CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

A PUBLIC DOCUMENT

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
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 Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left __/__/____
☐ The period covered is __/__/____, through December 31, 2019.
☐ Other: 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
2060 Oak Park Ave
Chico CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3100

EMAIL ADDRESS
MAllen@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 02/21/2020 (month, day, year)
Signature ________________________________

[For the originally signed paper statement with your filing official]
NAME OF FILER (LAST) (FIRST) (MIDDLE) 
Benz Mele Lea

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 __________________________
   □ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
     (Statewide Jurisdiction)
   □ Other Public School District

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2019, through December 31, 2019.
   □ Leaving Office: Date Left ______ / ______ / ______
     (Check one circle)
   □ The period covered is January 1, 2019, 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:

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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 St.
   Chico, CA 95928
   CITY STATE ZIP CODE
   STREET
   (Business or Agency Address Recommended - Public Document)
   DAYTIME TELEPHONE NUMBER
   (530) 891-3000
   EMAIL ADDRESS
   mbenz@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: January 10, 2020
(month, day, year)

Signature

(Handed the originally signed paper statement with your filing officer)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER: Besnard Bruce Robert

1. Office, Agency, or Court

Agency Name: 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 Public School District

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
- or -
The period covered is ______/_____/______, through December 31, 2019.
☐ Assuming Office: Date assumed ______/_____/______
☐ Leaving Office: Date Left: ______/_____/______
☐ The period covered is January 1, 2019, 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:

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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: 1173 E. 7th Street
STREET: Chico
CTY: CA
STATE: 95928
ZIP CODE: 95928

DAYTIME TELEPHONE NUMBER: (530) 891-3141
EMAIL 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: 2/18/2020
Signature: 

(Fill the originally signed paper statement with your filing official)
### STATEMENT OF ECONOMIC INTERESTS

**COVER PAGE**

**A PUBLIC DOCUMENT**

**NAME OF FILER**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bettencourt</td>
<td>Jo Ann</td>
<td>F</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**
   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

   □ City of

   □ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

   □ County of

   □ Other Public School District

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

   □ Annual: The period covered is January 1, 2019, through December 31, 2019.

   -or-

   The period covered is __________/________/________, through December 31, 2019.

   □ Leaving Office: Date Left __________/________/________

   -or-

   The period covered is January 1, 2019, through the date of leaving office.

   □ Asssuming 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**
   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) 891-3104

   **EMAIL 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** 02/04/2020

   **Signature**

   (File the originally signed paper 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**

3030 Thorntree Dr. Ste 3

**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**

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>IF Applicable, List Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,099</td>
<td>/ / 19</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 19</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 19</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>ACQUIRED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**Nature of Investment**

- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] LLC

**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   | $10,001 - $100,000 |
| $500 - $1,000 | Over $100,000 |
| $1,001 - $10,000 |

#### 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 Permanent Location of Real Property**

<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>/ / 19</td>
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<tr>
<td>$10,001 - $100,000</td>
<td>/ / 19</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>ACQUIRED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**Nature of Interest**

- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

- [ ] Leasehold
  - [ ] Yrs. remaining
  - [ ] Other

- [ ] Check box if additional schedules reporting investments or real property are attached

#### Comments:

PFPCC Form 700 - Schedule A-2 (2019/2020)

advice@fpcc.ca.gov • 866-275-3772 • www.fpcc.ca.gov

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bultema Kevin James

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Business Services
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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of __________________________
☒ Other Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left ____________
☐ The period covered is ____________ through ____________.
☐ The period covered is ____________ through ____________.
☐ Assuming Office: Date assumed ____________
☐ 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 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
STREET Chico
CITY
STATE CA ZIP CODE 95928
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER (530) 891-3000
EMAIL ADDRESS kbultema@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 2-11-20  Signature __________________________
(month, day, year) (File the originally signed paper 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

CITY
Chico

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

IF APPLICABLE, LIST DATE:
/ / 19 / / 19

ACQUIRED
DISPOSED

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

Yrs. remaining:

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 a commercial lending institution 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:

FPPC Form 700 - Schedule B (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 11
California Form 700: **Kevin J. Bultema**

Statement of Economic Interests 2019

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>Butte County Consolidated Oversight Board</td>
<td>Board Member</td>
</tr>
</tbody>
</table>
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER
(CALIFORNIA)

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 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
☐ County of
☒ Other Public School District

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leasing Office: Date Left: __________/________/________
(Check one circle.)

☐ The period covered is January 1, 2019, 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: 2

Schedules attached

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)

15 Cosmo Ct. Chico

STREET CITY STATE ZIP CODE

( 530 ) 891-3066

EMAIL 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: 2/21/2002

Signature ____________________________

("Please the original signature statement with your filing official.)
## SCHEDULE B
**Interests in Real Property**
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2272 Holly Avenue

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>□ 19 / 19</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>□ ACQUIRED</td>
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<td>□ DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

NATURE OF INTEREST
☑ Ownership/Deed of Trust
□ Easement

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

Kerrie Smith

---

* You are not required to report loans from a commercial lending institution 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

---

Page - 11
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chico Junior 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)
☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left________/_______/_______
☐ or
☐ The period covered is________/_______/_______, through December 31, 2019.
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☐ 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: 
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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
280 Memorial Way
Chico, CA 95926
(Daytime Telephone Number)
(530) 891-3066
Email Address: jcapen@chicoisd.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 2/24/2020 Signature
(Filing of verified paper statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FRST) (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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of ________________________________

☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left / / 

☐ The period covered is / / , through December 31, 2019.

☐ Assumption Office: Date assumed / / ,

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

☐ 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

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☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☒ None - No reportable interests on any schedule

5. Verification
Mailing Address
1163 East Seventh St.
Chico, CA 95926

Daytime Telephone Number
(530) 891-3000 ext. 20230

Email Address
tcariss@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 2/21/20 (month, day, year) Signature 

(Fire the originally signed paper statement with your filing officer.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER
Carver

(LAST)
John

(FIRST)
Wayne

(MIDDLE)

1. Office, Agency, or Court
Agency Name: 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

☐ County of

☐ City of

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leasing Office: Date Left __/__/______

☐ The period covered is __/__/______, through December 31, 2019.

☐ 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:

☐ 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

☐ Schedule F

☐ Schedule G

☐ Schedule H

☐ Schedule I

☐ Schedule J

☐ Schedule K

☐ Schedule L

☐ Schedule M

☐ Schedule N

☐ Schedule O

☐ Schedule P

☐ Schedule Q

☐ Schedule R

☐ Schedule S

☐ Schedule T

☐ Schedule U

☐ Schedule V

☐ Schedule W

☐ Schedule X

☐ Schedule Y

☐ Schedule Z

☐ Other

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
2455 Carmichael Dr.

STREET

CITY Chico

STATE CA

ZIP CODE 95928

DAYTIME TELEPHONE NUMBER (530) 624-7411

EMAIL ADDRESS 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 01/13/2020

Signature ____________________________

(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER:

(LAST) Chairez

(FIRST) Sydney

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

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left / /  

☐ The period covered is / / , through December 31, 2019.

☐ The period covered is / / , through December 31, 2019.

☐ 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

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☐ Schedule E - 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 Chici CA 95928

STREET

CITY

STATE

ZIP CODE

PHONE NUMBER

(530) 891-3000

EMAIL ADDRESS
schairez@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: 2/3/2020

Signature: [Signature]

(See instructions for statement with your filing officer.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

Connelly Courtney Christine

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Emma Wilson/Shasta Elementary
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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)
☐ County of ____________________________________________
☐ Other ____________________________ Public School District

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left __________/________/________ (Check one circle.)
- or - The period covered is __________/________/________, through December 31, 2019.
☐ The period covered is January 1, 2019, 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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☐ 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
(Email Address Recommended - Public Document)
169 Leora Ct.
Chico, CA 95973

CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3141
cconnelly@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 2/4/20

(signature)

(Signature is the original signed page statement with your filing official)
Copper Dustin Todd

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   M&O
   Your Position
   M&O 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
   □ County of
   □ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
   □ Other Public School District

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or-
   The period covered is ___/___/_______, through December 31, 2019.
   □ Leaving Office: Date Left ___/___/_______
   (Check one circle.)
   -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)
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   □ 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)
   2455 Carmichael Drive
   Chico CA 95928
   DAYTIME TELEPHONE NUMBER
   (530) 891-3095
   EMAIL ADDRESS
dcopper@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 2/10/2020
   (month, day, year)
   Signature
   (Please sign the originally signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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 __________________________

☐ City of __________________________

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of __________________________

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

- or - The period covered is _______/_______/_______ through December 31, 2019.

