARANTOR</th>
<th>(Describe)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:  

---

FPPC Form 700 (2017/2018) Sch. C  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dolan Jane

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

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 School District

3. Type of Statement (Check at least one box)
      -or- The period covered is __/__/____, through December 31, 2017.
☐ Leaving Office: Date Left __/__/____
     (Check one)
      ☐ The period covered is January 1, 2017, through the date of leaving office.
      -or- The period covered is __/__/____, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/____
☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: __________
Schedules attached
☐ 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

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1051 Adair Court Chico CA 95926

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 342-4295 jdolan@sbcglobal.net

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 (month, day, year) Signature

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Jane Dolan, Probate Referee
Name
389 Connors Ct. Suite A Chico CA 95926
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2  ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
appraisal services for probate & trusts

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ $0 - $1,999
☒ $2,000 - $10,000  ____/____/17 ACQUIRED DISPOSED
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Partnership  ☒ Sole Proprietorship  ☐ Other

YOUR BUSINESS POSITION  owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☒ $10,001 - $100,000
☐ Over $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☒ Joy Shifflett Trust
☐ None  or  ☒ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT  ☐ REAL PROPERTY

Name of Business Entity, if Investment or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

NATURE OF INVESTMENT
☐ Property Ownership/Deed of Trust  ☐ Stock  ☐ Partnership
☐ Leasehold  ☐ Other
☐ Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: Ownership in business is office equipment & furniture

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Jane Dolan

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)
Check one
☐ Trust, go to 2  ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Partnership  ☐ Sole Proprietorship  ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ Over $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None  or  ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT  ☐ REAL PROPERTY

Name of Business Entity, if Investment or Assessor’s Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

NATURE OF INVESTMENT
☐ Property Ownership/Deed of Trust  ☐ Stock  ☐ Partnership
☐ Leasehold  ☐ Other
☐ Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: Ownership in business is office equipment & furniture

FPPC Advice Email: advice@fppc.ca.gov
FPPC 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
1814 Broadway
CITY
Chico CA

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $50,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 17
/ / 17
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement

☐ Leasehold
☐ None

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

Scott & Amanda Chamblees

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
706 Bidwell Drive
CITY
Chico CA

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 17
/ / 17
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement

☐ Leasehold
☐ None

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

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

☐ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

☐ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

Comments: 
# SCHEDULE B
Interests in Real Property
(Including Rental Income)

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1355 East 10th Street

### CITY
Chico CA

**FAIR MARKET VALUE**
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

**NATURE OF INTEREST**
- [ ] Ownership/Deed of Trust
- [ ] Easement
- [x] Leasehold
- [ ] Spouse ownership

**IF APPLICABLE, LIST DATE:**
- [ ] 1/17
- [ ] 6/17

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**
- [x] $0 - $499
- [ ] $500 - $1,000
- [x] $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

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

### CITY

**FAIR MARKET VALUE**
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

**NATURE OF INTEREST**
- [ ] Ownership/Deed of Trust
- [x] Easement
- [x] Leasehold

**IF APPLICABLE, LIST DATE:**
- [x] 1/17
- [ ] 6/17

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**
- [x] $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

---

*You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

### NAME OF LENDER *

**ADDRESS (Business Address Acceptable)**

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

**INTEREST RATE**

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [ ] Guarantor, if applicable

### NAME OF LENDER *

**ADDRESS (Business Address Acceptable)**

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

**INTEREST RATE**

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [ ] Guarantor, if applicable

---

Comments:
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

CSU, Chico Research Foundation

ADDRESS (Business Address Acceptable)

25 Main Street Chico

BUSINESS ACTIVITY, IF ANY, OF SOURCE

non-profit educational corporation

YOUR BUSINESS POSITION

Project Co-Director

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

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

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

☐ Other

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

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

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Bob Mulholland

ADDRESS (Business Address Acceptable)

1051 Adlar Ct Chico CA 95926

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political Consultant

YOUR BUSINESS POSITION

NA

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

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

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

☐ Other

FPPC Form 700 (2017/2018) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   CHICO UNIFIED SCHOOL DISTRICT
   Division, Board, Department, District, if applicable
   Your Position
   BUYER
   ▶ 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)
      -or-
      The period covered is __________/_________/__________ through December 31, 2017.
   □ Leaving Office: Date Left __________/_________/__________
      (Check one)
      □ The period covered is January 1, 2017, through the date of leaving office.
      -or-
      □ The period covered is __________/_________/__________, through the date of leaving office.
   □ Assuming Office: Date assumed __________/_________/__________
   □ Candidate: Date of Election ____________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _________
   Schedules attached
   □ Schedule A-1 - Investments - schedule attached
   □ Schedule A-2 - Investments - schedule attached
   □ Schedule B - Real Property - schedule attached
   -or-
   ☒ None - No reportable interests on any schedule
   □ 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
   1163 EAST 7th STREET
   CITY CHICO
   STATE CA
   ZP CODE 95928
   DAYTIME TELEPHONE NUMBER (530) 891-3000
   E-MAIL ADDRESS
   Date Signed 01/23/18 (month, day, year)
   Signature MELINDA EDGECOMB
   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.
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Enserro Vince P

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

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
☐ County of
☐ Other

Public School District

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left
☐ The period covered is through December 31, 2017.
☐ -or-
☐ The period covered is through the date of leaving office.
☐ Assuming Office: Date assumed
☐ Other

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: __________

Schedules attached
☐ 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
☐ Schedule F - Contributions - Gifts

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
2455 Carmichael Dr
Chico CA 95928

E-MAIL ADDRESS
venserro@chico.sds.org

DAYTIME TELEPHONE NUMBER
(530) 891-3021

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 1.23.2018

(month, day, year)

Signature

(Attach the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
German Eric Johan

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Maintenance/Operations
   Your Position
   Supervisor
   ▶ 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
   □ County of
   □ City of
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of
   □ Other Public School District

3. Type of Statement (Check at least one box)
   -or-
   The period covered is 1/1/2017, through December 31, 2017.
   □ Leaving Office: Date Left 1/1/2017
   (Check one)
   -or-
   □ The period covered is January 1, 2017, through the date of
   -or-
   □ The period covered is 1/1/2017, through the date of leaving office.
   □ Assuming Office: Date assumed 1/1/2017
   □ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete)
   ▶ Total number of pages including this cover page: 1
   Schedules attached
   □ 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
   -or-
   □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   2455 Carmichael Dr. Chico
   STREET
   (business or agency address recommended - Public Document)
   CITY CA
   ZIP CODE 95928
   DAYTIME TELEPHONE NUMBER
   (530) 891-3095
   E-MAIL ADDRESS egerman@chicousd.org
   STATE
   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 3/2/18
(month, day, year)
Signature
(Fill the originally signed statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gowan      Reginald      Bruce

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified

Division, Board, Department, District, if applicable
Chico High School

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 ______________________

3. Type of Statement (Check at least one box)

- or - The period covered is __________/________/________, through December 31, 2017.

☐ Leaving Office: Date Left __________/________/________
- or - The period covered is __________/________/________, through the date of leaving office.

☐ Assuming Office: Date assumed __________/________/________

☐ Candidate: Date of Election __________/________/________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ________

Schedules attached

☐ 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

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

5. Verification

MAILING ADDRESS
901 The Esplanade
Chico, CA 95928

STREET
(City or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
(530) 891-3861

E-MAIL ADDRESS
rgowan@chico.usd.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 __________/________/________
Signatures

(For the originally signed statement with your filing officials)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER    (LAST) Griffin  (FIRST) Elizabeth  (MIDDLE) Ann

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

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)

☐ or-
The period covered is __/__/____, through December 31, 2017.

☐ Assuming Office: Date assumed __/__/____  

☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:  

☐ Leaving Office: Date Left __/__/____

☐ The period covered is January 1, 2017, through the date of leaving office.

☐ The period covered is __/__/____, through the date of leaving office.