☐ Leaving Office: Date Left _______/_______/_______

(See one circle.)

☐ The period covered is January 1, 2019, 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:

☐ Scheduled 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)
2376 North Ave. Chico CA 95926

STREET

CITY STATE ZIP CODE

DAILY TELEPHONE NUMBER (530) 891-3080 EMAIL ADDRESS IDebock@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 1-13-20 Signature

(month, day, year) (Print the originally signed paper statement with your filing official)
SCHEDULE B
Interests in Real Property
( Including Rental Income )

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1286 & 1290 Wanderer Ln.

CITY

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

IF APPLICABLE, LIST DATE:
19 19

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

1290 Wanderer Ln. - Joe Tierno, Jim Tierno
1286 Wanderer Ln. - Jenefer Traynor

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
19 19

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 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 a commercial lending institution 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)

### 1. INCOME RECEIVED

**NAME OF SOURCE OF INCOME**
Enloe Medical Center

**ADDRESS (Business Address Acceptable)**
1531 Esplanade

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

**YOUR BUSINESS POSITION**
Registered Nurse

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

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

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

*You are not required to report loans from a commercial lending institution, 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**
- ☑ %
- ☐ None

**TERM (Months/Years)**

**SECURITY FOR LOAN**
- ☐ None
- ☐ Personal residence
- ☐ Real Property
  Street address
  City
- ☐ Guarantor
- ☐ Other
  (Describe)

Comments: ____________________________
**CALIFORNIA FORM 700**
**FAIR POLITICAL PRACTICES COMMISSION**

**STATEMENT OF ECONOMIC INTERESTS**
**COVER PAGE**
**A PUBLIC DOCUMENT**

**NAME OF FILER**
(crest)

**ENSERRO vince**

---

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

**Agency Name** *(Do not use acronyms)*

Chico Unified School District

**Division, Board, Department, District, if applicable**

Nutrition 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, Retired Judge, Pro Tem Judge, or Court Commissioner
  (Statewide Jurisdiction)
- County of
- Other Public School District

---

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

- Annual: The period covered is January 1, 2019, through December 31, 2019.
  -or- The period covered is / / , through December 31, 2019.

- Assuming Office: Date assumed / / 

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

- Leaving Office: Date Left / / / (Check one circle.)
  - The period covered is January 1, 2019, 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

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

---

**5. Verification**

**MAILING ADDRESS**
2455 Carmichael Dr.
Chico, CA 95928

**STREET**
Chico

**CITY**

**STATE**
CA

**ZIP CODE**
95928

**DAYTIME TELEPHONE NUMBER**
(530) 891-3000

**EMAIL ADDRESS**
venserro@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** 2/4/20

**Signature**

(Fix the originally signed paper statement with your filing official.)
CALIFORNIA FORM 700
Fair Political Practices Commission

STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
French Marcus Edward

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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
   ☐ County of ____________________________
   ☐ Other Public School District

3. Type of Statement (Check at least one box)
   ☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or- The period covered is 12/02/2019 through December 31, 2019.
   ☐ Assuming Office: Date assumed / / 
   ☐ Leaving Office: Date Left / / 
   (Check one circle.)
   ☐ The period covered is January 1, 2019, 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 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
   DAYTIME TELEPHONE NUMBER (530) 891-3000
   EMAIL ADDRESS mfrench@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 2/10/2020
   Signature ____________________________
   (File the originally signed paper statement with your filing official)
NAME OF FILER      (LAST)       (FIRST)       (MIDDLE)  

Gallaty         Joe             Nelson

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
[ ] County of  
[ ] Other Public School District

3. Type of Statement (Check at least one box)
[ ] Annual: The period covered is January 1, 2019, through December 31, 2019.
-Or- The period covered is 7/1/2019, through December 31, 2019.
[ ] Leaving Office: Date Left __/__/____  (Check one circle.)
-Or- The period covered is January 1, 2019, 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 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  STREET  CITY  STATE  ZIP CODE
14175 East Avenue  Chico  CA  95926

DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
(530) 891-3050  gallaty@chicoisd.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  1/9/20  (month, day, year)  Signature  G.N.

(Date the originally signed paper statement with your filing officer.)
Statement of Economic Interests
Cover Page
A Public Document

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

1. Office, Agency, or Court
Agency Name: (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Maintenance and Operations
Your Position: M&O 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
☐ County of
☒ Other Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ -or-
☐ Leaving Office: Date Left / / (Check one circle.)
☐ The period covered is through December 31, 2019.
☐ 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 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 11th St  Chico  Ca  95928

DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
( 530 ) 894-3000  Egerman@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 2/10/2020  Signature

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gunderson John Allen

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

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County
☐ County of
☐ City of
☐ Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
-OR-
The period covered is / / through December 31, 2019.

☐ 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
(Business or Agency Address Recommended - Public Document)
983 E, 7th Street
Chico
CA 95928

DAYTIME TELEPHONE NUMBER
(702) 379-5973

EMAIL ADDRESS
jgunderson@chicoisd.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
(Indent, day, year) (File the original signed paper statement with your filing official)

FPPC Form 700 - Cover Page (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page 5
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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, Retired Judge, Pro Tem Judge, or Court Commissioner
     (Statewide Jurisdiction)
   □ County of
   □ Other
     Public School District

3. Type of Statement (Check at least one box)
   ☑ Annual: The period covered is January 1, 2019, through December 31, 2019.
     -or-
     The period covered is __/__/______, through December 31, 2019.
   □ Assuming Office: Date assumed __/__/______
   □ Leaving Office: Date Left __/__/______
     (Check one circle.)
     -or-
     The period covered is December 31, 2019, 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
   2 Pgs.
   □ 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)
   605 Sycamore St., Chico, CA 95928
   STREET
   CITY
   STATE
   ZIP CODE
   NIGHTTIME TELEPHONE NUMBER
   (530) 864-0549
   DAYTIME TELEPHONE NUMBER
   EMAIL ADDRESS
   egiffin@chico.sUSD.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 2-4-20
Signature
(If the originally signed paper statement with your signature)
**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**NAME:** Griffin, Elizabeth

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>605 Sycamore St.</strong></td>
<td><strong>620 Sycamore St.</strong></td>
</tr>
<tr>
<td><strong>City:</strong> Chico, CA</td>
<td><strong>City:</strong> Chico, CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FAIR MARKET VALUE</strong></th>
<th><strong>IF APPLICABLE, LIST DATE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,000 - $10,000</td>
<td><strong>/ / 19</strong> Disposed</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td><strong>/ / 19</strong> Acquired</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>

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

<table>
<thead>
<tr>
<th><strong>Yrs. remaining</strong></th>
<th><strong>Other</strong></th>
<th></th>
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</thead>
</table>

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

<table>
<thead>
<tr>
<th><strong>SOURCES OF RENTAL INCOME:</strong> 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><strong>None</strong></td>
</tr>
</tbody>
</table>

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

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

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

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

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

* You are not required to report loans from a commercial lending institution 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><strong>NAME OF LENDER</strong></th>
<th></th>
</tr>
</thead>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th><strong>Guarantor, if applicable</strong></th>
<th></th>
</tr>
</thead>
</table>

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

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1427 Sunset Ave.
CITY Chico, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
$7,000 - $10,000  / / 19
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

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

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

Micah Somarriba
Miranda Somarriba

* You are not required to report loans from a commercial lending institution 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
**Statement of Economic Interests**

**Cover Page**

A Public Document

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

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

Division, Board, Department, District, if applicable
Human Resources Department

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
- [x] City of
- [ ] County of
- [ ] Other Public School District

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

- [x] Annual: The period covered is January 1, 2019, through December 31, 2019.

- [ ] Leaving Office: Date Left __/__/______ (Check one circle.)

- [ ] The period covered is __/__/______, through December 31, 2019.

- [ ] 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
  - [x] 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 East Seventh Street
Chico, CA

STREET
City
State
Zip Code

BUSINESS OR AGENCY ADDRESS RECOMMENDED - PUBLIC DOCUMENT

DAYTIME TELEPHONE NUMBER
(930) 891-3000

EMAIL ADDRESS
jhanlon@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 1/14/20

Signature

(Filer the originally signed paper statement with your filing official.)
### 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>RTM Business Group</td>
<td>260 W. 39th Stroot, Suite 801 New York, NY 10018</td>
<td>Education Consulting</td>
<td>9/21/19</td>
<td>$470.00</td>
<td>Travel/Conference</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

---

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: James Hanlon
## California Form 700

### Cover Page

#### A Public Document

**NAME OF FILER**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hasleton</td>
<td>Karen</td>
<td>Gaye</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**
     - Nutrition Department

   - **Your Position**
     - Nutrition 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)

   - [X] State
   - [ ] Multi-County __________________________
   - [ ] City of ________________________________
   - [ ] County of ______________________________
   - [ ] Other Public School District

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

   - [X] Annual: The period covered is January 1, 2019, through December 31, 2019.

   - [ ] Leaving Office: Date Left __/__/__________
     - (Check one circle.)
     - [ ] The period covered is January 1, 2019, 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**
     - 2455 Carmichael Dr.
     - Chico, CA 95928

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

   - **CITY**
     - Chico

   - **STATE**
     - CA

   - **ZIP CODE**
     - 95928

   - **DAYTIME TELEPHONE NUMBER**
     - (530) 891-3000 ext. 20705

   - **EMAIL ADDRESS**
     - khase1to@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**
   - 3/4/2020
   - (month, day, year)

   **Signature**
   - [Signature]

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

A PUBLIC DOCUMENT

NAME OF FILER
Hartman

(LAST)
Marie

(FIRST)
Wagner

(MIDDLE)

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Business 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
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
☐ Multi-County
(Statewide Jurisdiction)
☐ County of ______________________
☐ City of ______________________
☒ Other: Public School District

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left / / 
☐ -or-
☐ Date assumed / / 
☐ Other: The period covered is / / , through the date of leaving office.

☐ 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 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

MAILING ADDRESS
1183 East Seventh St
Chico
CA 95928

STREET

CITY

STATE

ZIP CODE

(530) 891-3000

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS
mhartman@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 2/4/20

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

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
   Marigold 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
   ○ County of
   ○ Other Public School District

3. Type of Statement (Check at least one box)
   ☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or-
   The period covered is / / , through December 31, 2019.
   ○ Leaving Office: Date Left
   (Check one circle.)
   -or-
   The period covered is January 1, 2019, 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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   ○ 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 STREET CTRY STATE ZIP CODE
( Business or Agency Address Recommended - Public Document )
2446 Marigold Avenue Chico CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( ) 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: January 16, 2020 (month, day, year) Signature: 

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink:

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Holen  Deanna  Lynn

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

☐ Judge, Retired Judge, Pro Temp Judge, or Court Commissioner
   (Statewide Jurisdiction)
☐ County of
☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2019, through
December 31, 2019.
- or -
The period covered is / / , through
December 31, 2019.
☐ Assuming Office: Date assumed / / 
☐ Leaving Office: Date Left / / (Check one circle.)
○ The period covered is January 1, 2019, 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

☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
1475 East Avenue  Chico  CA  95926
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
( 530 ) 891-3000  cholen@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 1/9/2020  Signature  Deanna Holen
(month, day, year)  (File the originally signed paper statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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 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
☐ County
☐ City of
☐ Multi-County

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Other: Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left ______/_____/______
(If leaving office)
☐ The period covered is ______/_____/______, through December 31, 2019.
☐ 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
(Business or Agency Address Recommended - Public Document)
1163 E 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 lhovey@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 January 13, 2020
Signature __________________________
(File the originally signed paper statement with your filing official.)
**SCHEDULE C**  
Income, Loans, & Business Positions  
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

**NAME OF SOURCE OF INCOME**  
True North Housing Alliance dba Torres Shelter

**ADDRESS (Business Address Acceptable)**  
101 Silver Dollar Way Chico, CA 95928

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**  
Non Profit Homeless Shelter

**YOUR BUSINESS POSITION**  
Accountant

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>No Income - Business Position Only</th>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>OVER $100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**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, list 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 a commercial lending institution, 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**

---%  None

**TERM (Months/Years)**

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

(Describe)

**Street address**

**City**

Comments:
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

Jones Scott

J. 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: MEMBER

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

☐ State

☐ Multi-County

☐ City of

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ The period covered is / / , through December 31, 2019.

☐ Leaving Office: Date Left / / 

☐ The period covered is January 1, 2019, 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:

J. 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

J. 5. Verification

MAILING ADDRESS 4 Florence Lane
(Street or Agency Address Recommended - Public Document)

STREET Chico

CITY CA

STATE 95926

ZIP CODE

DAYTIME TELEPHONE NUMBER 530-781-2339

EMAIL ADDRESS bajan0212@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 1/13/2020

(month, day, year)

Signature (Fill the originally signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Board Trustee - Vice President
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
☐ County of _______________
☐ City of _______________
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Other: Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leasing Office: Date Left ____________
☐ The period covered is ____________ through December 31, 2019.
☐ The period covered is January 1, 2019, 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 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
1163 E. 7th St. Chico CA 95928
STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000
EMAIL ADDRESS
KaiserRechionsdorn

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 31, 2020
Signature

(PS: File the originally signed paper statement with your filing official.)
Instructions
Cover Page

Enter your name, mailing address, and daytime telephone number in the spaces provided. Because the Form 700 is a public document, you may list your business/office address instead of your home address.

Part 1. Office, Agency, or Court

- Enter the name of the office sought or held, or the agency or court. Consultants must enter the public agency name rather than their private firm's name. (Examples: State Assembly; Board of Supervisors; Office of the Mayor; Department of Finance; Hopo County Superior Court)
- Indicate the name of your division, board, or district, if applicable. (Examples: Division of Waste Management; Board of Accountancy; District 45). Do not use acronyms.
- Enter your position title. (Examples: Director; Chief Counsel; City Council Member; Staff Services Analyst)
- If you hold multiple positions (i.e., a city council member who also is a member of a county board or commission), you may be required to file statements with each agency. To simplify your filing obligations, you may complete an expanded statement.
  - To do this, enter the name of the other agency(ies) with which you are required to file and your position title(s) in the space provided. Do not use acronyms. Attach an additional sheet if necessary. Complete one statement covering the disclosure requirements for all positions. Each copy must contain an original signature. Therefore, before signing the statement, make a copy for each agency. Sign each copy with an original signature and file with each agency.

If you assume or leave a position after a filing deadline, you must complete a separate statement. For example, a city council member who assumes a position with a county special district after the April annual filing deadline must file a separate assuming office statement. In subsequent years, the city council member may expand his or her annual filing to include both positions.

Example:
Brian Bourne is a city council member for the City of Lincoln and a board member for the Camp Far West Irrigation District – a multi-county agency that covers Placer and Yuba counties. Brian will complete one Form 700 using full disclosure (as required for the city position) and covering interests in both Placer and Yuba counties (as required for the multi-county position) and list both positions on the Cover Page. Before signing the statement, Brian will make a copy and sign both statements. One statement will be filed with City of Lincoln and the other will be filed with Camp Far West Irrigation District. Both will contain an original signature.

Part 2. Jurisdiction of Office

- Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.
  - If your agency is a multi-county office, list each county in which your agency has jurisdiction.
  - If your agency is not a state office, court, county office, city office, or multi-county office (e.g., school districts, special districts and JPA's), check the “other” box and enter the county or city in which the agency has jurisdiction.

Example:
This filer is a member of a water district board with jurisdiction in portions of Yuba and Sutter Counties.

1. Office, Agency, or Court
   - Agency Name: (Do not use acronyms)
   - Feather River Irrigation District
   - Division, Board, Department, District, Agency (As applicable)
   - Your Position
   - Board Member
   - If your position requires the signature of another person, (Do not use acronyms)
   - Agency
   - Position

2. Jurisdiction of Office: (Check at least one box)
   - [ ] City
   - [ ] County
   - [ ] Statewide Jurisdiction
   - [ ] Other
   - City of
   - County of
   - Statewide Jurisdiction of
   - Other

Part 3. Type of Statement
Check at least one box. The period covered by a statement is determined by the type of statement you are filing. If you are completing a 2019 annual statement, do not change the pre-printed dates to reflect 2020. Your annual statement is used for reporting the previous year's economic interests. Economic interests for your annual filing covering January 1, 2020, through December 31, 2020, will be disclosed on your statement filed in 2021. See Reference Pamphlet, page 4.

Combining Statements: Certain types of statements may be combined. For example, if you leave office after January 1, but before the deadline for filing your annual statement, you may combine your annual and leaving office statements. File by the earliest deadline. Consult your filing officer or the FPPC.