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page: 4

Schedules attached

☐ 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

5. Verification  605 Sycamore St., Chico, CA 95928

MAILING ADDRESS  STREET  QTY  STATE  ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER  (530) 864-0549  E-MAIL ADDRESS  egriiffin@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   2-19-18  
(month, day, year)  Signature  Elizabeth Griffin

(The originally signed statement with your filing official)
**SCHEDULE A-2**  
Investments, Income, and Assets of Business Entities/Trusts  
(Ownership Interest is 10% or Greater)  

**1. BUSINESS ENTITY OR TRUST**

- **Name:** Griffin, Elizabeth  
- **Address (Business Address Acceptable):**  

<table>
<thead>
<tr>
<th>Check one</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Trust, go to 2</td>
<td>☑ Business Entity, complete the box, then go to 2</td>
<td></td>
</tr>
</tbody>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,000</td>
<td>17</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>17</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>17</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>17</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INVESTMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Corporation</td>
<td></td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION:**  
spouse of owner

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

<table>
<thead>
<tr>
<th>$0 - $499</th>
<th>$10,001 - $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>OVER $100,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
</tr>
</tbody>
</table>

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE**

- None  
- Names listed below

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
- ☐ INVESTMENT  
- ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor’s Parcel Number or Street Address of Real Property

<table>
<thead>
<tr>
<th>Description of Business Activity or City or Other Precise Location of Real Property</th>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
</table>
| ☐ Property Ownership/Deed of Trust  
□ Stock  
□ Partnership  
☐ Leasehold  
☐ Other  
☐ Check box if additional schedules reporting investments or real property are attached | $2,000 - $10,000 | 17  |
| $10,001 - $100,000  | 17  |
| $100,001 - $1,000,000 | 17  |
| Over $1,000,000 |

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
<th></th>
</tr>
</thead>
</table>
| ☐ Property Ownership/Deed of Trust  
□ Stock  
□ Partnership  
☐ Leasehold  
☐ Other  
☐ Check box if additional schedules reporting investments or real property are attached |

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>17</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>17</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>17</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
<th></th>
</tr>
</thead>
</table>
| ☐ Property Ownership/Deed of Trust  
□ Stock  
□ Partnership  
☐ Leasehold  
☐ Other  
☐ Check box if additional schedules reporting investments or real property are attached |

Comments:
SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Griffin, Elizabeth

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
605 Sycamore St.
CITY Chico, CA

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ 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

personal residence

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

☐ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

☐ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

Comments:

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE B
### Interests in Real Property
**(Including Rental Income)**

**Name:** Griffin, Elizabeth

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1427 Sunset Ave.</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Chico, CA</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**IF APPLICABLE, LIST DATE:**
- ACQUIRED: 1/17
- DISPOSED: 1/17

**NATURE OF INTEREST**
- Ownership/Deed of Trust
- Easement
- Leasehold
  - Years 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.
- Glenn Rush
- Madelein Cox

---

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

### NAME OF LENDER*

<table>
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<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

**INTEREST RATE**
- %
- None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable

---

**NAME OF LENDER***

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

**INTEREST RATE**
- %
- None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable

---

**Comments:**
Califonia Form 700
Fair Political Practices Commission
A Public Document

State of Economic Interests
Cover Page

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hanlon III James T

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable

Your Position
Assistant 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 
☐ Chico Unified School District

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left / / (Check one)
- or - The period covered is / / through December 31, 2017.
☐ The period covered is / / , through the date of leaving office.

☒ Assuming Office: Date assumed / / 

☐ Candidate: Date of Election and office sought, if different than Part 1: 

4. Schedule Summary (must complete)

☒ Total number of pages including this cover page: 

Schedules attached

☐ 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

- or -

☒ None - No reportable interests on any schedule

5. Verification

Mailing Address
15 Carol Lee Court
Chico CA 95928

Daytime Telephone Number
(530) 891-3000 ext. 143

E-mail Address
jhanlon@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 2/20/18

Signature

(File the originally signed statement with your filing officer.)
## STATEMENT OF ECONOMIC INTERESTS

### COVER PAGE

**NAME OF FILER** (Last) \(\text{[Name]}\)  \(\text{[Name]}\)  \(\text{[Name]}\)  
Hartman  Marie  Wagner

1. **Office, Agency, or Court**
   - **Agency Name** (Do not use acronyms)
     Chico Unified School District
   - **Division, Board, Department, District, if applicable**
     Director, Fiscal Services
   - **Your Position**
     Director, Fiscal Services
   - **Agency:** (Do not use acronyms)
     Director, Fiscal Services
   - **Position:** (Do not use acronyms)
     Director, Fiscal Services

2. **Jurisdiction of Office** (Check at least one box)
   - [ ] State
   - [ ] County
   - [ ] City
   - [ ] Judge or Court Commissioner (Statewide Jurisdiction)
   - [ ] County of
   - [ ] Other
   - [ ] Public School District

3. **Type of Statement** (Check at least one box)
   - [ ] The period covered is __/__/____, through December 31, 2017.
   - [ ] Assuming Office: Date assumed __/__/____
   - [ ] Candidate: Date of Election __/__/____ and office sought, if different than Part 1:
   - [ ] Leaving Office: Date Left __/__/____
   - [ ] The period covered is __/__/____, through the date of leaving office.
   - [ ] The period covered is __/__/____, through the date of leaving office.

4. **Schedule Summary (must complete)**
   - **Total number of pages including this cover page:** __
   - **Schedules attached**
     - [ ] 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
   - [x] None - No reportable interests on any schedule

5. **Verification**
   - **MAILING ADDRESS** (Business or Agency Address Recommended - Public Document)
     1163 East 7th Street  Chico  CA  95928
   - **DAYTIME TELEPHONE NUMBER**
     (530) 891-3000 x141
   - **E-MAIL ADDRESS**
     mhartman@chicoisd.org
   - **Date Signed** __/__/____
   - **Signature** [Signature]

---

FPPC Form 700 (2017/2018)  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Heath Shawneeese Cunningham

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

► 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)
☐ Leaving Office: Date Left / / (Check one)
- or- The period covered is / / , through December 31, 2017.
☐ Assuming Office: Date assumed / / ____________________________
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Date of Election ____________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: __________
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
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☐ 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

- or -
☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS ____________________________ STREET ____________________________ CITY ____________________________ STATE ZIP CODE ____________________________
2446 Marigold Avenue Chicc, California 95926
DAYTIME TELEPHONE NUMBER ____________________________ E-MAIL ADDRESS ____________________________
( 530 ) 891-3121 sheath@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 February 12, 2018
(month, day, year)
Signature ____________________________
(As the original signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) Holderman
(FIRST) Brian
(MIDDLE) Scott

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable Hooker Oak School
Your Position 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 ____________________________

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left _____/_____/_______
☐ The period covered is _____/_____/_______, through December 31, 2017.
☐ The period covered is _____/_____/_______, through December 31, 2017.

☐ Assuming Office: Date assumed _____/_____/_______
☐ Date of Election ________ and office sought, if different than Part 1: _________________________

4. Schedule Summary (must complete) Total number of pages including this cover page: ________

Schedules attached

☐ 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

5. Verification

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

DAYTIME TELEPHONE NUMBER 530 891-3119

E-MAIL ADDRESS bhoulden@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 2/20/18
(month, day, year)

Signature ____________________________

(Print the originally signed statement with your filing official)

FPFF Form 700 (2017/2018)
FPFF Advice Email: advice@fppc.ca.gov
FPFF Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

**A PUBLIC DOCUMENT**

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink.

**NAME OF FILER**

(First) Deanna (Middle) Lynn (Last) Helen

1. **Office, Agency, or Court**

   **Agency Name** (Do not use acronyms)
   Chico Unified School District

   **Your Position**
   Asst. 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)**

   - Leaving Office: Date Left /
   - Other: The period covered is through December 31, 2017.
   - The period covered is through the date of leaving office.
   - The period covered is through the date of leaving office.