Part 4. Schedule Summary

- Complete the Schedule Summary after you have reviewed each schedule to determine if you have reportable interests.
- Enter the total number of completed pages including the cover page and either check the box for each schedule you use to disclose interests; or if you have nothing to disclose on any schedule, check the "No reportable interests" box. Please do not attach any blank schedules.

Part 5. Verification
Complete the verification by signing the statement and entering the date signed. All statements must have an original "wet" signature or be duly authorized by your filing officer to file electronically under Government Code Section 87500.2. When you sign your statement, you are stating, under penalty of perjury, that it is true and correct. Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.
## SCHEDULE B
**Interests in Real Property**
(Including Rental Income)

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1829 Poppy St

### CITY
CHICO, CA 95928

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

### IF APPLICABLE, LIST DATE:
- [ ] 19
- [x] 19

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

### Years remaining:
- [ ] Other

### IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $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
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

### IF APPLICABLE, LIST DATE:
- [ ] 19
- [ ] 19

### 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.
- [ ] None

### *You are not required to report loans from a commercial lending institution 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: Granddaughter and great-grandchildren live there
Instructions – Schedule B
Interests in Real Property

Report interests in real property located in your agency’s jurisdiction in which you, your spouse or registered domestic partner, or your dependent children had a direct, indirect, or beneficial interest totaling $2,000 or more any time during the reporting period. Real property is also considered to be "within the jurisdiction" of a local government agency if the property or any part of it is located within two miles outside the boundaries of the jurisdiction or within two miles of any land owned or used by the local government agency. (See Reference Pamphlet, page 13.)

Interests in real property include:
- An ownership interest (including a beneficial ownership interest)
- A deed of trust, easement, or option to acquire property
- A leasehold interest (See Reference Pamphlet, page 14.)
- A mining lease
- An interest in real property held in a retirement account (See Reference Pamphlet, page 15.)
- An interest in real property held by a business entity or trust in which you, your spouse or registered domestic partner, and your dependent children together had a 10% or greater ownership interest (Report on Schedule A-2.)
- Your spouse’s or registered domestic partner’s interests in real property that are legally held separately by him or her

You are not required to report:
- A residence, such as a home or vacation cabin, used exclusively as a personal residence (However, a residence in which you rent out a room or for which you claim a business deduction may be reportable. If reportable, report the fair market value of the portion claimed as a tax deduction.)
- Some interests in real property held through a blind trust (See Reference Pamphlet, page 16.)
- Please note: A non-reportable property can still be grounds for a conflict of interest and may be disqualifying.

To Complete Schedule B:
- Report the precise location (e.g., an assessor’s parcel number or address) of the real property.
- Check the box indicating the fair market value of your interest in the property (regardless of what you owe on the property).
- Enter the date acquired or disposed only if you initially acquired or entirely disposed of your interest in the property during the reporting period.
- Identify the nature of your interest. If it is a leasehold,

disclose the number of years remaining on the lease.
- If you received rental income, check the box indicating the gross amount you received.
- If you had a 10% or greater interest in real property and received rental income, list the name of the source(s) if your proportion share of the gross income from any single tenant was $10,000 or more during the reporting period. If you received a total of $10,000 or more from two or more tenants acting in concert (in most cases, this will apply to married couples), disclose the name of each tenant. Otherwise, mark "None."
- Loans from a private lender that total $500 or more and are secured by real property may be reportable. 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 are not reportable.

When reporting a loan:
- Provide the name and address of the lender.
- Describe the lender’s business activity.
- Disclose the interest rate and term of the loan. For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period. The term of a loan is the total number of months or years given for repayment of the loan at the time the loan was established.
- Check the box indicating the highest balance of the loan during the reporting period.
- Identify a guarantor, if applicable.

If you have more than one reportable loan on a single piece of real property, report the additional loan(s) on Schedule C.

Example:
Allison Gande is a city planning commissioner. During the reporting period, she received rental income of $12,000, from a single tenant who rented property she owned in the city’s jurisdiction. If Allison received $6,000 each from two tenants, the tenants’ names would not be required because no single tenant paid her $10,000 or more. A married couple is considered a single tenant.

Reminders
- Income and loans already reported on Schedule B are not also required to be reported on Schedule C.
- Real property already reported on Schedule A-2, Part 4 is not also required to be reported on Schedule B.
- Code filers – do your disclosure categories require disclosure of real property?
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER

Kamph

LAST

FIRST

JESSICA

MIDDLE

ANN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Principal - Marsh Jr. High

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 Chico

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of ____________________________

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is January 1, 2019, 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

2263 Humboldt Rd. Chico CA 95928

STREET

(City or Agency Address Recommended - Public Document)

CITY

(State)

ZIP CODE

530.895.4110

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

j.kamph@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: 2/13/2020

(month, day, year)

Signature: JESSICA

(File the original of this paper statement with your filing officer.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Education Services
Your Position
Director, State and Federal Programs

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, Retired Judge, Pro Temp Judge, or Court Commissioner
   (Statewide Jurisdiction)
☐ County of ____________________________
☐ Other Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2019, through
   December 31, 2019.
☐ Leaving Office: Date Left __/__/____
   (Check one circle.)
   ☐ The period covered is January 1, 2019, 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
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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  STREET  CITY  STATE  ZIP CODE
P.O. Box 1147 Durham CA 95938

DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
(530) 228-1864  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 01/10/20  Signature: Kristine Keene
(month, day, year)  (File the originally signed paper statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
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 ____________________________
☐ County of ____________________________
☐ City of ____________________________ ☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left / / 
☐ The period covered is / / , through December 31, 2019.
☐ The period covered is / / , through the date of leaving office.
☐ 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
☐ 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 518-2-1
(Business or Agency Address Recommended - Public Document)
1418 Scottsdale Court Chico CA 95926
CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 518-7412 EMAIL 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 01-09-2020 Signature ____________________________
(month, day, year) (Please the digitally signed paper statement with your filing official.)
**CALIFORNIA FORM 700**

**STATEMENT OF ECONOMIC INTERESTS**

**FAIR POLITICAL PRACTICES COMMISSION**

**COVER PAGE**

A PUBLIC DOCUMENT

**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>Kistle</td>
<td>Julia</td>
<td>Marie</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**
  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
- Mult-County
- City of
- County of
- Other Public School District

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

- **Annual**: The period covered is January 1, 2019, through December 31, 2019.
  - **or-**
  The period covered is ______/_____/_______, through December 31, 2019.
- **Leaving Office**: Date Left ______/_____/_______
  (Check one circle.)
- The period covered is January 1, 2019, 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

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

**5. Verification**

- MAILING ADDRESS
  2455 Carmichael Drive
  Chico, CA 95928
- STREET
- CITY
- STATE
- ZIP CODE
- DAYTIME TELEPHONE NUMBER
  (530) 891-3000
- EMAIL ADDRESS
  JKISTLE@CHICOUSD.ORG

I have used all reasonable diligences 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** 2/19/2020

**Signature** [Signature]

(please the originally signed paper statement with your filing official)
SCHEDULE D  
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
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<tbody>
<tr>
<td>Influence Group</td>
<td>05 Broad Street, 16th Floor NY, NY 10004</td>
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<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
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<tr>
<td>November 17-19 2018</td>
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<table>
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<th>DATE (mm/dd/yy)</th>
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<tr>
<td>11/17/18</td>
<td>$470.00</td>
<td>Hotel/Food</td>
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<tr>
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Comments:  

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

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

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

Annual: The period covered is January 1, 2019, through December 31, 2019.
Leaving Office: Date Left / / (Check one circle.)
The period covered is / / , through December 31, 2019.
- or -
The period covered is / / , 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- None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
STREET
CITY
STATE ZIP CODE
1163 East 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER
( ) 891-3000
EMAIL ADDRESS
dkoll@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 2-28-2020 Signature
(month, day, year)
**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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>Keenan and Associates</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>2868 Prospect Drive, Suite 500</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>Rancho Cordova, CA</td>
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<tr>
<td>Must Check One:</td>
<td>☐ Gift -or- ☐ Income</td>
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<tr>
<td>Made a Speech/Participated in a Panel</td>
<td>Meals</td>
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<tr>
<td>Other: Provide Description</td>
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<tr>
<td>If Gift, Provide Travel Destination</td>
<td></td>
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</tbody>
</table>

**NAME OF SOURCE (Not an Acronym)**

<table>
<thead>
<tr>
<th>Hanna Brophy</th>
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<tbody>
<tr>
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<td>CITY AND STATE</td>
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<td>Made a Speech/Participated in a Panel</td>
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<tr>
<td>Other: Provide Description</td>
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</tr>
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</table>

Comments:  

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*FPPC Form 700 - Schedule E (2019/2020)*

advice@fppc.ca.gov • 866-275-2772 • www.fppc.ca.gov  
Page 17
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER

Kruger

(LAST)   (FIRST)   (MIDDLE)

Jacyn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of ____________________________

☒ Other: Public School District

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ -or-

The period covered is ___________/_________/__________, through December 31, 2019.