   - Candidate: Date assumed / and office sought, if different than Part 1:

4. **Schedule Summary (must complete) ➤ Total number of pages including this cover page:**

   **Schedules attached**

   - 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

   -or-

   **None - No reportable interests on any schedule**

5. **Verification**

   **MAILING ADDRESS**
   **BUSINESS OR AGENCY ADDRESS RECOMMENDED - PUBLIC DOCUMENT**
   1475 East Ave. Chico, CA 95926

   **DAYTIME TELEPHONE NUMBER**
   (530) 891-3050

   **E-MAIL ADDRESS**
   dhelen@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** 1/23/18

   **Signature**

   (Print the originally signed statement with your thumbprint)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HOVEY LINDA A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CHICO UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
Your Position
BOARD TRUSTEE

► 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 CHICO UNIFIED SCHOOL DISTRICT

3. Type of Statement (Check at least one box)

- or -
The period covered is __________/__________/_________ through December 31, 2017.

☐ Leaving Office: Date Left __________/__________/_________ (Check one)
- or -
The period covered is January 1, 2017, through the date of leaving office.
- or -
The period covered is __________/__________/_________ through the date of leaving office.

☐ Assuming Office: Date assumed __________/__________/_________

☐ Candidate: Date of Election __________/__________/_________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ 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
- or -

☑ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. 7th ST. CHICO CA 95928

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3000 lhovey@chicosd.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 2/26/2018 Signature ____________________________
(month, day, year) (File the originally signed statement with your filing officer)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER: HOWELL
(FIRST) Julian
(MIDDLE) Smith

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
CHICO UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
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
☑ Other Public School District

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __/__/____ (Check one)
☐ The period covered is __/__/____, through December 31, 2017.
☐ The period covered is __/__/____, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/____
☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: __________
Schedules attached
☐ 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

5. Verification
MAILING ADDRESS
8253 Humboldt Rd CHICO CA 95928
STREET
CITY
STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 895-4109
E-MAIL ADDRESS JHowell@chicosd.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 2-1-2018
Signature

(Attach the originally signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Scott
(First) P
(MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Personnel Commission

▷ 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 School District

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left ______/______/______
 unchecked
☐ The period covered is ______/______/______, through
☐ -or-
☐ The period covered is ______/______/______, through
☐ -or-
☐ Assuming Office: Date assumed ______/______/______
☐ and office sought, if different than Part 1: __________________________
☐ Candidate: Date of Election ______/______/______

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _____

Schedules attached

☐ 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

5. Verification

MAILING ADDRESS 1163 E. 7th Street
(Business or Agency Address Recommended - Public Document)

STREET Chico

CITY State Code 95928

ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 891-3000

E-MAIL ADDRESS daian2012@yahoo.com

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 February 20, 2018
(month, day, year)

Signature

(Fill the original signed statement with your filing official)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kaiser Kathleen Elizabeth

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

► 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 Butte
☐ Other Public School District

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left ___/___/______
☐ -or- The period covered is ___/___/______, through December 31, 2017.
☐ -or- The period covered is ___/___/______, through the date of leaving office.
☐ Assuming Office: Date assumed ___/___/______
☐ Candidate: Date of Election and office sought, if different than Part 1: ___/___/______

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3
Schedules attached
☐ 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

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

5. Verification
1338 Marina Ave, Chico CA 95928
Mailing Address
Business or Agency Address Recommended - Public Document

Daytime Telephone Number (530) 228-0150
E-mail Address kkaiser@chico.ssd.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: Jan 23, 2018
(month, day, year)
Signature: ____________________________

(File the original signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE B**

**Interests in Real Property**

(Including Rental Income)

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1029 Poppy St</td>
</tr>
</tbody>
</table>

**CITY**

Chico

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 17 17/17 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Easement
- Leasehold
- Other

**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

---

*You are not required to report loans from commercial lending institutions made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

**NAME OF LENDER**

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

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

**INTEREST RATE**

- %
- None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable

---

Comments: 

---

FPCC Form 700 (2017/2018) Sch. B
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
- **1838 Palm Ave**
- **CITY**: Chico

<table>
<thead>
<tr>
<th>FAR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 17</td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 11.22.17</td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
<td>Ownership/Deed of Trust</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**: $100,001 - $1,000,000

**NATURE OF INTEREST**: Ownership/Deed of Trust

**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

---

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
- **1333 Marina Ave**
- **CITY**: Chico

<table>
<thead>
<tr>
<th>FAR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 17</td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 17</td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
<td>Ownership/Deed of Trust</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**: $100,001 - $1,000,000

**NATURE OF INTEREST**: Ownership/Deed of Trust

**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

---

### Additional Notes
- You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

**NAME OF LENDER**

**ADDRESS**: (Business Address Acceptable)

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

**INTEREST RATE**

<table>
<thead>
<tr>
<th>%</th>
<th>None</th>
</tr>
</thead>
</table>

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**:
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**Guarantor, if applicable**

---

**Comments:**
NAME OF FILER (LAST) Kamph
(First) Jessica
(MIDDLE) Ann

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

- 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)
☐ Leaving Office: Date Left 6.30.2017
☐ The period covered is ______/_____/______, through December 31, 2017.
☐ The period covered is ______/_____/______, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/______
☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1:

4. Schedule Summary (must complete)  ► Total number of pages including this cover page: __________

Schedules attached
☐ 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
☐ Schedule F - Income - Entertainment - schedule attached

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS 3183 Sawyer’s Bar Ln Chico CA 95923
STREET 3183 Sawyer’s Bar Ln.
CITY Chico
STATE CA
ZIP CODE 95923
DAYTIME TELEPHONE NUMBER (530) 895-4109
E-MAIL ADDRESS jkamph@chico.usd.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 2/20/18
Signature

File the original signed statement with your filing official.
Statement of Economic Interests
Cover Page

1. Office, Agency, or Court

Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: Principal
Your Position:

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 __________________________

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left __________
☐ The period covered is __________ through December 31, 2017.
☐ The period covered is __________ through the date of leaving office.
☐ Asssuming Office: Date assumed __________
☐ Date of Election __________ and office sought, if different than Part 1: __________

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ______

Schedules attached

☐ 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

5. Verification

Mailing Address: 3183 Swowers Bar Ln
Street: Chico
City: CA
State: 95923
Zip Code: 95923

Daytime Telephone Number: (530) 895-4109
E-Mail Address: jkamph@chico.USD.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: 8/20/18
Signature: ___________________________________________

(calculated number of days to count)

FIT the original signed statement with your filing official.

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Kassel
Jean
M

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
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)
☐ Leaving Office: Date Left: __06/30/2017
☐ The period covered is __/__/____ through December 31, 2017.
☐ Assuming Office: Date assumed __/__/____
☐ The period covered is __/__/____ through the date of leaving office.
☐ Candidate: Date of Election ____________ and office sought, if different than Part 1: ____________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ____________
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
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☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
- or -
☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1163 E. 7th Street Chico CA 95928
STREET (Address of Agency/Address Recommended - Public Document)
CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER ( 530 ) 891-3000
E-MAIL ADDRESS jkassel@chicosd.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 3/1/18
Signature ____________________________
(month, day, year) (File the originally signed statement with your filing official)
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink.

**NAME OF FILER**

<table>
<thead>
<tr>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keene</td>
<td>Kristine</td>
<td>Diane</td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**

   Agency Name *(Do not use acronyms)*
   Chico Unified School District

   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
   - [ ] Judge or Court Commissioner (Statewide Jurisdiction)
   - [ ] Multi-County
   - [ ] County of ____________________________
   - [ ] City of ____________________________
   - [ ] Other - Public School District

3. **Type of Statement (Check at least one box)**

   - or-
     The period covered is ______/_____/_______, through December 31, 2017.
   - [ ] Leaving Office: Date Left ______/_____/_______
     *(Check one)*
     - The period covered is January 1, 2017, through the date of leaving office.
     - or-
     The period covered is ______/_____/_______, through the date of leaving office.
   - [ ] Assuming Office: Date assumed ______/_____/_______
   - [ ] Candidate: Date of Election ______/_____/_______ and office sought, if different than Part 1:

4. **Schedule Summary (must complete)**

   ▶ **Total number of pages including this cover page: ______**

   **Schedules attached**

   - [ ] 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
   - or-
     - [X] None - No reportable interests on any schedule

5. **Verification**

   **MAILING ADDRESS**
   1163 E 7th Street
   Chico, CA 95928

   **STREET**
   (Business or Agency Address Recommended - Public Document)

   **CITY**
   Chico

   **STATE**
   CA

   **ZIP CODE**
   95928

   **DAYTIME TELEPHONE NUMBER**
   (530) 891-3100

   **E-MAIL ADDRESS**
   kkeene@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** 1/23/2018

   **Signature**

   File the originally signed statement with your filing official.

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kessler Brandon Kyle

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   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 __________________________
   □ County of __________________________
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ Other __________________________

3. Type of Statement (Check at least one box)
   -or-
   The period covered is / / , through December 31, 2017.
   □ Leaving Office: Date Left / / (Check one)
   -or-
   The period covered is / / , through the date of leaving office.
   □ Assuming Office: Date assumed / / __________________________
   □ Candidate: Date of Election _______________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ________
   Schedules attached
   □ Schedule A-1 - Investments - schedule attached
   □ Schedule A-2 - Investments - schedule attached
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   □ Schedule C - Income, Loans, & Business Positions - schedule attached
   □ Schedule D - Income - Gifts - schedule attached
   □ Schedule E - Income - Gifts - Travel Payments - schedule attached
   -or-
   ☒ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
   1418 Scottsdale Ct Chico CA 95926
   CITY STATE ZIP CODE
   DAYTIME TELEPHONE NUMBER (530) 518-7412 E-MAIL ADDRESS bkessler@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 2-28-18 (month, day, year) Signature
   (File the original signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KISTLE JULIA MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CHICO UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
FACILITIES DEPARTMENT
Your Position
DIRECTOR

► 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)

- or -
The period covered is ______/_____/_____, through December 31, 2017.
☐ Leaving Office: Date Left ______/_____/_____
- or -
The period covered is ______/_____/_____, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/_____

☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ________

Schedules attached
☐ 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

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

5. Verification

MAILING ADDRESS
2455 CARMICHAEL DRIVE
CHICO CA 95928

OFFICE (Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (530) 891-3140

E-MAIL ADDRESS JKISTLE@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 02-22-18 Signature ____________________________

(If the originally signed statement with your filing official)

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE D
Income – Gifts

NAME OF SOURCE (Not an Acronym)
UNITED BUILDING CONTRACTORS
ADDRESS (Business Address Acceptable)
275 FAIRGATE AVENUE, SUITE 106
BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSTRUCTION COMPANY

DATE / VALUE / DESCRIPTION OF GIFT(S)
1/10/17 $80.00 2 crab feed tickets
7/24/17 $150.00 2 baseball tickets
8/22/17 $150.00 2 baseball tickets

NAME OF SOURCE (Not an Acronym)
AMERICAN MODULAR SYSTEMS
ADDRESS (Business Address Acceptable)
787 SPECKELS AVENUE, MANTECA, CA 95336
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MODULAR BUILDING MANUFACTURER

DATE / VALUE / DESCRIPTION OF GIFT(S)
10/22/17 $100.00 Football Game Ticket

NAME OF SOURCE (Not an Acronym)
Darden Architects
ADDRESS (Business Address Acceptable)
6790 N West Ave, Fresno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOURCE
C.A.S.H. Conference

DATE / VALUE / DESCRIPTION OF GIFT(S)
02/21/17 $50.00 meal

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE / VALUE / DESCRIPTION OF GIFT(S)

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE / VALUE / DESCRIPTION OF GIFT(S)

Comments:

FPPC Form 700 (2017/2018) Sch. D
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER [LAST] [FIRST] [MIDDLE]
Koll David W

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Executive Director Human Resources

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 ____________
☐ County of ____________
☐ Other Public School District

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __/__/____________ (Check one)
☐ or-
☐ The period covered is __/__/____________, through December 31, 2017.
☐ The period covered is __/__/____________, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/____________
☐ Candidate: Date of Election __/__/____________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ________

Schedules attached
☐ 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
☐ or-
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. 7th Street Chico CA 95993
DAYTIME TELEPHONE NUMBER ________________________________ E-MAIL ADDRESS dkoll@chicoisd.org
( 530 ) 891-3000

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: 02/08/18
(month, day, year)
Signature ____________________________

(Fill in the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
<table>
<thead>
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<th>NAME OF SOURCE (Not an Acronym)</th>
<th>NAME OF SOURCE (Not an Acronym)</th>
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</thead>
<tbody>
<tr>
<td>Keenan &amp; Associates</td>
<td>Hanna &amp; Brophy</td>
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<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>2868 Prospect Drive, Suite 600</td>
<td>2868 Prospect Park Drive, Suite 200</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>Rancho Cordova, CA 95970</td>
<td>Rancho Cordova, CA 95970</td>
</tr>
<tr>
<td>□ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>□ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
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<td>CAJPA Conference</td>
<td>CALPERLA Conference</td>
</tr>
<tr>
<td>DATE(S): 09 / 12 / 17 , 09 / 15 / 17 AMT: $ 400 (If gift)</td>
<td>DATE(S): 09 / 12 / 17 , 09 / 15 / 17 AMT: $ 100 (If gift)</td>
</tr>
<tr>
<td>MUST CHECK ONE: ☑ Gift -or- ☐ Income</td>
<td>MUST CHECK ONE: ☐ Gift -or- ☐ Income</td>
</tr>
<tr>
<td>☐ Made a Speech/Participated in a Panel</td>
<td>☐ Made a Speech/Participated in a Panel</td>
</tr>
<tr>
<td>☑ Other - Provide Description Meals</td>
<td>☑ Other - Provide Description Meals</td>
</tr>
<tr>
<td>If Gift, Provide Travel Destination</td>
<td>If Gift, Provide Travel Destination</td>
</tr>
</tbody>
</table>

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<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hanna &amp; Brophy</td>
<td>Hanna &amp; Brophy</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>2868 Prospect Park Drive, Suite 200</td>
<td>2868 Prospect Park Drive, Suite 200</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>Rancho Cordova, CA 95970</td>
<td>Rancho Cordova, CA 95970</td>
</tr>
<tr>
<td>□ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>□ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>CALPERLA Conference</td>
<td>CALPERLA Conference</td>
</tr>
<tr>
<td>DATE(S): 12 / 5 / 17 , 12 / 8 / 17 AMT: $ 100 (If gift)</td>
<td>DATE(S): / / / , / / / AMT: $</td>
</tr>
<tr>
<td>MUST CHECK ONE: ☑ Gift -or- ☐ Income</td>
<td>MUST CHECK ONE: ☐ Gift -or- ☐ Income</td>
</tr>
<tr>
<td>☐ Made a Speech/Participated in a Panel</td>
<td>☐ Made a Speech/Participated in a Panel</td>
</tr>
<tr>
<td>☑ Other - Provide Description Meals</td>
<td>☑ Other - Provide Description Meals</td>
</tr>
<tr>
<td>If Gift, Provide Travel Destination</td>
<td>If Gift, Provide Travel Destination</td>
</tr>
</tbody>
</table>

Comments: 
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kruger Jaclyn

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

► 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)
☐ Leaving Office: Date Left __________
-OR- The period covered is __________, through December 31, 2017.
☐ The period covered is __________, through the date of leaving office.
-OR-
☐ Assuming Office: Date assumed __________
☐ The period covered is __________, through the date of leaving office.

☐ Candidate: Date of Election __________ and office sought, if different then Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _______

Schedules attached
☐ 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

-OR-
☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
1183 E. Seventh Street
City Chico
State CA
ZIP CODE 95928
DAYTIME TELEPHONE NUMBER (530) 891-3000 ext. 131
E-MAIL ADDRESS jkruger@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 01/26/2018
(month, day, year)
Signature ___________________________
(Fix the original signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lindstrom Scott Curtis

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable 
Educational Services
Your Position 
Student Support Coordinator
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
☐ County of
☐ Other Public School District

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left 06/30/2017
☐ The period covered is _______/______/______, through December 31, 2017.
☐ The period covered is _______/______/______, through the date of leaving office.
☐ Assuming Office: Date assumed _______/______/______
☐ Candidate: Date of Election _______/______/______ and office sought, if different than Part 1:

4. Schedule Summary (must complete)
Total number of pages including this cover page: 1
Schedules attached
☐ 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
☐ Or
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. Seventh Street Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 691-3000 slindstr@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 1/23/2018
(month, day, year) Signature
(Fill in the original signed statement with your filing officer)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Lousdale Gary M.