☐ Assuming Office: Date assumed ___________/_________/__________

☐ -or-

Leaving Office: Date Left ___________/_________/__________

☐ (Check one circle.)

☐ The period covered is January 1, 2019, 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

1163 E. Seventh Street

STREET

Chico

CITY

STATE

CA

ZIP CODE

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000 ext. 20131

EMAIL 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 01/09/2020

(signature)  (month, day, year)

(Filer's permanently assigned or public document)

jkruger@chicousd.org
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lando Thomas Michael

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Governing Board

- 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, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.
-if-
The period covered is __________/__________/__________, through December 31, 2019.

☐ Assuming Office: Date assumed ______/_____/______

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

☐ Leaving Office: Date Left ______/_____/______

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-if-
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

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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
(600 S. Spring Street - Public Document)

1163 E 7th Street
Chico CA 95928

DAYTIME TELEPHONE NUMBER

(530) 895-3000

EMAIL ADDRESS
llando@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 2-14-2020  Signature ____________________________
(month, day, year)  (File the originally signed paper statement with your filing official.)
# SCHEDULE C
## Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

### 1. Income Received

**NAME OF SOURCE OF INCOME**

Roads Education Organization

**ADDRESS (Business Address Acceptable)**

1390 E 9th St. #190

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

K-12 Education

**YOUR BUSINESS POSITION**

Educational Coordinator

**GROSS INCOME RECEIVED**

- [ ] No Income - Business Position Only
- [X] $10,001 - $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- [X] 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, list each source of $10,000 or more

### 2. Loans Received or Outstanding During the Reporting Period

*You are not required to report loans from a commercial lending institution, 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**

- [ ] %
- [ ] None

**TERM (Months/Years)**

**SECURITY FOR LOAN**

- [ ] None
- [ ] Personal residence

- [ ] Real Property
  - Street address
  - City
- [ ] Guarantor
- [ ] Other
  - (Describe)

**Comments:**
Instructions – Schedule C
Income, Loans, & Business Positions
(Inc. Other Than Gifts & Travel Payments)

Reporting Income:
Report the source and amount of gross income of $500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. (See Reference Pamphlet, page 11.) You must also report the source of income to your spouse or registered domestic partner if your community property share was $500 or more during the reporting period.
The source and income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) Reportable sources of income may be further limited by your disclosure category located in your agency’s conflict of interest code.

Reporting Business Positions:
You must report your job title with each reportable business entity even if you received no income during the reporting period. Use the comments section to indicate that no income was received.

Commonly reportable income and loans include:
- Salary/wages, per diem, and reimbursement for expenses including travel payments provided by your employer
- Community property interest (50%) in your spouse’s or registered domestic partner’s income - report the employer's name and all other required information
- Income from investment interests, such as partnerships, reported on Schedule A-1
- Commission income not required to be reported on Schedule A-2 (See Reference Pamphlet, page 8.)
- Gross income from any sale, including the sale of a house or car (Report your pro rata share of the total sale price.)
- Rental income not required to be reported on Schedule B
- Prizes or awards not disclosed as gifts
- Payments received on loans you made to others
- An honorarium received prior to becoming a public official (See Reference Pamphlet, page 10.)
- Incentive compensation (See Reference Pamphlet, page 12.)

You are not required to report:
- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
- Stock dividends and income from the sale of stock unless the source can be identified.
- Income from a PERS retirement account.
(See Reference Pamphlet, page 12.)

To Complete Schedule C:

Part 1. Income Received/Business Position Disclosure
- Disclose the name and address of each source of income or each business entity with which you held a business position.
- Provide a general description of the business activity if the source is a business entity.
- Check the box indicating the amount of gross income received.
- Identify the consideration for which the income was received.
- For income from commission sales, check the box indicating the gross income received and list the name of each source of commission income of $10,000 or more. (See Reference Pamphlet, page 8.) Note: If you receive commission income on a regular basis or have an ownership interest of 10% or more, you must disclose the business entity and the income on Schedule A-2.
- Disclose the job title or business position, if any, that you held with the business entity, even if you did not receive income during the reporting period.

Part 2. Loans Received or Outstanding During the Reporting Period
- Provide the name and address of the lender.
- Provide a general description of the business activity if the lender is a business entity.
- Check the box indicating the highest balance of the loan during the reporting period.
- Disclose the interest rate and the term of the loan.
  - For variable interest rate loans, disclose the conditions of the loan (e.g., Prime + 2) or the average interest rate paid during the reporting period.
  - The term of the loan is the total number of months or years given for repayment of the loan at the time the loan was entered into.
- Identify the security, if any, for the loan.

Reminders
- Code filers – your disclosure categories may not require disclosure of all sources of income.
- If you or your spouse or registered domestic partner are self-employed, report the business entity on Schedule A-2.
- Do not disclose on Schedule C income, loans, or business positions already reported on Schedules A-2 or B.
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
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

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
   (Statewide Jurisdiction)

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or-
   The period covered is / / , through December 31, 2019.

☐ Leaving Office: Date Left / / (Check one circle.)
   -or-
   The period covered is January 1, 2019, 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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☐ Schedule A-1 - Investments - schedule 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 STREET CITY STATE ZIP CODE
(1163 E. 7th Street Chico Ca. 95928)

DAYTIME TELEPHONE NUMBER (530) 891-3000 EMAIL 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 Signature
2/04/2020 (month, day, year) (File the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER (LAST)  (FIRST)  (MIDDLE)
McKay  David  Stephen

1. Office, Agency, or Court

Agency Name  (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Bidwell 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
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
☐ Multi-County
☐ (Statewide Jurisdiction)
☐ City of
☐ County of
☒ Other
Public School District

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

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- 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: 1

Schedules attached

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☐ Schedule B - Real Property - 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 95928

(Signature)
dmckay@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  January 8, 2020  Signature

(False the originally signed paper statement with your filing official)
NAME OF FILER (LAST) (FIRST) (MIDDLE) 
Molina Teri Lyn

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

3. Type of Statement (Check at least one box)
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☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
(Street or Agency Address Recommended - Public Document)
2455 Carmichael Dr.
Chico CA 95928
STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER
(930) 891-3000 ext. 20706
EMAIL ADDRESS tmolina@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 February 4, 2020
Signature

(Put the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Moll  Andrew  James

1. Office, Agency, or Court
Agency Name  (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Alternative Education
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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☒ Other Public School District

3. Type of Statement  (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left: __/__/____
☐ The period covered is __/__/____, through the date of leaving office.
☐ The period covered is __/__/____, through
☐ 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

☐ 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
875 Yosemite Dr.
Chico  CA  95928
STREET
CITY
STATE  ZIP CODE

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  1/8/20
(month, day, year)
Signature ____________________________
(File the originally signed paper statement with your filing official)

FPPC Form 700 - Cover Page (2019/2020)
advice@ppcc.ca.gov  866-275-5772  www.fppc.ca.gov
Page 5
Name of Filer: Mullins Emily Elizabeth

1. Office, Agency, or Court
   Agency Name: Chico Unified School District
   Division, Board, Department, District, if applicable: Hooker Oak School
   Your Position: Principal

2. Jurisdiction of Office (Check at least one box)
   - State
   - Multi-County
   - City of
   - County of
   - Public School District
   - Judge, Retired Judge, Pro Temp Judge, or Court Commissioner (Statewide Jurisdiction)
   - Other

3. Type of Statement (Check at least one box)
   - Annual: The period covered is January 1, 2019, through December 31, 2019.
   - The period covered is 07/01/2019, through December 31, 2019.
   - Leaving Office: Date Left __/__/______
   - The period covered is January 1, 2019, 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 A-3 - 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: 6 Wellington Ct, Chico Ca 95973
   Daytime Telephone Number: (530) 891-3119
   Email Address: emullins@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: 01/08/2020
   Signature: Emily Mullins
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Olsen (FIRST) Marie (MIDDLE) L

1. Office, Agency, or Court

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

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

Your Position
Director, Student Support Svcs

▶ 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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________

☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is ______/_____/______ through December 31, 2019.
☐ 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
1163 E. 7th Street, Chico, CA 95923

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
dolson@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 1/9/2020 (month, day, year) Signature ________________________________

(File the originally signed paper statement with your filing officer.)
Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE
A PUBLIC DOCUMENT

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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left / / (Check one circle.)
-OR-
The period covered is / / , through December 31, 2019.
☐ 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
10155 Orchard Way Live Oak Ca. 95953
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530) 216-9355 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 02/18/2020
Signature
(month, day, year) (File the originally signed paper statement with your filing official)

Date Initial Filing Received
Filing Official Use Only
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER
(LAST) Pasillas
(FIRST) Sara
(MIDDLE) M.