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

► 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 ______________________________

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left ____________
- or -
The period covered is ____________ through December 31, 2017.
☐ The period covered is ____________ through the date of leaving office.
- or -
☐ Assuming Office: Date assumed ____________
☐ The period covered is ____________ through the date of leaving office.
☐ Candidate: Date of Election ____________ and office sought, if different than Part 1: ____________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ______
Schedules attached
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☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

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

5. Verification
MAILING ADDRESS
14014 Limonni Dr Chico CA 95973

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 228-2510

EMAIL ADDRESS
G.Lousdale@gmail.com

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 2-26-18
(month, day, year)

Signature __________________________
(Fill the original signed statement with your filing official.)

FFPC Form 700 (2017/2018)
FFPC Advice Email: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Director of Secondary Education
   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)
   -or- The period covered is July 1, 2017, through December 31, 2017.
   ☐ Leaving Office: Date Left __________/________/________
   (Check one)
   ☐ The period covered is January 1, 2017, through the date of leaving office.
   -or- The period covered is __________/________/________, through the date of leaving office.
   ☐ Assuming Office: Date assumed __________/________/________
   ☐ Candidate: Date of Election __________/________/________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: _______
   Schedules attached
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   ☐ Schedule D - Income - Gifts – schedule attached
   ☐ Schedule E - Income - Gifts – Travel Payments – schedule attached
   ☐ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   1163 E. 7th street
   Chico, Ca. 95928
   STATE ZIP CODE
   CITY
   STREET
   (Business or Agency Address Recommended - Public Document)
   DAYTIME TELEPHONE NUMBER
   ( 530 ) 801-3000
   E-MAIL ADDRESS
   jmarchant@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 2/20/2018
   Signature
   (File the original signed statement with your filing officials.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marchant Jay Christopher

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
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 _______________________________
☐ County of ____________________________
☐ Other _________________________________

3. Type of Statement (Check at least one box)
    -or-
    The period covered is _______/_____/_______, through December 31, 2017.
☐ Assuming Office: Date assumed _______/_____/______
☐ Leaving Office: Date Left June 30, 2017
    (Check one)
    ☐ The period covered is January 1, 2017, through the date of leaving office.
    -or-
    ☐ The period covered is _______/_____/_______, through the date of leaving office.
☐ Candidate: Date of Election _____________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _______
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☐ Schedule A-1 - Investments - schedule attached
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☐ 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

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. 7th street Chico Ca. 95928
(530) 801-3000 E-MAIL ADDRESS
jmarchant@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 2/20/2018 Signature ____________________________

(If the originally signed statement is with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

Mckay

David

Stephen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CABECO UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

BONNER JUNIOR HIGH SCHOOL

Your Position

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 SCHOOL DISTRICT

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2017, through

December 31, 2017.

☐ Leaving Office: Date Left __/__/_______

(Check one)

☐ The period covered is January 1, 2017, through the date

of leaving office.

☐ The period covered is __/__/_______, through

the date of leaving office.

☐ Assuming Office: Date assumed __/__/_______

☐ Candidate: Date of Election __/__/_______ and office sought, if different than Part 1: __/__/_______

4. Schedule Summary (must complete)

☐ Total number of pages including this cover page: ________

☐ Schedules attached

☐ 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

☐ or-

☐ 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 __/__/_______

(month, day, year)

Signature ______________________

(Fill the original signed statement with your filing official)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER

Michay
DAVID
STEPHEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CHICO UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
Educational Services Director
Your Position

➤ 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 ______________________________
☐ County of ______________________________
☐ Other ______________________________

3. Type of Statement (Check at least one box)

-OR-
The period covered is ______________, through December 31, 2017.

☐ Assuming Office: Date assumed ______________

☐ Candidate: Date of Election ______________ and office sought, if different than Part 1:

☐ Leaving Office: Date Left ______________

☐ The period covered is January 1, 2017, through the date of leaving office.
-OR-
The period covered is ______________, through the date of leaving office.

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: ______

Schedules attached

☐ 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

-OR-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(2376 North Ave, Chico, CA 95926)

STREET

CITY

STATE

ZIP CODE

(530) 891-3080

DAYTIME TELEPHONE NUMBER

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:

(1/24/18)

(month, day, year)

Signature

(Please the originally signed statement with your filing official)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mclaughlin Holly

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

► 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 School District

3. Type of Statement (Check at least one box)

   -or-
   The period covered is ___________/__________, through December 31, 2017.

☐ Assuming Office: Date assumed ___________/__________

☐ Candidate: Date of Election ___________/__________ and office sought, if different than Part 1:

☐ Leaving Office: Date Left ___________/__________
   (Check one)
   ○ The period covered is January 1, 2017, through the date of leaving office.
   -or-
   ○ The period covered is ___________/__________, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ________
Schedules attached

☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached

-OR-

☒ None - No reportable interests on any schedule

☐ 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 E, 7th St.

DAYTIME TELEPHONE NUMBER (530) 893-3000
E-MAIL ADDRESS mclaughlin@pottervalleyschools.us

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 ___________/__________
(month, day, year)

Signature ____________________________
(Place the originally signed statement with your filing official)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink:

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moll</td>
<td>Andrew</td>
<td>James</td>
<td></td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>(Do not use acronyms)</th>
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<tbody>
<tr>
<td>Chico Unified School District</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Division, Board, Department, District, if applicable</th>
<th>Your Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Education</td>
<td>Principal</td>
</tr>
</tbody>
</table>

- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Position:</th>
</tr>
</thead>
</table>

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)**

- [ ] The period covered is ___/__/____, through December 31, 2017.
- [ ] Assuming Office: Date assumed ___/__/____
- [ ] Candidate: Date of Election ___/__/____ and office sought, if different than Part 1: ___/__/____

4. **Schedule Summary (must complete)**

- [X] Total number of pages including this cover page: **1**

<table>
<thead>
<tr>
<th>Schedules attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Schedule A-1 - Investments - schedule attached</td>
</tr>
<tr>
<td>□ Schedule A-2 - Investments - schedule attached</td>
</tr>
<tr>
<td>□ Schedule B - Real Property - schedule attached</td>
</tr>
<tr>
<td>□ Schedule C - Income, Loans, &amp; Business Positions - schedule attached</td>
</tr>
<tr>
<td>□ Schedule D - Income - Gifts - schedule attached</td>
</tr>
<tr>
<td>□ Schedule E - Income - Gifts - Travel Payments - schedule attached</td>
</tr>
</tbody>
</table>

- [X] None - No reportable interests on any schedule

5. **Verification**

**MAILING ADDRESS**

<table>
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<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<tr>
<td>290 East Ave</td>
<td>Chico</td>
<td>CA</td>
<td>95926</td>
</tr>
</tbody>
</table>

**DAYTIME TELEPHONE NUMBER**

| (530) 891-3092 |

**EMAIL ADDRESS**

amoll@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 **2/22/2018**

Signature

(Filing the original signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Morris Michael Joseph

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

Your Position
Director

➤ 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)

- or -
The period covered is ______/____/____, through December 31, 2017.

☐ Assuming Office: Date assumed ______/____/____

☐ Candidate: Date of Election ______/____/____ and office sought, if different than Part 1:

☐ Leaving Office: Date Left ______/____/____

Leaving Office: Date Left 06/30/2017

(Shown)

☐ The period covered is January 1, 2017, through the date of leaving office.
- or -
The period covered is ______/____/____, through the date of leaving office.

☐ None - No reportable interests on any schedule

4. Schedule Summary (must complete)  ➤ Total number of pages including this cover page: 1
Schedules attached

☐ 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

- or -

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3000 mmorris@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 01/31/2018 Signature

(Files the original signed statement with your filing official.)
Please type or print in ink.

NAME OF FILER (LAST)   (FIRST)   (MIDDLE)

Murgia    David    Michael

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)  Chico Unified School District
Division, Board, Department, District, if applicable  Neal Dow Elementary
Your Position  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 Chico
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of

3. Type of Statement (Check at least one box)

-OR-
The period covered is  /  /  , through December 31, 2017.
☐ Assuming Office: Date assumed  /  /  
☐ Leaving Office: Date Left  /  /  
(Check one)
-OR-
The period covered is  /  /  , through the date of leaving office.
-OR-
The period covered is  /  /  , through the date of leaving office.

☐ Candidate: Date of Election  /  /  and office sought, if different than Part 1:

4. Schedule Summary (must complete)  ► Total number of pages including this cover page: ________

Schedules attached

☐ 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

-OR-
☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
1163 East Seventh St  Chico  CA  95928-5999

DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS
(530) 891-3110  dmurgia@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  1/30/2018  Signature  DMurgia

(Fill the originally signed statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) NAME OF FILER (FIRST) NAME OF FILER (MIDDLE)
Olsen Diane Louise

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Director, Student Support Services

► 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)

- or -
The period covered is 07/01/2018, through December 31, 2017.
☐ Assuming Office: Date assumed __________/________/________
☐ Leaving Office: Date Left __________/________/________
(Check one)
- or -
The period covered is __________/________/________, through the date of leaving office.

☐ Candidate: Date of Election __________/________/________ and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► Total number of pages including this cover page: __________

Schedules attached

☐ 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

- or -
☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1163 East Seventh Street
Chico, CA 95928

E-MAIL ADDRESS
dolsen@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 02/14/2018
(Signature)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ontiveros Richard Robert

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

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 School District

3. Type of Statement (Check at least one box)
-OR-
The period covered is / / , through December 31, 2017.
☐ Leaving Office: Date Left / / (Check one)
-OR-
The period covered is / / , through the date of leaving office.
☐ Assuming Office: Date assumed / / 
☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 
☒ None - No reportable interests on any schedule
☐ 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
2455 Carmichael Dr., Chico, Ca. 95928
(STREET)
(CITY)
(STATE)
ZIP CODE

DAYTIME TELEPHONE NUMBER: (530) 891-3097
E-MAIL ADDRESS: bontiveros@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 02/20/2018
(month, day, year) Signature

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Please type or print in ink:

NAME OF FILER

(LAST)   (FIRST)    (MIDDLE)

Parsley    Joanne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Assistant 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 ________________________________
☐ County of ________________________________
☐ Other Public School District

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left ______/_____/__________ (Check one)
☐ The period covered is January 1, 2017, through the date of leaving office.
☐ The period covered is ______/_____/__________ through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/__________
☐ Candidate: Date of Election ______/_____/__________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _________

Schedules attached

☐ Schedule A-1 - Investments - schedule attached
☒ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Reel 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

5. Verification

MAILING ADDRESS

(Business or Agency Address Recommended - Public Document)

1163 East Seventh Street
Chico, CA 95928

DAYTIME TELEPHONE NUMBER (530) 891-3000

ejparsley@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 3/2/18

Signature

(If the original signed statement is filed with your filing officer)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE A-2**

**Investments, Income, and Assets of Business Entities/Trusts**

*(Ownership Interest is 10% or Greater)*

### General Description of This Business

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>( / / )</th>
<th>( / / )</th>
<th>( ACQUIRED )</th>
<th>( DISPOSED )</th>
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</thead>
<tbody>
<tr>
<td>( $0 - $1,999 )</td>
<td>/ / 17</td>
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<td>DISPOSED</td>
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<td>( $2,000 - $10,000 )</td>
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<tr>
<td>Over ( $1,000,000 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nature of Investment
- Partnership
- Sole Proprietorship
- Other

### Your Business Position
- Partner with Husband

### 2. Identify the Gross Income Received (Include Your Pro Rata Share of the Gross Income to the Entity/Trust)

| \( \$0 - \$499 \) | \( \$500 - \$1,000 \) | \( \$1,001 - \$10,000 \) | \( \$10,001 - \$100,000 \) | \( \$100,001 - \$1,000,000 \) | OVER \( \$1,000,000 \) |

### 3. List the Name of Each Reportable Single Source of Income of \( \$10,000 \) or More

- Anderson Shelling \( \$1,600,000 \)

### 4. Investments and Interests in Real Property Held or Leased by the Business Entity or Trust

Check one box:
- INVESTMENT
- REAL PROPERTY

**6280 Bennett Road**

**Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property**

**Description of Business Activity or City or Other Precise Location of Real Property**

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>/ / 17</th>
<th>/ / 17</th>
<th>ACQUIRED</th>
<th>DISPOSED</th>
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<td>Over ( $1,000,000 )</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nature of Interest**
- Property Ownership/Deed of Trust
- Stock
- Partnership
- Leasehold
- Other

**Comments:**

---

**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

**Name:** Joanne Parsley

---


FPPC Advice Email: advice@fppc.ca.gov

FPPC 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
6280 Bennett Road
CITY
Chico, CA 95926

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 17
/ / 17
ACQUIRED
DISPOSED

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 names of each tenant that is a single source of income of $10,000 or more.
☐ None

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5928 Anita Road
CITY
Chico, CA 95926

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☒ Over $1,000,000

IF APPLICABLE, LIST DATE:
/ / 17
/ / 17
ACQUIRED
DISPOSED

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 names of each tenant that is a single source of income of $10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

Comments:
# SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

**NAME OF SOURCE OF INCOME**
Darrel Parsley ~ Farming

**ADDRESS (Business Address Acceptable)**
Parsley Farms

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

**YOUR BUSINESS POSITION**

**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
- 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, if each source of $10,000 or more

**Other**
(Describe)

---

**1. INCOME RECEIVED**

**NAME OF SOURCE OF INCOME**

**ADDRESS (Business Address Acceptable)**

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

**YOUR BUSINESS POSITION**

**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
- 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, if each source of $10,000 or more

**Other**
(Describe)

---

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

**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**

**TERM (Months/Years)**

**SECURITY FOR LOAN**
- None
- Personal residence
- Real Property

**Street address**

**City**

**Guarantor**

**Other**
(Describe)

Comments:
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Pasillas  Sara  Michelle

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

☐ Leaving Office: Date Left  /  /  

☐ The period covered is  /  /  , through December 31, 2017.

☐ Assume Office: Date assumed  /  /  

☐ The period covered is  /  /  , through the date of leaving office.

☐ Candidate: Date of Election  and office sought, if different than Part 1:

4. Schedule Summary  (must complete)  ► Total number of pages including this cover page: __________

Schedules attached

☐ 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

- or -

☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
901 Esplanade
Chico  CA  95926

DAYTIME TELEPHONE NUMBER
(530) 891-3026 x119
E-MAIL ADDRESS
spasillas@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 2/20/18
(month, day, year)

Signature

(Fill the originally signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Peyton, Jeana Lee

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Loma Vista Special Education
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 ____________________________

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __/__/____
☐ -or- The period covered is __/__/____, through December 31, 2017.
☐ The period covered is __/__/____, through the date of leaving office.

☐ Assuming Office: Date assumed __/__/____

☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete)

☐ Total number of pages including this cover page: __________

Schedules attached
☐ 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

5. Verification

MAILING ADDRESS
368 Dickson Way Chico CA 95928

STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 879-7400

E-MAIL ADDRESS
jepeyton@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 2/20/18
(month, day, year)

Signature________________________

(File the originally signed statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) Robinson, Eileen
(FIRST) Lynette (MIDDLE)

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

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
☐ County of
☐ Other Unified School District

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left __/__/______
☐ The period covered is __/__/______, through December 31, 2017.
☐ Assumption Office: Date assumed __/__/______
☐ The period covered is __/__/______, through
☐ Candidate: Date of Election __/__/_____ and office sought, if different than Part 1:
☐ the date of leaving office.