1. Office, Agency, or Court

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

Assistant 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

☐ Judge, Retired Judge, Pro Tem 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)

☐ Annual: The period covered is January 1, 2019, through December 31, 2119.
   -or- The period covered is __________/_________/__________, through December 31, 2119.

☐ Leaving Office: Date Left __________/_________/__________
   (Check one circle.)

☐ Assumption Office: Date assumed __________/_________/__________

☐ 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 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
14 Hillside Cir. Chico CA 95926

DAYTIME TELEPHONE NUMBER
(530) 518-6096

EMAIL ADDRESS
Pasillas@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 ________________________________
   (month, day, year) (File the originally signed paper statement with your filing official)

FPPC Form 700 - Cover Page (2019/2020)
advice@fppc.ca.gov • 888-275-3772 • www.fppc.ca.gov
Page - 5
SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name: Sara M. Pasillas

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
100 Tait St.
City: Gerber, CA 96035

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

NATURE OF INTEREST
☑ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ Other
Yrs. remaining

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
1409 Jackson St.
City: Red Bluff, CA 96080

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
Yrs. remaining

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 a commercial lending institution 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*

Tri Counties Bank

ADDRESS (Business Address Acceptable)

780 Mangrove Ave, Chico, CA 95926

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TEHM (Months/Years)

☐ 4.25 %
☐ None
☐ 30 year fixed

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

Comments:

FPPC Form 700 • Schedule B (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 11
## SCHEDULE B
### Interests in Real Property
( Including Rental Income )

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
139 West Lassen #25

### CITY
Chico, CA 95923

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

### IF APPLICABLE, LIST DATE:
- 19

### ACQUIRED
- Disposed

### NATURE OF INTEREST
- Ownership/Deed of Trust
- Easement
- Leasehold
- Yrs. remaining
- Other

### 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

### 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

### 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:

---

* You are not required to report loans from a commercial lending institution 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:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVERAGE PAGE
A PUBLIC DOCUMENT

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

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 ________________________
☐ County of ___________________________
☐ Other _____________________________ Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left____________/______/______
☐ The period covered is __________/________/__________ through December 31, 2019.
☐ The period covered is __________/________/__________ 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: 4
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 E 7TH ST
CHICO CA 95928

DAYTIME TELEPHONE NUMBER ( 530 ) 891-3000
EMAIL ADDRESS beverlypatrick7@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 11/10/2020
Signature ____________________________

(File the originally signed paper statement with your filing official.)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1 SPRINGBROOK CT

CITY
CHICO

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

IF APPLICABLE, LIST DATE: /
/
/
19
/ 19
ACQUIRED
DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ Other
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
X ☐ $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
JESSIE NEFF

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
787 HUMBOLDT RD

CITY
CHICO

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

IF APPLICABLE, LIST DATE: /
/
/
19
/ 19
ACQUIRED
DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ Other
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
X ☐ $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 a commercial lending institution 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
- **417 HICKORY ST**
- **CHICO**

<table>
<thead>
<tr>
<th><strong>Fair Market Value</strong></th>
<th><strong>IF APPLICABLE, LIST DATE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>1/19 19</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>1/19 19</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>1/19 19</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>1/19 19</td>
</tr>
</tbody>
</table>

### 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

### ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS
- **1720-1722 SHERIDAN AVE**
- **CHICO**

<table>
<thead>
<tr>
<th><strong>Fair Market Value</strong></th>
<th><strong>IF APPLICABLE, LIST DATE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>1/19 19</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>1/19 19</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>1/19 19</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>1/19 19</td>
</tr>
</tbody>
</table>

**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 a commercial lending institution 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)**

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

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1519 HEMLOCK ST  
CHICO

### FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [X] $100,001 - $1,000,000
- [ ] Over $1,000,000

### IF APPLICABLE, LIST DATE:
- [ ] / / 19
- [X] / / 19
- [X] 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
- [X] $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 a commercial lending institution 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:**
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Citrus
   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
   ☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
   ☐ Multi-County __________________________ (Statewide Jurisdiction)
   ☐ County of __________________________
   ☐ City of __________________________
   ☑ Other Public School District

3. Type of Statement (Check at least one box)
   ☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or-
   The period covered is ______/_______/_______, through December 31, 2019.
   ☑ Assuming Office: Date assumed 07/01/2019
   ☐ Leaving Office: Date Left __________/_______/_______
   -or-
   The period covered is ______/_______/_______, 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
   -or- ☑ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS STREET CITY STATE ZIP CODE
   (Business or Agency Address Recommended - Public Document)
   1350 Citrus Ave Chico CA 95926
   DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
   (530) 891-3107 spayne@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 1/22/20
   Signature (File the originally signed paper statement with your filing office)
STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Your Position
   Vice 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)
   □ Annual: The period covered is January 1, 2019, through December 31, 2019.
   □ Leaving Office: Date Left __/___/______ (Check one circle.)
   -or-
   The period covered is __/___/______, through December 31, 2019.
   □ The period covered is January 1, 2019, 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- □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   368 Pinholing Way
   Chico
   CA 95928
   DAYTIME TELEPHONE NUMBER
   (530) 521-1598
   EMAIL ADDRESS
   jpeyton@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 01/10/2020
   Signature
   (File the originally signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER

ROBINSON, Eileen L.

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Board Member
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 ___________________________
☐ County of _________________________
☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or-
   The period covered is __________/__________, through December 31, 2019.

☐ Leaving Office: Date Left __________/
   (Check one circle.)
   ○ The period covered is January 1, 2019, 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- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1372 MANZANITA Ave
CITY Chico
STATE CA
ZIP CODE 95926

DAYTIME TELEPHONE NUMBER (530) 521-9756

EMAIL ADDRESS erobinson@chicoisd.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 21, 2020
Signature ____________________

(File the originally signed paper statement with your filing official.)
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

A PUBLIC DOCUMENT

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>Rodgers</td>
<td>Kimberly</td>
<td>Joanne</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:** Sierra View Elementary
- **Your Position:** Principal

- **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)**

- [x] Annual: The period covered is January 1, 2019, through December 31, 2019.
- [ ] Leaving Office: Date Left ______/_____/______.
  - **Check one circle.**
  - The period covered is January 1, 2019, 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

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

5. **Verification**

- **MAILING ADDRESS:**
  - **STREET:** 1598 Hooker Oak Avenue
  - **CITY:** Chico
  - **STATE:** CA
  - **ZIP CODE:** 95928

- **DAYTIME TELEPHONE NUMBER:** (530) 891-3117
- **EMAIL 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:** February 20, 2020

**Signature:**

(Fill the entirely signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sauberan Aaron Thayer

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left __/__/______ (Check one circle.)

☐ The period covered is __/__/______, through December 31, 2019.

☐ 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
1560 Manzanita Ave., Chico, CA 95926
STREET
(City or Agency Address Recommended - Public Document)
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 879-7400
EMAIL ADDRESS
asaubera@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 2/21/2020
(month, day, year)
Signature ____________________________
(Filer the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Schrock  Kristen  Joelle

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

► 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, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ County of 

☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left / / 

☒ The period covered is / / , through December 31, 2019.

☐ 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

☐ 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
2090 Amanda Way
Chico, CA 95928

STREET
CITY
STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
(530) 891-3285

EMAIL ADDRESS
kschrock@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 1/8/20

Signature

(Attach the originally signed paper 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

North Rim Adventure Sports

Name
1768 E. 2nd St.

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2  ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Bike shop

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  owner

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

☐ $0 - $499  ☐ $1,001 - $10,000
☐ $1,001 - $1,000,000

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

NATURE OF INTEREST
☐ Leasehold  ☐ Stock  ☐ Partnership

☐ Other  ☐ Yrs. remaining

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

Comments:

FPPC Form 700 - Schedule A-2 (2019/2020)
advice@fppc.ca.gov • 866.275.3772 • www.fppc.ca.gov
Page - 9
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

(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)
☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left __/__/2019
☐ Filing Office: Date assumed __/__/2019
☐ The period covered is January 1, 2019, through the date of leaving office.
☐ The period covered is __/__/2019, 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: _______

☐ 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
1163 E. 7th St. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 774-5429 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 1/8/2020 Signature

(official seal, stamp, or signature)

File the original and a copy of this completed statement with your filing official.

FPPC Form 700 - Cover Page (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 5
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

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

Your Position

Dir. 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 __________________________

☐ County of __________________________

☐ City of __________________________

☐ Other __________________________

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

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

- or - The period covered is ___/___/______, through December 31, 2019.

☒ Assuming Office: Date assumed 7/1/2019

☐ Leaving Office: Date Left ___/___/_____

☐ The period covered is January 1, 2019, 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

☐ None - No reportable interests on any schedule

5. Verification

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

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 774-5429

EMAIL ADDRESS 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 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 1/8/2020

Signature __________________________

(File this originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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
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

☐ Judge, Retired Judge, Pro Tem 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)

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left / / 

☐ The period covered is / / , through December 31, 2019.

☐ Assumed 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 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 STREET CITY STATE ZIP CODE
901 ESPLANADE CHICO CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3026 esherida@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 1/9/2020 Signature

(month, day, year)

(If the originally signed paper statement with your filing official.)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
779 VICTORIAN PARK DRIVE

CITY
CHICO

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

IF APPLICABLE, LIST DATE:
/ /19
ACQUIRED
/ /19
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 name of each tenant that is a single source of income of $10,000 or more.
☐ None

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:

* You are not required to report loans from a commercial lending institution 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

Comments:
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) Spaggiari
FIRST Renee
MIDDLE Camille

1. Office, Agency, or Court
Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: Your Position: ASS'T. 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
☐ Multicounty
☐ City of
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ The period covered is through December 31, 2019.
☐ Assuming Office: Date assumed
☐ Leaving Office: Date Left
☐ Candidate: Date of Election
☐ The period covered is through the date of leaving office.
☐ The period covered is January 1, 2019, 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
☐ Schedule F - Other - schedule attached
☐ New Interest - schedule attached
☐ Revised Schedule - schedule attached
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1475 East Ave
City Chico
State CA
ZIP CODE 95926

STREET

DAYTIME TELEPHONE NUMBER
(530) 891-3050

EMAIL ADDRESS rsaggari@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 1/8/20
(month, day, year) Signature

(Attach originally signed paper statement with your filing affidavit)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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
District Office
Your Position
Superintendent

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

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

☐ State

☐ Multi-County _____________________________

☐ County of _____________________________

☐ City of _____________________________

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ or-

The period covered is __________ / __________, through December 31, 2019.

☐ Assuming Office: Date assumed __________ / __________

☐ Leaving Office: Date Left __________ / __________

☐ or-

The period covered is __________ / __________, 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: 4

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 or Agency Address Recommended - Public Document)
1163 East Seventh Street Chico

CITY STATE ZIP CODE
CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000 x20149

EMAIL 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
February 4, 2020

(month, day, year)

Signature

(These statements are signed by the person filing with the State. The original or a duplicate with a signature shall be filed with the FPPC.)

FFPC Form 700 - Cover Page (2019/2020)
advice@fppc.ca.gov • 855-275-3772 • www.fppc.ca.gov
Page - 5
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, Chico, CA 95973

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Husband's Employment (Appraiser)

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ $500 - $1,000  ☐ No Income - Business Position Only

☒ $10,001 - $100,000  ☐ $1,001 - $10,000

☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary  ☐ Spouse's or registered domestic partner's income

(For self-employed use Schedule A-2.)

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

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

☐ Loan repayment

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

☐ Other __________________________ (Describe)

☐ Other __________________________ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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: ☐ %  ☐ None

TERM (Months/Years) __________________________

SECURITY FOR LOAN

☐ None  ☐ Personal residence

☐ Real Property __________________________

Street address __________________________

City __________________________

☐ Guarantor __________________________

☐ Other __________________________ (Describe)

Comments: __________________________
### SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Stutz, Artiano, Shinoff, Holtz</em></td>
<td></td>
</tr>
</tbody>
</table>

**Legal Firm**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 16 / 19</td>
<td>+/- $25.00</td>
<td>Boxed Candy/Sweets</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
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<td></td>
<td>$</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Comments:**

__________

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**NAME OF SOURCE (Not an Acronym)**

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

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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**NAME OF SOURCE (Not an Acronym)**

<table>
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<tr>
<th>ADDRESS (Business Address Acceptable)</th>
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**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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</thead>
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**NAME OF SOURCE (Not an Acronym)**

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

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

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

**NAME OF SOURCE (Not an Acronym)**

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

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

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

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FPPC Form 700 - Schedule D (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 15
### 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fiscal Crisis &amp; Management Assistance Team</strong></td>
<td><strong>Fiscal Crisis &amp; Management Assistance Team</strong></td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>1300 17th Street</td>
<td>1300 17th Street</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>Bakersfield, CA</td>
<td>Bakersfield, CA</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>Board Member: Meeting Travel Cost Reimbursement</td>
<td>Board Member: Meeting Travel Cost Reimbursement</td>
</tr>
<tr>
<td>DATE(S): 01/29/19 01/30/19 AMT: $568.70</td>
<td>DATE(S): 04/06/19 04/07/19 AMT: $786.03</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</td>
<td>☐ Other - Provide Description</td>
</tr>
<tr>
<td>Represent Region 2 Superintendents on Board</td>
<td>Represent Region 2 Superintendents on Board</td>
</tr>
<tr>
<td>If Gift, Provide Travel Destination</td>
<td>If Gift, Provide Travel Destination</td>
</tr>
<tr>
<td>Meeting held in Monterey</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>Bakersfield, CA</td>
<td>Bakersfield, CA</td>
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<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>DATE(S):</td>
<td>DATE(S):</td>
</tr>
<tr>
<td>AMT:</td>
<td>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</td>
<td>☐ Other - Provide Description</td>
</tr>
<tr>
<td>Represent Region 2 Superintendents on Board</td>
<td>Represent Region 2 Superintendents on Board</td>
</tr>
<tr>
<td>If Gift, Provide Travel Destination</td>
<td>If Gift, Provide Travel Destination</td>
</tr>
</tbody>
</table>

**Comments:** FCMAT pays travel costs, hotel and meals for the 4 FCMAT Board meetings that are held annually at various locations in California. I was only able to attend two of the four meetings this year.
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER: Starkey Marije

1. Office, Agency, or Court
   Agency Name: Chico Unified School District
   Division, Board, Department, District, if applicable: Marigold Elementary
   Your Position: Elementary Assistant Principal

   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: Rosedale Elementary
   Position: Elementary Assistant Principal

2. Jurisdiction of Office (Check at least one box)
   □ State
   □ Multi-County
   □ City of
   □ County of
   □ Judge, Retired Judge, Pro Temp Judge, or Court Commissioner (Statewide Jurisdiction)
   □ Other Public School District

3. Type of Statement (Check at least one box)
   ☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
   -or- The period covered is 07/01/2019 through December 31, 2019.
   □ Leaving Office: Date Left ______/_____/______
   -or- The period covered is January 1, 2019, 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- ☒ None - No reportable interests on any schedule

5. Verification

   MAILING ADDRESS: 1163 East Seventh Street
   (Business or Agency Address Recommended - Public Document)
   CITY: Chico
   STATE: CA
   ZIP CODE: 95928

   DAYTIME TELEPHONE NUMBER: (530) 891-3000
   EMAIL ADDRESS: mstarkey@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: 01/08/2020

   Signature: ____________________________
   (File the original signed paper statement with your filing copy.)
# Statement of Economic Interests

## Cover Page

**A Public Document**

### 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

- [x] County of

- [ ] City of

- [ ] Other

- **Public School District**

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

- [x] **Annual:** The period covered is January 1, 2019, through December 31, 2019.

- -or-

- The period covered is: / / , through December 31, 2019.

- [ ] **Assuming Office:** Date assumed / / ,

- [ ] **Leaving Office:** Date Left / / (Check one circle.)