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _______

Schedules attached
☐ 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

5. Verification
MAILING ADDRESS STREET
Chico East Seventh Street
(1163 East Seventh Street)

CITY STATE ZIP CODE CA 95928-5999

DAYTIME TELEPHONE NUMBER
(530) 891-3000

E-MAIL ADDRESS erobinson@chico.usd.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 Feb. 27, 2018
(Signature) Lynette Robinson

(File the originally signed statement with your filing official.)

Clear Page Print
NAME OF FILER (LAST)  Rodgers  (FIRST)  Kimberly  (MIDDLE)  Jeanne

1. Office, Agency, or Court
Agency Name  (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Emma Wilson Elementary
Your Position  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 __________________________
☐ County of __________________________
☐ Other  Public School District

3. Type of Statement  (Check at least one box)
☐ Leaving Office:  Date Left / /  (Check one)
☐ The period covered is January 1, 2017, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☐ Assuming Office:  Date assumed / / __________________________
☐ Candidate:  Date of Election / / and office sought, if different than Part 1:

4. Schedule Summary (must complete)  Total number of pages including this cover page: ________

Schedules attached
☐ 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

5. Verification
MAILING ADDRESS  1530 W. Eighth Avenue  chico, CA  95924
OFFICE  (Business or Agency Address Recommended - Public Document)
CITY  chico
STATE  CA  ZIP CODE  95924
DAYTIME TELEPHONE NUMBER  (530) 891-3297
E-MAIL ADDRESS  krogers@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  2/20/18  Signature  

For the original signed statement with your filing official.

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SAUBERAN AARON JHAYER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District Principal
Division, Board, Department, District, if applicable
Your Position

► 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 ______________________

3. Type of Statement (Check at least one box)

-OR-
The period covered is ______/_____/_____, through December 31, 2017.
☐ Leaving Office: Date Left ______/_____/_____
(Check one)
-OR-
The period covered is ______/_____/_____, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/_____
☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1: ______________________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ________

Schedules attached

☐ 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

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

5. Verification

MAILING ADDRESS
2404 Magnolia Ave Chico CA 95926

DAYTIME TELEPHONE NUMBER
530-879-7400

E-MAIL ADDRESS
asaubera@chico USD .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 ______/______/______
(Signature)

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov
**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schrock</td>
<td>Kristen</td>
<td>Joelle</td>
<td></td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**

<table>
<thead>
<tr>
<th>Agency Name (Do not use acronyms)</th>
<th>Chico Unified School District</th>
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</thead>
<tbody>
<tr>
<td>Division, Board, Department, District, if applicable</td>
<td>Principal</td>
</tr>
</tbody>
</table>

- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Position:</th>
</tr>
</thead>
</table>

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)**

- [ ] Assuming Office: Date assumed / / , and office sought, if different than Part 1:
- [ ] Leaving Office: Date Left / / , (Check one)
  - [ ] The period covered is January 1, 2017, through the date of leaving office.
  - [ ] The period covered is / / , through the date of leaving office.

4. **Schedule Summary (must complete)**

- Total number of pages including this cover page: 1

**Schedules attached**

- [ ] 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

- [X] None - No reportable interests on any schedule

5. **Verification**

**MAILING ADDRESS**
(Recommended - Public Document)

<table>
<thead>
<tr>
<th>2090 Amanda Way</th>
<th>Chico</th>
<th>CA</th>
<th>95928</th>
</tr>
</thead>
</table>

**DAYTIME TELEPHONE NUMBER**

<table>
<thead>
<tr>
<th>(530) 891-3285</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:kschrock@chicousd.org">kschrock@chicousd.org</a></td>
</tr>
</tbody>
</table>

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 1/22/18

Signature

(For the originally signed statement with your filing officer)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

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 District
Division, Board, Department, District, if applicable
Pleasant Valley High School
Your Position
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 ____________________________

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left / / 
☐ The period covered is / / , through December 31, 2017.
☐ Assuming Office: Date assumed / / 
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Date of Election / / and office sought, if different than Part 1: ____________________________

☐ Candidate: Date of Election / / and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: ________

Schedules attached
☐ 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

5. Verification
Mailing Address: 195 Delaney Drive, Chico, CA 95928
Street: Chico
City: CA
State: 2P 000C
Phone: (530) 774-5429
E-mail: jshepherd@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 1/22/18
Signature ____________________________

File the originally signed statement with your filing official.

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink:

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sheridan Erica Lorraine

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chico High School
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
☐ County of
☒ Other Public School District

3. Type of Statement (Check at least one box)


☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is ______/_____/______, through December 31, 2017.

☐ Assuming Office: Date assumed ______/_____/______

☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ______

Schedules attached

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached

-OR-

☒ None - No reportable interests on any schedule

☐ 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 STREET CITY STATE ZIP CODE
901 Esplanade Chico CA 95926

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3026 x115 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 2/20/18 Signature (File the original signed statement with your filing official)
1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Chino Unified School District

Division, Board, Department, District, if applicable  
Director of Student Services

Your Position  
Director of Student Services

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Chino Unified School District  
Position: Director of Student Services

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Multi-County  
Butte County
☐ County of
☐ City of

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left 6/30/2017
☐ The period covered is __/__/____, through December 31, 2017.
☐ The period covered is __/__/____, through the date of leaving office.

☐ Assuming Office: Date assumed __/__/____

☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:

4. Schedule Summary (must complete)  
Total number of pages including this cover page: ____

Schedules attached

☐ 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

5. Verification

MAILING ADDRESS  
(1143 East Seventh Street)

CITY  
LEO

STATE  
CA

ZIP CODE  
95928

DAYTIME TELEPHONE NUMBER  
(530) 891-3800 x 135

E-MAIL ADDRESS  
esnedeker@chusd.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 11/29/2017

(month, day, year)

Signature  
Eleni Sinedeker

(File the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**Statement of Economic Interests**

**Cover Page**

**NAME OF FILER**

SPAGHETTI21 (LAST)  KENGE (FIRST)  CIAMILIE (MIDDLE)

1. **Office, Agency, or Court**

   **Agency Name** (Do not use acronyms)
   
   Chico Unified School Dist. ASST. PRINCIPAL
   
   Division, Board, Department, District, if applicable
   
   Your Position

   ▶ 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 ____________

3. **Type of Statement (Check at least one box)**


   - [ ] The period covered is _____/_____/______, through December 31, 2017.

   - [ ] Assuming Office: Date assumed _____/_____/_______

   - [ ] Leaving Office: Date Left _____/_____/_______

   □ The period covered is January 1, 2017, through the date of leaving office.

   □ The period covered is _____/_____/______, through the date of leaving office.

   - [ ] Candidate: Date of Election _____/_____/_______ and office sought, if different than Part 1:

4. **Schedule Summary (must complete)**

   ▶ **Total number of pages including this cover page: _____**

   **Schedules attached**

   - [ ] 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

5. **Verification**

   **MAILING ADDRESS**
   (Business or Agency Address Recommended - Public Document)
   
   1475 East Ave.  Chico  Ca  95926
   
   **DAYTIME TELEPHONE NUMBER**
   (530) 891-3050
   
   **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** 1/23/18  
   (month, day, year)

   **Signature**

   [Signature]

   [Note: the original signed statement with your filing official.]