- [ ] The period covered is January 1, 2019, 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

- [x] Schedule A-1 - Investments — schedule attached

- [x] Schedule A-2 - Investments — schedule attached

- [x] 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**

- **1420 Neal Dow Avenue**

- **Chico**

- **CA**

- **95926**

**DAYTIME TELEPHONE NUMBER**

- (530) 891-3110

**EMAIL ADDRESS**

- ksteinbach@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** 2/15/2020

**Signature**

(Files the originally signed paper statement with your filing official.)
<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanguard</td>
<td></td>
</tr>
</tbody>
</table>

### Vanguard

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Investment**

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

- **NATURE OF INVESTMENT**:
  - [X] Stock
  - [ ] Other (Describe)
  - [ ] Partnership
    - [ ] Income Received of $0 - $499
    - [ ] Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- [ ] 19
- [ ] 19

**ACQUIRED**

**DISPOSED**

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Horace Mann</td>
<td></td>
</tr>
</tbody>
</table>

### Horace Mann

**GENERAL DESCRIPTION OF THIS BUSINESS**

**investment**

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

- **NATURE OF INVESTMENT**:
  - [X] Stock
  - [ ] Other (Describe)
  - [ ] Partnership
    - [ ] Income Received of $0 - $499
    - [ ] Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- [ ] 19
- [ ] 19

**ACQUIRED**

**DISPOSED**

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
</table>

### [Name]

**GENERAL DESCRIPTION OF THIS BUSINESS**

**FAIR MARKET VALUE**:

- [ ] $2,000 - $10,000
  - [ ] $10,001 - $100,000
  - [ ] $100,001 - $1,000,000
  - [ ] Over $1,000,000

- **NATURE OF INVESTMENT**:
  - [ ] Stock
  - [ ] Other (Describe)
  - [ ] Partnership
    - [ ] Income Received of $0 - $499
    - [ ] Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- [ ] 19
- [ ] 19

**ACQUIRED**

**DISPOSED**

Comments:
## SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

### 1. BUSINESS ENTITY OR TRUST

**Christian Michaels Ristorante**

Name: 192 E. 3rd Street

**Address (Business Address Acceptable)**

Check one:  
- [ ] Trust, go to 2  
- [x] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Type:**  
- Restaurant

**FAIR MARKET VALUE**

- [ ] $0 - $1,999
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

**IF APPLICABLE, LIST DATE:**

- / / 19  
- / / 19

- [ ] ACQUIRED  
- [ ] DISPOSED

**NATURE OF INVESTMENT**

- [ ] Partnership  
- [x] Sole Proprietorship  
- [ ] Other

**YOUR BUSINESS POSITION**

- Co-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  
- [x] 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:**

- / / 19  
- / / 19

- [ ] 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

### 1. BUSINESS ENTITY OR TRUST

**Hudson's Gastropub**

Name: 192 E. 3rd Street

**Address (Business Address Acceptable)**

Check one:

- [ ] Trust, go to 2  
- [x] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Type:**  
- Restaurant

**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:**

- / / 19  
- / / 19

- [ ] ACQUIRED  
- [ ] DISPOSED

**NATURE OF INVESTMENT**

- [ ] Partnership  
- [x] Sole Proprietorship  
- [ ] Other

**YOUR BUSINESS POSITION**

- Co-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  
- [x] 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:**

- / / 19  
- / / 19

- [ ] 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:
**SCHEDULE B**

**Interests in Real Property**

(Including Rental Income)

<table>
<thead>
<tr>
<th>CITY</th>
<th>Chico, CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAR MARKET VALUE</td>
<td>IF APPLICABLE, LIST DATE:</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 19</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>Acquired</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
<tr>
<td>NATURE OF INTEREST</td>
<td></td>
</tr>
<tr>
<td>Ownership/Deed of Trust</td>
<td>Easement</td>
</tr>
<tr>
<td>Leasehold</td>
<td></td>
</tr>
<tr>
<td>Yrs. remaining</td>
<td>Other</td>
</tr>
</tbody>
</table>

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

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

**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

**NAME OF LENDER**

| ADDRESS (Business Address Acceptable) |

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

**INTEREST RATE**

| % | None |

**HIGHEST BALANCE DURING REPORTING PERIOD**

<table>
<thead>
<tr>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
<tr>
<td>Guarantor, if applicable</td>
<td></td>
</tr>
</tbody>
</table>

*You are not required to report loans from a commercial lending institution 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>CITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FAR MARKET VALUE</td>
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<tr>
<td>$2,000 - $10,000</td>
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<tr>
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**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

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**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

**NAME OF LENDER**

| ADDRESS (Business Address Acceptable) |

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

**INTEREST RATE**

| % | None |

**HIGHEST BALANCE DURING REPORTING PERIOD**

<table>
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<th>$1,001 - $10,000</th>
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</thead>
<tbody>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
<tr>
<td>Guarantor, if applicable</td>
<td></td>
</tr>
</tbody>
</table>
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) SUFuentes (FIRST) HEATHER (MIDDLE) WATROBA

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 __________________________

☐ County of __________________________

☐ City of __________________________

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left __/__/____

☐ The period covered is __/__/____, through December 31, 2019.

☐ 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

1770 E. 8th St
Chico, CA 95926

DAYTIME TELEPHONE NUMBER
EMAIL ADDRESS

(530) 891 - 3114
hsi.santos@christian.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 1/27/20
Signature

(File the originally signed paper statement with your filing official.)
SCHEDULE B
Interests in Real Property
(包括出租收入)

ASSSESSOR'S PARCEL NUMBER OR STREET ADDRESS
19 RIVER OAKS DR
CITY
CHILD, CA 95973

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

IF APPLICABLE, LIST DATE.
/ / 19
/ / 19
ACQUIRED
DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ 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 a commercial lending institution 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:

CALIFORNIA FORM 700
FPPC Form 700 - Schedule B (2019/2020)
advice@fppc.ca.gov • 800-275-3772 • www.fppc.ca.gov
Page 11
Sullivan Theodore W

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
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
☐ County of
☒ Other Public School District

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

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left
☐ -or-
☐ The period covered is through December 31, 2019.
☐ The period covered is through the date of leaving office.

☐ Assuming Office: Date assumed
☐ -or-

☐ 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 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

MAILING ADDRESS
1163 East 7th Street
Chico, CA 95928

STREET
(City or Agency Address Recommended - Public Document)

CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
tsulliva@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 02-04-20

Signature

(File the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER
(LAST) John
(FIRST) Vincent
(MIDDLE) Everd

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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☐ Other Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left __/__/_______
☐ -or- The period covered is __/__/_______, through December 31, 2019.
☐ 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:

☐ 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

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

5. Verification
MAILING ADDRESS
STREET
City State ZIP CODE
1163 East Seventh Street Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3000 jvincent@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 01/21/2020 Signature /\ (For the originally signed paper statement with your filing officer)
(month, day, year)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

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

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

☐ Judge, Retired Judge, Pro Tem 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)

☒ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left: ______/_____/______

☐ The period covered is ______/_____/______, through December 31, 2019.

☐ 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

☐ 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 recommended · Public Document)
1163 E 7th Street
Chico CA 95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000
cweaver@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 02/06/2020
(month, day, year) Signature ____________________________

(For the original signed paper statement with your filing official.)
1. Office, Agency, or Court

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

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

- State
- Multi-County
- City of
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of
- Other Public School District

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

- Annual: The period covered is January 1, 2019, through December 31, 2019.
- Leaving Office: Date Left __/__/______

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

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

- or - None - No reportable interests on any schedule

5. Verification

Mailing Address: 1475 East Ave, Chico, CA 95926
Daytime Telephone Number: (530) 891-3050
Email Address: dwhittaker@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: 1/9/20
Signature: [Signature]

File the originally signed paper statement with your filing official.
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Williams Douglas James

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
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

☐ Judge, Retired Judge, Pro Temp Judge, or Court Commissioner (Statewide Jurisdiction)

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☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
901 The Esplanade
Chico, CA 95973

STREET

CITY

STATE

ZIP CODE

BUSINESS OR AGENCY ADDRESS RECOMMENDED - PUBLIC DOCUMENT

DAYTIME TELEPHONE NUMBER
(530) 891-3027

EMAIL ADDRESS
dwilliams@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 2/25/2020

Signature

(For the original, signed paper statement with your filing officer.)

FPPC Form 700 - Cover Page (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
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