   ________________________________

   FPPC Form 700 (2017/2018)
   FPPC Advice Email: advice@fppc.ca.gov
   FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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: Fiscal Crisis & Management Assistant Team
   Position: Board Member, Advisory Board

2. Jurisdiction of Office (Check at least one box)
   [X] State for #2 above
   [ ] Multi-County
   [ ] City of
   [ ] County of
   [X] Other
   Public School District (#1 above)

3. Type of Statement (Check at least one box)
   -or-
   The period covered is __________/________/________, through December 31, 2017.
   #2 [X] Assuming Office: Date assumed 01/01/2018
   [ ] Judge or Court Commissioner (Statewide Jurisdiction)
   [ ] County of
   [X] Other
   Public School District (#1 above)
   -or-
   The period covered is __________/________/________, through the date of leaving office.
   [ ] Leaving Office: Date Left __________/________/________
   (Check one)
   [ ] The period covered is January 1, 2017, through the date of leaving office.
   [ ] The period covered is __________/________/________, through the date of leaving office.
   [ ] Candidate: Date of Election __________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _______

Schedules attached
   [X] Schedule A-1 - Investments – schedule attached
   [X] Schedule C - Income, Loans, & Business Positions – schedule attached
   [X] Schedule A-2 - Investments – schedule attached
   [X] Schedule D - Income – Gifts – schedule attached
   [X] Schedule B - Real Property – schedule attached
   [X] Schedule E - Income – Gifts – Travel Payments – schedule attached
   -or-
   [ ] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Street Address Recommended - Public Document)
1163 East Seventh Street
Chico, CA 95973
CITY
STATE
ZIP CODE
STREET
DAYTIME TELEPHONE NUMBER
(530) 521-3000
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 2/8/18
(month, day, year)
Signature __________________________

(Attach the originally signed statement with your filing official.)
**SCHEDULE B**

**Interests in Real Property**  
(Including Rental Income)

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>277 Saint Augustine</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Chico, CA 95926</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico, CA 95926</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 17</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 12 / 17</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>01 / 12 / 17</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>/ / 17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership/Deed of Trust</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leasehold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yrs. remaining</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $499</td>
</tr>
<tr>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

Sold to tenants Brian & Kelly Parsons in January, 2017.

* You are not required to report loans from commercial lending institutions made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

Guarantor, if applicable

Comments:
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Tri Counties Bank

ADDRESS (Business Address Acceptable)
63 Constitution Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment

YOUR BUSINESS POSITION
None

GROSS INCOME RECEIVED
☐ No Income - Business Position Only
☐ $500 - $1,000
☒ $10,001 - $100,000
☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary
☐ Spouse's or registered domestic partner's income
☐ Partnership (Less than 10% ownership, for 10% or greater use Schedule A-2.)
☐ Sale of
☐ Loan repayment
☐ Commission or
☐ Rental Income, list each source of $10,000 or more
☐ Other

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

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

TERM (Months/Years)

SECURITY FOR LOAN
☐ None
☐ Personal residence
☐ Real Property
☐ Guarantor
☐ Other

FPPC Form 700 (2017/2018) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</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>
</tr>
</thead>
<tbody>
<tr>
<td>Stutz, Artiano, Shinof, Holtz</td>
<td>2488 Historic Decator Road #200, San Diego</td>
<td></td>
<td>12/16/17</td>
<td>$30.00</td>
<td>Boxed Candy Sweets</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<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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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: This unsolicited gift arrives annually and is placed in common are for all CUSD District staff to enjoy. We currently do not utilize the services of this legal firm.
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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

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): 01/01/17 - 12/31/17 AMT: $191.00
(If gift)

MUST CHECK ONE: ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

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

DATE(S): 01/01/17 - 12/31/17 AMT: $191.00
(If gift)

MUST CHECK ONE: ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

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

DATE(S): 01/01/17 - 12/31/17 AMT: $191.00
(If gift)

MUST CHECK ONE: ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

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

DATE(S): 01/01/17 - 12/31/17 AMT: $191.00
(If gift)

MUST CHECK ONE: ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

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

DATE(S): 01/01/17 - 12/31/17 AMT: $191.00
(If gift)

MUST CHECK ONE: ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination

Comments: ____________________________________________________________

FPPC Form 700 (2017/2018) Sch. E
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sufuentes Heather Watroba

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Parkview Elementary School
Your Position
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)

☐ Leaving Office: Date Left __/__/_____
☐ -or-
The period covered is __/__/_____, through December 31, 2017.
☐ The period covered is __/__/_____, through the date of leaving office.
☐Assuming Office: Date assumed __/__/_____

☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:

4. Schedule Summary (must complete)  Total number of pages including this cover page: __________

Schedules attached

☐ 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

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
203 ESTATES DR CHICO CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 518 - 4367
g5928

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 2/22/18
(month, day year)

Signature ____________________________ (To be signed in ink by relevant filing official)

FPCC Form 700 (2017/2018)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sullivan Theodore William

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Your Position
   Director of Elementary Education
   
   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 Chico
   □ County of
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ Other Public School District

3. Type of Statement (Check at least one box)
   □ Leaving Office: Date Left ______/_____/______
   □ The period covered is ______/_____/______ through December 31, 2017.
   □ The period covered is ______/_____/______ through the date of leaving office.
   □ Assuming Office: Date assumed ______/_____/______
   □ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _______

   Schedules attached
   □ 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
   -or-
   □ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(If different, Business or Agency Address - Public Document)
620 Third Street
Chico, CA 95928

DATE OF STATEMENT
(If different, Business or Agency Address - Public Document)
1163 East 7th Street
Chico, CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000 ext. 137
E-MAIL ADDRESS
tsullivan@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 2-26-18
(month, day year)

Signature

(Fill the original signed statement with your filing official)
## STATEMENT OF ECONOMIC INTERESTS
### COVER PAGE

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tadeo</td>
<td>Rachel</td>
<td>Ann</td>
<td></td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**
   - Agency Name (Do not use acronyms)
     - Chico Unified School District
   - Division, Board, Department, District, if applicable
     - Citrus Elementary School
   - Your Position
     - 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 ____________________________
   - [x] County of ____________________________
   - [ ] Other ________

3. **Type of Statement** (Check at least one box)
   - -or-
     - The period covered is __________/________/________, through December 31, 2017.
   - [ ] Assuming Office: Date assumed __________/________/________
   - [ ] Candidate: Date of Election __________/________/________ and office sought, if different than Part 1:
   - [x] Leaving Office: Date Left __________/________/________
     - (Check one)
     - [ ] The period covered is January 1, 2017, through the date of leaving office.
     - -or-
     - [ ] The period covered is __________/________/________, through the date of leaving office.

4. **Schedule Summary (must complete)**
   - Total number of pages including this cover page: __________
   - **Schedules attached**
     - [ ] Schedule A-1 - Investments - schedule attached
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     - [ ] Schedule D - Income - Gifts - schedule attached
     - [ ] Schedule E - Income - Gifts - Travel Payments - schedule attached
     - [x] None - No reportable interests on any schedule

5. **Verification**
   - MAILING ADDRESS: 1163 E. 7th St., Chico, CA 95926
   - STREET (Business or Agency Address Recommended - Public Document)
   - CITY
   - STATE
   - ZIP CODE
   - DAYTIME TELEPHONE NUMBER
     - (530) 891-3107
   - 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: 02/20/2018

Signature: [Signature]

(Filer the originally signed statement with your filing official.)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
California Form 700
Fair Political Practices Commission
A Public Document

Statement of Economic Interests
Cover Page

Please type or print in ink.

Name of Filer (Last) (First) (Middle)
Vincent John E

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

3. Type of Statement (Check at least one box)
   □ Leaving Office: Date Left / / (Check one)
   -or-
   □ The period covered is / / through December 31, 2017.
   -or-
   □ The period covered is / / through the date of leaving office.
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   □ Candidate: Date of Election / / and office sought, if different than Part 1:

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   □ Schedule D - Income - Gifts - schedule attached
   □ Schedule E - Income - Gifts - Travel Payments - schedule attached
   -or-
   □ None - No reportable interests on any schedule

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
   jvincent@chicousd.org
   I have used all reasonable diligence in preparing this statement, 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: 01/23/2018
   Signature
   (For the original signed statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Whittaker Damon Andrew

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
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 __________________________
☐ County of __________________________
☐ Other Public School District

3. Type of Statement (Check at least one box)

☐ Leaving Office: Date Left __________________________ (Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.
☐ The period covered is __________________________, through the date of leaving office.

☐ Assuming Office: Date assumed __________________________

☐ Candidate: Date of Election __________________________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: __________

Schedules attached

☐ Schedule A-1 - 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

☐ Schedule A-2 - Investments – schedule attached

-OR-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1475 East Ave.
Chico, Ca 95926

STREET

CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3050

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 1/23/2018

Signature

(Firmly attach a copy of your current state or local government photo ID)

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov