STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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
   Administration
   Your Position
   Assistant Principal
   ► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: ___________________ Position: ___________________

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

3. Type of Statement (Check at least one box)
   ✔ Annual: The period covered is January 1, 2015, through December 31, 2015.
   -or-
   The period covered is ______/_____/_______, through December 31, 2015.
   □ Assuming Office: Date assumed ______/_____/_______
   □ Leaving Office: Date Left ______/_____/_______
   (Check one)
   -or-
   The period covered is ______/_____/_______, through the date of leaving office.
   □ Candidate: Election year ______ and office sought, if different than Part 1: __________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: ______
   Schedules attached
   □ Schedule A1 - Investments - schedule attached
   □ Schedule A2 - Investments - schedule attached
   □ Schedule B - Real Property - schedule attached
   □ Schedule C - Income, Loans, & Business Positions - schedule attached
   □ Schedule D - Income - Gifts - schedule attached
   □ Schedule E - Income - Gifts - Travel Payments - schedule attached
   -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 East Seventh Street
   Chico
   CA
   95928
   DAYTIME TELEPHONE NUMBER
   (530) 891-3026
   E-MAIL ADDRESS
   MAIlen@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 2/29/16
   Signature
   (File the originally signed statement with your filing official)

FPIC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF REC. (LAST) Beebe (FIRST) Mark (MIDDLE) H.

1. Office, Agency, or Court

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

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

Agency: 

Position: 

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

☐ State
☐ Multi-County 
☐ City of 

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of 

☐ Other: Public School District

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left / / (Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.

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

☐ Assuming Office: Date assumed / / 

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

4. Schedule Summary (must complete) Total number of pages including this cover page: 0

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
PO Box 125
Chico, CA 95927

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3026

E-MAIL ADDRESS
mark.beebe@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/20/16

Signature

(Files the originally signed statement with your filing official)

FPPC Form 700 (20:5/2016)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER  (LAST) (FIRST)  (MIDDLE)
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
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of
   □ Other  Chico Unified School District

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2015, through December 31, 2015.
   -or-
   The period covered is  /  /  , through December 31, 2015.
   □ Leaving Office: Date Left  /  /  
   (Check one)
   ○ The period covered is January 1, 2015, through the date of leaving office.
   -or-
   ○ The period covered is  /  /  , through the date of leaving office.
   □ Assuming Office: Date assumed  /  /  
   □ Candidate: Election year  and office sought, if different than Part 1:

4. Schedule Summary (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
14264 Kansas Ln.  Chico  CA  95973
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS
(530) 891-3117  mbenz@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  /  /  
(month, day, year)  Signature

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>NAME OF SOURCE OF INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUSD</td>
<td>Lake Elementary</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>1163 E. 7th St. Chico, CA 95928</td>
<td>4672 County Road N Orland, CA 95963</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>School District</td>
<td>School District</td>
</tr>
<tr>
<td>YOUR BUSINESS POSITION</td>
<td>YOUR BUSINESS POSITION</td>
</tr>
<tr>
<td>Principal</td>
<td>Principal</td>
</tr>
</tbody>
</table>

#### GROSS INCOME RECEIVED

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

#### CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- Salary
- Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- Sale of [Real property, car, boat, etc.]
- Loan repayment
- Commission or Rental Income, list each source of $10,000 or more

#### Other

(Describe)

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

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

#### NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

#### HIGHEST BALANCE DURING REPORTING PERIOD

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

#### Comments:

INTEREST RATE | TERM (Months/ Years)
---|---
% | None
SECURITY FOR LOAN

- Real Property

Street address

City

- Guarantor

(Describe)

Other

(Describe)

FPPC Form 700 (2015/2016) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Shasta Elementary School
Division, Board, Department, District if applicable
Chico Unified School District
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 Other Neighborhood in North Chico

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of

3. Type of Statement (Check at least one box)
☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
-OR-
The period covered is __________/________/________, through December 31, 2015.

☐ Assuming Office: Date assumed __________/________/________

☐ Leaving Office: Date Left __________/________/________
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-OR-
The period covered is __________/________/________, through the date of leaving office.

☑ Candidate: Election year __________ 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
169 Leora Ct
Chico, CA 95973
(Candidate or Agency Address Recommended - Public Document)

E-MAIL ADDRESS
bbesnard@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 02/03/2016
(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

Agency: Position: 

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

☐ State
☐ Multi-County
☐ City of
☐ County of
☐ 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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/_____/______ (Check one)
☐ The period covered is ______/_____/______, through December 31, 2015.
☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/______
☐ Candidate: Election year _______and office sought, if different than Part 1: 

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

Schedules attached

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

☐ None • No reportable interests on any schedule

5. Verification

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

STATE: CA 7IP: 95928

DAYTIME TELEPHONE NUMBER: (530) 891-3104

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 02/22/2016

Signature: Jo Ann Bettencourt

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

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Bohannon

(FIRST) John

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

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

Agency: Position:

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

☐ State
☐ Multi-County
☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of

☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left____/____/____

☐ The period covered is January 1, 2015, through the date of leaving office.

☐ Assuming Office: Date assumed____/____/____

☐ Other

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

☐ Candidate: Election year___________ 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 East Seventh Street
STREET Chico
CITY CA STATE 95928 ZIP CODE

(Use or Agency Address Recommended - Public Document)

DAILY TELEPHONE NUMBER (530) 891-3000
DAILY TELEPHONE NUMBER

E-MAIL ADDRESS jbohannon@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 2-22-16

Signature

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

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

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
Asst. Principal

Agency: Position:

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

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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left __/__/ ______
☐ The period covered is __/__/ ______, through December 31, 2015.
☐ Asssuming Office: Date assumed __/__/ ______
☐ The period covered is __/__/ ______, through the date of leaving office.

☐ Candidate: Election year ______ 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)
1105 East Seventh St. Chico CA 95928

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3026

E-MAIL ADDRESS
boyer@chico.edu

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-22-16

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Business Services
 If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: See Attached
Position: See Attached

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left _______ / _______ / _______
☐ The period covered is _______ / _______ / _______, through December 31, 2015.
☐ The period covered is _______ / _______ / _______, through the date of leaving office.
☐ Assuming Office: Date assumed _______ / _______ / _______
☐ Candidate: Election year _______ and office sought, if different than Part 1:

4. Schedule Summary (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
(Business or Agency Address Recommended - Public Document)
1163 East Seventh Street Chico CA 95928

DAYTIME TELEPHONE NUMBER (530) 891-3000
E-MAIL ADDRESS kbutempa@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 3-11-16
Signature

[File the originally signed statement with your filing official]

FPPC Form 700 (2/15/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE C**
**Income, Loans, & Business Positions**
(Other than Gifts and Travel Payments)

**1. INCOME RECEIVED**

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>YOUR BUSINESS POSITION</th>
<th>GROSS INCOME RECEIVED</th>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bultema Piano Lessons</td>
<td>Piano Lessons</td>
<td>N/A</td>
<td>$1,001 - $10,000</td>
<td>Salary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spouse's or registered domestic partner's income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sale of (Real property, car, boat, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Loan repayment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commission or Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other (Describe)</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
<th>INTEREST RATE</th>
<th>SECURITY FOR LOAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$500 - $1,000</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,001 - $10,000</td>
<td></td>
<td>Real Property</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$10,001 - $100,000</td>
<td></td>
<td>Guarantor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OVER $100,000</td>
<td></td>
<td>Other (Describe)</td>
</tr>
</tbody>
</table>

Comments:
California Form 700
Statement of Economic Interests 2014
Item #1 Attachment:

Agency:
Butte Schools Self-funded Programs
Bay Area Schools Insurance Cooperative
North Valley Self Insurance Group
Oversight Board of the Successor Agency
Of the Former Redevelopment Agency-Chico

Position:
Board President
Board Member
Board Member
Board Member
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER
(LAST) Caldera Pedro Altamirano

1. Office, Agency, or Court

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

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

Agency: __________________________ Position: __________________________

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

☐ State
☐ Multi-County
☑ City of Chico
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of Butte
☐ Other __________________________

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.

- or -
The period covered is / / , through December 31, 2015.

☐ Assuming Office: Date assumed / / 

☐ Leaving Office: Date Left / / (Check one)

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

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

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

Schedules attached

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

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

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

5. Verification

MAILING ADDRESS
280 Memorial Way Chico CA 95926
(Business or Agency Address Recommended - Public Document)

E-MAIL ADDRESS
pcaldera@chicousd.org

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3066

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 02/26/2016
Signature __________________________

(Fill the original signed statement with your filing official)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE B**
**Interests in Real Property**
(Including Rental Income)

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2272 Holly Avenue</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Chico</td>
</tr>
</tbody>
</table>

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

**NATURE OF INTEREST**
- ✔ Ownership/Deed of Trust
- □ Easement
- □ Leasehold
- Yrs. remaining

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

**NAME OF LENDER**

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

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

**INTEREST RATE**
- %
- □ None

**TERM (Months/Years)**

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

**GUARANTOR, IF APPLICABLE**

**Comments:**

---

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

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

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

**NATURE OF INTEREST**
- □ Ownership/Deed of Trust
- □ Easement
- □ Leasehold
- Yrs. remaining

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

**NAME OF LENDER**

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

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

**INTEREST RATE**
- %
- □ None

**TERM (Months/Years)**

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

**GUARANTOR, IF APPLICABLE**
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
Join
 Connie
 Suzanne

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

If filing for multiple positions, list below or on an attachment (Do not use acronyms)
Agency:
Butte School Self-Funded Programs, JPA
Position:
Director

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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/_____/______
☐ The period covered is ______/_____/______, through December 31, 2015.
☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/______

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

4. Schedule Summary (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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1163 E. 7th Street Chico CA 95928

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 991-3000

E-MAIL ADDRESS
ccavanaugh@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 02/03/2016
(month, day, year)

Signature

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

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable

Your Position
Director M/O/T

► 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 ________________________________  ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ City of ________________________________  ☐ County of ________________________________
☐ Other ________________________________

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

- or -

The period covered is / / , through December 31, 2015.

☐ Assuming Office: Date assumed / / 

☐ Leaving Office: Date Left / / 

(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

- or -

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

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

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

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

- or -

☒ None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER
( 530 ) 624-7411

E-MAIL 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 02/03/2016

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

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

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

1. Office, Agency, or Court

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

Your Position
M/O Supervisor

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

Agency: ____________________________ Position: ____________________________

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

☐ State ______________________________________________________
☐ Multi-County ________________________________________________
☐ City of ______________________________________________________

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

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
- or - The period covered is ______/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ______/____/____

☐ Leaving Office: Date Left ______/____/____

☐ The period covered is January 1, 2015, through the date of leaving office.
- or - The period covered is ______/____/____, through the date of leaving office.

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

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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 STAFF ZIP CODE
(2465 Carmichael Dr., Chico, CA 95928)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 864-3247 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: 02/03/2016
(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Crosby Jerry Lynn

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Inspire School of Arts and Sciences
Your Position
Principal

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

Agency: ________________________________
Position: _______________________________

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

☐ State
☐ Multi-County
☐ City of ______________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ___________________________
☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/_____/______
☐ or: The period covered is ______/_____/______, through December 31, 2015.
☐ 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: Election year ______ and office sought, if different than Part 1: ______________________

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

Schedules attached

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
1163 East Seventh Street
Chico Ca 95926

DAYTIME TELEPHONE NUMBER (530) 891-3000
E-MAIL ADDRESS jcrosby@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 02/03/2016
(month, day, year)

Signature

(Fits the previously signed statement with your filing official)

FPPC Form 700 (20:5/2016)
FPPC Advice Email: advice@fppc.ca.gov
NAME OF FILER (LAST)    (FIRST)    (MIDDLE)
DeBock    Laurie    English

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 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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ___/___/______
☐ The period covered is ___/___/______, through December 31, 2015.
☐ The period covered is ___/___/______, through the date of leaving office.
☐ Assuming Office: Date assumed ___/___/______
☐ Candidate: Election year ________ and office sought, if different than Part 1: ________

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

5. Verification
MAILING ADDRESS      STREET       CITY     STATE     ZIP CODE
(2376 North Ave.)     Chico        Ca         95926
DAYTIME TELEPHONE NUMBER     E-MAIL ADDRESS
(530) 891-3080           ldebock@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 02/04/2016
Signature
(Fill the originally signed statement with your filing official)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1030 Broadway
CITY
Chico, CA

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

IF APPLICABLE, LIST DATE:
/ / 15

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

Cynthia Wysong / Tim & Doreen Denlay

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ None

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

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

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>YOUR BUSINESS POSITION</th>
<th>GROSS INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enloe Medical Center</td>
<td>1531 Esplanade</td>
<td>Hospital</td>
<td>Registered Nurse</td>
<td>$500 - $1,000</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

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

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

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
</table>

### INTEREST RATE

- %

### TERM (Months/Years)

### SECURITY FOR LOAN

- None
- Personal residence

### Real Property

<table>
<thead>
<tr>
<th>Street address</th>
</tr>
</thead>
</table>

### Guarantor

<table>
<thead>
<tr>
<th>City</th>
</tr>
</thead>
</table>

### Other

(Describe)
**CALIFORNIA FORM 700**

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

*Please type or print in ink.*

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDGECOMB</td>
<td>MELINDA</td>
<td>MARIE</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>(Do not use acronyms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHICO UNIFIED SCHOOL DISTRICT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Division, Board, Department, District, if applicable</th>
<th>Your Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISTRICT OFFICE</td>
<td>BUYER</td>
</tr>
</tbody>
</table>

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

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

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

- [ ] State
- [ ] Multi-County
- [ ] City of

- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of

- [x] Other Public School District

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

- [x] Annual: The period covered is January 1, 2015, through December 31, 2015.
- [ ] -or-

- The period covered is ____/____/______, through December 31, 2015.

- [ ] Assuming Office: Date assumed ____/____/______

- [ ] Leaving Office: Date Left ____/____/______

- [ ] (Check one)

- The period covered is January 1, 2015, through the date of leaving office.

- [ ] -or-

- The period covered is ____/____/______, through the date of leaving office.

- [ ] Candidate: Election year ____/____/______ and office sought, if different than Part 1:

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

▶ Total number of pages including this cover page: _______

**Schedules attached**

- [ ] Schedule A-1 - Investments - schedule attached
- [ ] Schedule B - Real Property - schedule attached

- [ ] Schedule A-2 - Investments - schedule attached
- [ ] Schedule C - Income, Loans, & Business Positions - schedule attached

- [ ] Schedule B - Real Property - 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)*

<table>
<thead>
<tr>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1163 East Seventh Street</td>
<td>Chico</td>
<td>CA</td>
<td>95928</td>
</tr>
</tbody>
</table>

**DAYTIME TELEPHONE NUMBER**

| (530) 891-3000 |

**E-MAIL ADDRESS**

medgecomb@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: 02/02/2016

**Signature**

(Make the originally signed statement available to our filing office.)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Enserr Joseph "Vince" Patrick

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Board, Department, etc:
Your Position
Director of Nutrition
➢ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: ____________________________ Position: ____________________________

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County ____________________________
☐ City of ____________________________
☐ 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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left __ / __ / ______
☐ The period covered is __ / __ / ______, through December 31, 2015.
☐ The period covered is __ / __ / ______, through the date of leaving office.
☐ Assuming Office: Date assumed __ / __ / ______
☐ Candidate: Election year and office sought, if different than Part 1: ____________________________

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

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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
☐ Schedule F - Gifts & Travel – schedule attached
☐ Schedule G - Financial Interests & Business Activities – schedule attached
☐ Schedule H - Financial Interests & Business Activities – schedule attached
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS: 1163 East Seventh Street, Chico, CA 95928
STREET (Business or Agency Address Recommended - Public Document)
CITY
STATE
ZIP CODE
DAYTIME TELEPHONE NUMBER: (530) 891-3000
EMAIL ADDRESS: Enserrro@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 02/22/2016
Signature __________________________________________
(month, day, year)

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

COVER PAGE

NAME OF FILER

German

(First) Eric

(Middle) Johan

1. Office, Agency, or Court

Agency Name: Chico Unified School District

Division, Board, Department, District, if applicable

Your Position: M/O Supervisor

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

Agency: ____________________________ Position: ____________________________

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

☐ State

☐ Multi-County ____________________________

☐ City of ____________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of ____________________________

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left __/__/_____

☐ - or -

The period covered is __/__/______, through December 31, 2015.

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

☐ Assuming Office: Date assumed __/__/_____

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

☐ If leaving office, date assumed __/__/_____

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

DAYTIME TELEPHONE NUMBER

(530) 624-2547

E-MAIL ADDRESS

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 02/03/2016 Signature ____________________________

(Place the originally signed statement with your filing officer)

FPPC Form 700 (2015/2016)

FPPC Advice Email: advice@fppc.ca.gov

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Administration
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
☐ Mult-County ____________________________
☐ City of ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☑ Other Public School District

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

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left __/____/________ (Check one)
☐ The period covered is January 1, 2015, through the date of
☐ The period covered is __/____/________, through
leaving office.
leaving office.

☐ Assuming Office: Date assumed __/____/________

☐ Candidate: Election year ____________ 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 STREET CITY STATE ZIP CODE
3505 Bell Rd Chico Ca 95973

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 343-8990 rgovar@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 02/29/2016 Signature ____________________________
(month, day, year) (Fill the originally signed statement with your filing official)

FPPE Form 700 (2015/2016)
FPPE Advice Email: advice@fppe.ca.gov
FPPE Toll-Free Helpline: 866/275-3772 www.fppe.ca.gov
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRAULICH</td>
<td>JULIE</td>
<td>ANNE</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
   **NVSIG RISK MANAGEMENT COMMITTEE**
   **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)
   - [x] Annual: The period covered is January 1, 2015, through December 31, 2015.
     - [ ] The period covered is _________/_______/_______, through December 31, 2015.
   - [ ] Assuming Office: Date assumed _________/_______/_______
   - [ ] Candidate: Election year _________ 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
     - [ ] 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 Street
   Chico
   CA 95969
   **STATE**
   **ZIP CODE**
   **E-MAIL ADDRESS**
   jgraulich@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** 02/25/2016
   (month, day, year)

   **Signature**
   (File the originally signed statement with your Filing official)
SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $480 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

NAME OF SOURCE (Not an Acronym)
Keenan & Associates
ADDRESS (Business Address Acceptable)
P.O. Box 1536
CITY AND STATE
Rancho Cordova, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference - NVSIG Risk Mgmt. Member
DATE(S): 09/16/15 09/18/15 AMT: $200.00
(If gift)
□ MUST CHECK ONE: ☑ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
☐ Meals
☐ If Gift, Provide Travel Destination
South Lake Tahoe, CA

NAME OF SOURCE (Not an Acronym)
Hanna & Brophy
ADDRESS (Business Address Acceptable)
3100 Zinfandel Drive, Suite 400
CITY AND STATE
Rancho Cordova, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference - NVSIG Risk Mgmt. Member
DATE(S): 09/15/15 -/7/15 AMT: $100.00
(If gift)
□ MUST CHECK ONE: ☑ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
☐ Meals
☐ If Gift, Provide Travel Destination
South Lake Tahoe, CA

NAME OF SOURCE (Not an Acronym)
North Valley School Insurance Group
ADDRESS (Business Address Acceptable)
2868 Prospect Park Drive, Suite 600
CITY AND STATE
Rancho Cordova, CA
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference - NVSIG Risk Mgmt. Member
DATE(S): 09/18/15 -/7/15 AMT: $109.61
(If gift)
□ MUST CHECK ONE: ☑ Gift -or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
☐ Mileage Reimbursement
☐ If Gift, Provide Travel Destination
South Lake Tahoe, CA

Comments:

FPPC Form 700 (2015/2016) Sch. E
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink:

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
chico Unified School District, Trustee

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

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 ______________________________

☐ Other Board of Trustees, chico Unified School District

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ -or-

The period covered is __________/________, through December 31, 2015.

☐ Leaving Office: Date Left __________/________

☐ -or-

☐ The period covered is January 1, 2015, through the date of leaving office.

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

☐ Assuming Office: Date assumed __________/________

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

☐ Candidate: Election year __________ and office sought, if not Part 1:

☐ Candidate: Election year __________ 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

605 Sycamore St, Chico CA 95928

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

( ) 530-864-0549

E-MAIL ADDRESS

egriffin@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 2-12-16

Signature ______________________________

(Fill in original signed statement with your typed name.)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE A-2**
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

<table>
<thead>
<tr>
<th>1. BUSINESS ENTITY OR TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
</tbody>
</table>

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

**GENERAL DESCRIPTION OF THIS BUSINESS**
contracting firm

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/ 15</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>ACQUIRED</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>DISPOSED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**
☒ Corporation
☐ Partnership  
☐ Sole Proprietorship

**YOUR BUSINESS POSITION**
spouse of owner

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

☐ $0 - $499  
☐ $500 - $1,000  
☐ $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

**NONE**

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

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

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ 15</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>
</tbody>
</table>

**NATURE OF INTEREST**
☐ Property Ownership/Class of Trust  
☐ Stock  
☐ Partnership

☐ Leasehold  
☐ Other

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

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

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>620 Sycamore St.</td>
<td>1427 Sunset Ave.</td>
</tr>
<tr>
<td>Chico, CA 95928</td>
<td>Chico, CA 95926</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>FAIR MARKET VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $4,999</td>
<td>$2,000 - $10,000</td>
</tr>
<tr>
<td>$5,000 - $10,000</td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>$10,001 - $1,000,000</td>
<td>$100,001 - $1,000,000</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>Over $1,000,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</th>
<th>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $499</td>
<td>$0 - $4,999</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>$5,000 - $10,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>Over $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.</th>
<th>SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Michael Polsan</th>
<th>Nick Jenkins</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Matt Forster</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
</tr>
<tr>
<td>INTEREST RATE %</td>
<td>INTEREST RATE %</td>
</tr>
<tr>
<td>TERM (Months/Years)</td>
<td>TERM (Months/Years)</td>
</tr>
<tr>
<td>$0 - $4,999</td>
<td>$0 - $4,999</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>Over $100,000</td>
</tr>
<tr>
<td>Guarantor, if applicable</td>
<td>Guarantor, if applicable</td>
</tr>
</tbody>
</table>

Comments:

FFPC Form 700 (2015/2016) Sch. B
FFPC Advice Email: advice@fppc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District:
   Division, Board, Department, District, if applicable
   Your Position
   Board, Department, etc
   Assistant Superintendent - 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
   ☐ 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, 2015, through December 31, 2015.
   ☐ Leaving Office: Date Left __/__/______ (Check one)
   ☐ The period covered is January 1, 2015, through the date of leaving office.
   ☐ The period covered is __/__/______, through the date of leaving office.
   ☐ Assumed Office: Date assumed __/__/______
   ☐ Candidate: Election year ________ 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
   (Business or Agency Address Recommended - Public Document)
   1163 East Seventh Street Chico CA 95928
   DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
   (530) 891-3000 jhanlon@chicousd.org
   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
   Date Signed 02/04/2016 (month, day, year)
   Signature

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

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Heath Shawneese 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 __________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of __________________________
☐ Other Chico Unified School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
-OR-
The period covered is __________/_________/__________, through December 31, 2015.
☐ Leaving Office: Date Left __________/_________/__________ (Check one)
оя The period covered is January 1, 2015, through the date of leaving office.
-OR-
The period covered is __________/_________/__________, through the date of leaving office.
☐ Assuming Office: Date assumed __________/_________/__________
☐ Candidate: Election year __________ and office sought, if different than Part 1: __________________________

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

Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
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☐ Schedule 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 2446 Marigold Avenue Chico CA 95926
(Business or Agency Address Recommended - Public Document)
STREET __________________________
CITY __________________________ STATE CA ZIP CODE 95926
DAYTIME TELEPHONE NUMBER (530) 891-3121
E-MAIL ADDRESS 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 02/05/2016 (month, day, year)
Signature __________________________
(If the originally signed statement with your filing official)
# Statement of Economic Interests

## Cover Page

**Name of Filer**

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holderman</td>
<td>Brian</td>
<td>Scott</td>
</tr>
</tbody>
</table>

### 1. Office, Agency, or Court

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

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

- **Your Position**
  - Principal

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

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

- [ ] State
- [ ] Multi-County
- [ ] County of
- [ ] Other Public School

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

- [x] Annual: The period covered is January 1, 2015, through December 31, 2015.
- [ ] Leaving Office: Date Left / / (Check one)
  - [ ] The period covered is January 1, 2015, through the date of leaving office.
  - [ ] The period covered is / / , through the date of leaving office.

- [ ] Assuming Office: Date assumed / / 

- [ ] Candidate: Election year and office sought, if different than Part 1:

### 4. Schedule Summary (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

**Address**

<table>
<thead>
<tr>
<th>(Business or Agency Address Recommended - Public Document)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1163 E. 7th Street</td>
</tr>
<tr>
<td>Chico, CA 95928</td>
</tr>
</tbody>
</table>

**Daytime Telephone Number**

| ( ) 891-3119 |
| bholderm@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** 2.2.16

**Signature**

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

---

**FPCC Form 700 (2015/2016)**

**FPCC Advice Email:** advice@fpcc.ca.gov

**FPCC Toll-Free Helpline:** 866/275-3772 www.fpcc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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
Pleasant Valley 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
☐ Judge or Court Commissioner (Statewide Jurisdiction)

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/_____/______ (Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/______
☐ Candidate: Election year ______/_____/______ and office sought, if different than Part 1:

4. Schedule Summary (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
1475 East Avenue
Chico, CA 95926

STREET
(City or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3050

dholen@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 02/23/2016

Signature Deanna Holen

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

COVER PAGE

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
SCHOOL BOARD
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
☐ Multi-County
☐ City of ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☐ Other Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/_____/_______
- or -
The period covered is ______/_____/_______ through December 31, 2015.
☐ 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: Election year ___________ 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 East Seventh Street Chico CA 95928
DAYTIME TELEPHONE NUMBER
( 530 ) 891-3000
E-MAIL ADDRESS xxxxxx@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 02/29/2016 (month, day, year) Signature (File the originally signed statement with your filing officer.)
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

**NAME OF FILER**

<table>
<thead>
<tr>
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<th>(FIRST)</th>
<th>(MIDDLE)</th>
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<tbody>
<tr>
<td>Howl</td>
<td>Julian</td>
<td></td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**
   - Agency Name *(Do not use acronym)*
   - Chico Unified School District
   - Division, Board, Department, District, if applicable
   - Board, Department, etc
   - Your Position
   - Assistant Principal
   - If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*
   - Agency: ____________________________
   - Position: __________________________

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

3. **Type of Statement** *(Check at least one box)*
   - [x] Annual: The period covered is January 1, 2015, through December 31, 2015.
   - [ ] The period covered is ____________ / ____________ , through December 31, 2015.
   - [ ] Assuming Office: Date assumed ____________ / ____________
   - [ ] Leaving Office: Date Left ____________ / ____________ (Check one)
     - [ ] The period covered is January 1, 2015, through the date of leaving office.
     - [ ] The period covered is ____________ / ____________ , through the date of leaving office.
   - [ ] Candidate: Election year ____________ 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
     - 1163 East Seventh Street
     - Chico CA 95928
   - CITY
   - STATE
   - ZIP CODE
   - STREET
   - DAYTIME TELEPHONE NUMBER
     - (530) 891-3000
   - E-MAIL ADDRESS
     - J-Howell@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 02/08/2016
   - (month, day, year)
   - Signature

   FPPC Form 700 (2015/2016)
   FPPC Advice Email: advice@fppc.ca.gov
   FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

Kaiser Kathleen Elizabeth

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Butte County

Your Position

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

Agency: ___________________________ Position: ___________________________

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

☐ State

☐ Multi-County ___________________________

☐ City of ___________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of Butte - Chico Unified School

☐ Other ___________________________

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left ___________________________

☐ The period covered is ___________________________, through December 31, 2015.

☐ Assuring Office: Date assured ___________________________

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

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

☐ Other ___________________________

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

Schedules attached

☐ Schedule 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 - Gifts - schedule attached

☐ Schedule E - Gifts - Travel Payments - schedule attached

-Or-

☒ None - No reportable interests on any schedule

5. Verification 1163 S. 7TH ST. CHICO CA 95928

MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (530) 343-3319

E-MAIL ADDRESS KKaiser@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 ____________ (month, day year) Signature __________________

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

FFPC Form 700 (2015/2016)

FFPC Advice Email: advice@ffpc.ca.gov

FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
## SCHEDULE B
### Interests in Real Property
( Including Rental Income )

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1838 Palm Ave

### 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:
- 15

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

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

### SOURCES OF RENTAL INCOME:
If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- None

---

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

### NAME OF LENDER

### ADDRESS (Business Address Acceptable)

### BUSINESS ACTIVITY, IF ANY, OF LENDER

### INTEREST RATE
- %
- 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
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER [LAST] [FIRST] [MIDDLE]
Kamph Jessica Ann

1. Office, Agency, or Court

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

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

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

☐ State
☐ Multi-County ____________________________
☐ City of ____________________________

□ Judge or Court Commissioner (Statewide Jurisdiction)
□ County of ____________________________
☑ Other Public School

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left / /  
☐ or: The period covered is / / , through December 31, 2015.
☐ Assumed Office: Date assumed / / 
☐ Candidate: Election year 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
City
Chico
State
CA
ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000

E-MAIL ADDRESS
jkamph@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 02/29/2016 (month, day year)  Signature (Print or type your signature with your filing official)

FPCC Form 700 (2015/2016)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
1. Office, Agency, or Court
   - Agency Name: CHICO UNIFIED SCHOOL DISTRICT
   - Your Position: PRINCIPAL
   - If filing for multiple positions, list below or on an attachment.

2. Jurisdiction of Office (Check at least one box)
   - State
   - Multi-County
   - City of
   - Judge or Court Commissioner (Statewide Jurisdiction)
   - County of
   - OTHER: PUBLIC SCHOOL DISTRICT

3. Type of Statement (Check at least one box)
   - Annual: The period covered is January 1, 2015, through December 31, 2015.
   - Leaving Office: Date Left __/__/____ (Check one)
     - The period covered is January 1, 2015, through the date of leaving office.
     - The period covered is __/__/____, through the date of leaving office.
   - Assuming Office: Date assumed __/__/____
   - Candidate: Election year __/__/____ and office sought, if different than Part 1: __/__/____

4. Schedule Summary (must complete)
   - Total number of pages including this cover page: ___
   - Schedules attached
     - Schedule A - 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 ST, CHICO, CA 95928
     - DAYTIME TELEPHONE NUMBER: (530) 891-3000
     - E-MAIL ADDRESS
   - I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
   - I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
   - Date Signed: 02/22/2016
   - Signature
   - (Fill the originally signed statement with your filing official)
NAME OF FILER  (LAST)  Keosler  (FIRST)  Brandon  (MIDDLE)  Kyle

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

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2015, through December 31, 2015.
   □ Leaving Office: Date Left / /  
   □ The period covered is through December 31, 2015.
   □ The period covered is through the date of leaving office.
   □ Assuming Office: Date assumed / /  
   □ Candidate: Election year and office sought, if different than Part 1:  

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page:  
   Schedules attached
   □ Schedule A1 - Investments – schedule attached
   □ Schedule A2 - Investments – schedule attached
   □ Schedule B - Real Property – schedule attached
   □ Schedule C - Income, Loans, & Business Positions – schedule attached
   □ Schedule D - Income – Gifts – schedule attached
   □ Schedule E - Income – Gifts – Travel Payments – schedule attached
   □ None - No reportable interests on any schedule

5. Verification
   MAILING ADDRESS  1418 Scottsdale CT  Chico  CA  95926
   STREET  CITY  STATE  ZP CODE
   BUSINESS OR AGENCY ADDRESS  Recommended - Public Document
   MAILING ADDRESS  1418 Scottsdale CT  Chico  CA  95926
   DAYTIME TELEPHONE NUMBER  (530) 391-3092  E-MAIL ADDRESS  bkeosler@chico.usd.org
   (month, day, year)
   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
   Date Signed 02/22/2016  
   Signature  
   (write the original signature with your filing official)
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kistle Juli Marie

1. Office, Agency, or Court

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

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

Agency: ____________________________ Position: ____________________________

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

☐ State
☐ Multi-County ____________________________
☐ County of ____________________________
☑ Other Public School District

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left / / 

-OR-

The period covered is / / , through December 31, 2015.
☐ The period covered is / / , through the date of leaving office.

☐ Assuming Office: Date assumed / / 

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

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

Schedules attached

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

-OR-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1163 East Seventh Street
CHICO, CA 95928

STREET
(City or Agency Address Recommended - Public Document)

CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3000

EMAIL ADDRESS
jkistle@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 2/15/16

Signature

(File the originally signed statement with your filing officer)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
### SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</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><strong>NAME OF SOURCE</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Clark &amp; Sullivan Constructors</td>
<td>2024 Opportunity Dr #150, Roseville, CA 95668</td>
<td>Valley Contractors Exchange Crab Feed</td>
<td>02/05/16</td>
<td>$60.00</td>
<td>Seat at Table</td>
</tr>
<tr>
<td><strong>NAME OF SOURCE</strong></td>
<td></td>
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<tr>
<td>Darden Architects</td>
<td>6790 N West Ave, Fresno, CA 93711</td>
<td>C.A.S.H. Conference 2015</td>
<td>02/23/16</td>
<td>$50.00</td>
<td>Dinner</td>
</tr>
<tr>
<td><strong>NAME OF SOURCE</strong></td>
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**Comments:**

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FPPC Form 700 (2015/2016) Sch. D
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpliner: 866/275-3772  www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Board, Department, etc
Your Position
Director, Principal, etc
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Position:

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left: / / (Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.
☐ Assuming Office: Date assumed / / 
☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (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
(530) 891-3000
1163 East Seventh Street Chico CA 95928
E-MAIL ADDRESS xxxxx@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 02/18/2016
(month, day, year) Signature

(Please sign the originally signed statement with your filing official.)

FPCC Form 700 (2015/2016)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE E**  
Income – Gifts  
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the $460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>Hanna &amp; Brophy</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>3100 Zinfandel Drive, Site 400</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>Rancho Cordova, CA</td>
</tr>
<tr>
<td>☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>CAJPA Conference NVSIG Risk Mgmt Member</td>
</tr>
<tr>
<td>DATE(S): 09/16/15 - 09/18/15 AMT: $100.00</td>
<td>(If gift)</td>
</tr>
<tr>
<td>MUST CHECK ONE: ☐ Gift -or- ☒ Income</td>
<td>☐ Made a Speech/Participated in a Panel</td>
</tr>
<tr>
<td>☒ Other - Provide Description</td>
<td>☒ Meals</td>
</tr>
<tr>
<td>MEALS</td>
<td>☐ If Gift, Provide Travel Destination</td>
</tr>
<tr>
<td>NAME OF SOURCE (Not an Acronym)</td>
<td></td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td></td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td></td>
</tr>
<tr>
<td>☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td></td>
</tr>
<tr>
<td>DATE(S): 09/16/15 - 09/18/15 AMT: $250.00</td>
<td>(If gift)</td>
</tr>
<tr>
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<td>☒ Made a Speech/Participated in a Panel</td>
</tr>
<tr>
<td>☒ Other - Provide Description</td>
<td>☐ If Gift, Provide Travel Destination</td>
</tr>
</tbody>
</table>

Comments: ________________________________________________________________

---

FPPC Form 700 (2015/2016) Sch. E  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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

Kruger Jaclyn

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
☐ County of
☐ Other  Public School District

☐ Judge or Court Commissioner (Statewide Jurisdiction)

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.

- or -

☐ Assumed Office: Date assumed __/__/_______

☐ Leaving Office: Date Left __/__/_______

☐ The period covered is __/__/_______, through December 31, 2015.

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

☐ Candidate: Election year __/__/_______ 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  CITY  STATE  ZIP CODE

1163 E. 7th Street  Chico  CA  95928

E-MAIL ADDRESS

jkruger@chicousd.org

Daytime Telephone Number

( 530 ) 891-3000

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/18/2016  Signature

(month, day, year) (File the originally signed statement with your filing official.)
**Statement of Economic Interests**

**Cover Page**

**Name of Filer**

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>La Bar</td>
<td>Daniel</td>
<td>Richard</td>
</tr>
</tbody>
</table>

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

   - **Agency Name** (Do not use acronyms)
     - Inspire School of Arts & Sciences
   - **Division, Board, Department, District if applicable**
     - Chico Unified School District
   - **Your Position**
     - Assistant Principal
   - If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

   - **Agency:**
   - **Position:**

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

   - [ ] State
   - [ ] Multi-County
   - [ ] City of
   - [ ] Judge or Court Commissioner (Statewide Jurisdiction)
   - [ ] County of
   - [ ] Other

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

   - [✓] Annual: The period covered is January 1, 2015, through December 31, 2015.
     - [ ] The period covered is / / through December 31, 2015.
   - [ ] Leaving Office: Date Left / / (Check one)
     - [ ] The period covered is January 1, 2015, through the date of leaving office.
     - [ ] The period covered is / / through the date of leaving office.
   - [ ] Assuming Office: Date assumed / /
   - [ ] Candidate: Election year and office sought, if different than Part 1:

4. **Schedule Summary** (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**

   - **Mail In Address**
     - 335 W. Sacramento Avenue, Chico, CA 95926
   - **Daytime Telephone Number**
     - (530) 891-3090
   - **Email Address**
     - dlabar@chicousd.org

   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   **Date Signed** 03/01/2016

   **Signature**

---

FPPC Form 700 (2015-2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

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

☐ State
☐ Multi-County
☐ City of
☐ 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, 2015, through December 31, 2015.
-OR-
The period covered is / / , through December 31, 2015.
☐ Assuming Office: Date assumed / / 
☐ Leaving Office: Date Left / / 
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-OR-
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Election year and office sought, if different than Part 1:

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

Schedules attached

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3000 slindstr@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/29/2016 Signature
(month, day, year)

PPC Form 700 (2015/2016)
FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Loustale Gary M

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Board
Your Position
Trustee
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: _____________________________ Position: _____________________________

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
-Or-
The period covered is / / , through December 31, 2015.
☐ Leaving Office: Date Left / / (Check one)
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-Or-
The period covered is / / , through the date of leaving office.
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☐ Candidate: Election year 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
14014 Limosin Dr. Chico CA 95973
MAILING ADDRESS
STREET
City
STATE ZIP CODE
(Mailing or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER
(530) 893-3310
E-MAIL ADDRESS
G.Loustale @ Gmail.com
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-29-16 (month, day, year)
Signature

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE A-1

**Investments**

**Stocks, Bonds, and Other Interests**

*(Ownership Interest is Less Than 10%)*

_Do not attach brokerage or financial statements._

### NAME OF BUSINESS ENTITY

**Western Life**

GENERAL DESCRIPTION OF THIS BUSINESS

**Life Insurance**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
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<tr>
<td>$2,000 - $10,000</td>
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<td>$10,001 - $100,000</td>
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<tr>
<td>$100,001 - $1,000,000</td>
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<tr>
<td>Over $1,000,000</td>
</tr>
</tbody>
</table>

NATURE OF INVESTMENT

- Stock
- Other [Life Insurance (Describe)]

- Partnership

   - Income Received of $0 - $499
   - Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 ACQUIRED / / 15 DISPOSED

### NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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<td>Over $1,000,000</td>
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- Partnership

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IF APPLICABLE, LIST DATE:

/ / 15 ACQUIRED / / 15 DISPOSED

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IF APPLICABLE, LIST DATE:

/ / 15 ACQUIRED / / 15 DISPOSED

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NATURE OF INVESTMENT

- Stock
- Other [Life Insurance (Describe)]

- Partnership

   - Income Received of $0 - $499
   - Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

/ / 15 ACQUIRED / / 15 DISPOSED

Comments: ____________________________
NAME OF FILER (LAST) [Marchant]

1. Office, Agency, or Court
   Agency Name (Do not use acronym)
   Chico Unified School District:
   Division, Board, Department, District, if applicable
   Your Position
   Principal
   ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: ___________________________ Position: ___________________________

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

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2015, through December 31, 2015.
   □ Leaving Office: Date Left __/__/______ (Check one)
   □ The period covered is __/__/______, through December 31, 2015.
   □ The period covered is __/__/______, through the date of leaving office.
   □ Assuming Office: Date assumed __/__/______
   □ Candidate: Election year _________ and office sought, if different than Part 1:

4. Schedule Summary (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
   □ Schedule ___________________________
   □ Schedule ___________________________
   □ Schedule ___________________________
   □ Schedule ___________________________
   □ Schedule ___________________________
   □ Schedule ___________________________
   □ Schedule ___________________________
   □ Schedule ___________________________

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

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended Public Document)
   1163 East Seventh Street
   CHICO CA 95928
   DAYTIME TELEPHONE NUMBER: (530) 891-3000
   E-MAIL ADDRESS: 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: 02/08/2016
   Signature: [Signature]

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

COVER PAGE

NAME OF FILER

Mckay

DAVID

STEPHEN

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Educational Services

Your Position

Director

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

Agency: ____________________________ Position: ____________________________

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

☐ State

☐ Multi-County

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other Chico Public Schools

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

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

☐ Assuming Office: Date assumed / / 

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

☐ None - No reportable interests on any schedule

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

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

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☐ Schedule 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 St

CITY

Chico

STATE

CA

ZIP CODE

95928

E-MAIL ADDRESS

dmckey@chicouisd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: 02/08/2016

(month, day, year)

Signature

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

FPPC Form 700 (2015/2016)

FPPC Advice Email: advice@fppc.ca.gov

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink:

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

1. Office, Agency, or Court

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

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

Agency: Position:

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

☐ State
☐ Multi-County
☐ City of Chico Unified School District
☐ County of
☐ Other

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015
☐ Leaving Office: Date Left / / 
☐ The period covered is / / , through December 31, 2015
☐ Assumining Office: Date assumed / / 
☐ The period covered is / / , through the date of leaving office.

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

4. Schedule Summary (must complete)

☒ Total number of pages including this cover page: 1

Schedules attached

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

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

5. Verification

MAILING ADDRESS
123 Echo Peak Ter. Chico CA 95928

STREET

CITY

STATE CA

ZIP CODE 95928

DAYTIME TELEPHONE NUMBER (530) 864-0997

E-MAIL ADDRESS hmclaughlin@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/8/14

(month, day, year)

Signature ____________________________

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) Moll
(FIRST) ANDREW
(MIDDLE) JAMES

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
CUSD
Division, Board, Department, District, if applicable
Fair View High School
Your Position
Principals
➢ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Position:

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

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
- or -
The period covered is / / , through December 31, 2015.
☐ Assuming Office: Date assumed / / 
☐ Leasing Office: Date Left / / 
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
- or -
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Election year 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
1423 East Seventh Street
CITY Chico CA
STATE CA
ZIP CODE 95928
DAYTIME TELEPHONE NUMBER 530-891-3000
E-MAIL ADDRESS amoll@chico.und.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 2/24/16
(signature) [File the correctly signed statement with your filing official]
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
(LAST)
MORRIS
(FIRST)
MICHAEL
(MIDDLE)
JOSEPH

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

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

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

3. Type of Statement (Check at least one box)
☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ____________
☐ The period covered is ____________ through December 31, 2015.
☐ The period covered is ____________ through the date of leaving office.
☐ Assuming Office: Date assumed ____________
☐ -or-
☐ -or-
☐ Candidate: Election year ____________ 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 St. 
CHICO CA 95928

DAYTIME TELEPHONE NUMBER
530-891-3000
E-MAIL ADDRESS
mmorris@chico.usdoj.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/26/2016
(many, day, year)
Signature

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Murgia David Michael

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Neal Dow Elementary
Division, Board, Department, District, if applicable
Chico Unified School District
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 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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ___/___/______
☐ or
☐ The period covered is ___/___/______, through December 31, 2015.
☐ The period covered is ___/___/______, through the date of leaving office.
☐ Assuming Office: Date assumed ___/___/______
☐ Candidate: Election year ________ and office sought, if different than Part 1: __________

4. Schedule Summary (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)
1420 Neal Dow Ave  Chico  CA  95926
DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS
(530) 891-3110  dmurgia@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 02/5/16
Signature

(Filer's legally signed statement with your filing official.)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

Parsley Joanne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District
Assistant Superintendent

Division, Board, Department, District, if applicable

Your Position

► If listing 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

☐ Other School District

☐ County of __________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left ______/______/______

☐ The period covered is January 1, 2015, through the date of leaving office.

☐ Assuming Office: Date assumed ______/______/______

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

☐ Candidate: Election year ____________ 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

Chico CA 95928

STREET

1163 E 7th Street

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

Jparsley@chicoschools.org

DAYTIME TELEPHONE NUMBER

(530) 841-3000 ext 138

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed ____________

(month, day, year)

Signature ______________________

(If the original signed statement with your filing official)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fpps.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fpps.ca.gov
# SCHEDULE A-2

**Investments, Income, and Assets of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

## 1. BUSINESS ENTITY OR TRUST

**Name:**
- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

**Address (Business Address Acceptable):**
- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

### GENERAL DESCRIPTION OF THIS BUSINESS

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>Value Range</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**
- [X] Partnership
- [ ] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION:**
- [ ] Partner
- [ ] Member
- [ ] Other

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

- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [X] Over $10,000

**INCOME OF $10,000 OR MORE** (Write a separate sheet if necessary)

<table>
<thead>
<tr>
<th>Name or Names listed below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson</td>
</tr>
<tr>
<td>Stelling</td>
</tr>
<tr>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

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

- [ ] Name or Names listed below

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

**Check one box:**
- [ ] INVESTMENT
- [X] REAL PROPERTY

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

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>Value Range</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>/ 15 / 15 ACQUIRED DISPOSED</td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**
- [X] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

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

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


FPPC Advice Email: advice@fpc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fpc.ca.gov
**SCHEDULE B**

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

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>6780 Bennett Rd</td>
<td>5928 Anita Rd</td>
</tr>
<tr>
<td>CITY</td>
<td>CITY</td>
</tr>
<tr>
<td>Chico, CA 95926</td>
<td>Chico, CA 95926</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>FAIR MARKET VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $2,000 - $10,000</td>
<td>☐ $2,000 - $10,000</td>
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<tr>
<td>☐ $10,001 - $100,000</td>
<td>☐ $10,001 - $100,000</td>
</tr>
<tr>
<td>☐ $100,001 - $1,000,000</td>
<td>☐ $100,001 - $1,000,000</td>
</tr>
<tr>
<td>☐ Over $1,000,000</td>
<td>☐ Over $1,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF APPLICABLE, LIST DATE:</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
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<td>☐ / / / / 15 / 15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yrs. remaining</th>
<th>Yrs. remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None</td>
<td>☐ None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</th>
<th>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $0 - $499</td>
<td>☐ $0 - $499</td>
</tr>
<tr>
<td>☐ $500 - $1,400</td>
<td>☐ $500 - $1,400</td>
</tr>
<tr>
<td>☐ $1,001 - $10,000</td>
<td>☐ $1,001 - $10,000</td>
</tr>
<tr>
<td>☐ $10,001 - $100,000</td>
<td>☐ $10,001 - $100,000</td>
</tr>
<tr>
<td>☐ OVER $100,000</td>
<td>☐ OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.</th>
<th>SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None</td>
<td>☐ None</td>
</tr>
</tbody>
</table>

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

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

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

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

### 1. INCOME RECEIVED

**NAME OF SOURCE OF INCOME**

- Darrel Parsley
- Farming

**ADDRESS (Business Address Acceptable)**

- Parsley Farms

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

- Partner

**YOUR BUSINESS POSITION**

**GROSS INCOME RECEIVED**

- $0 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- Salary
- Spouse's or registered domestic partner's income
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

**Sale of**

- Real property, car, boat, etc.

**Loan repayment**

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

**Other**

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

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

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

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

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $0 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**INTEREST RATE**

**TERM (Months/Years)**

**SECURITY FOR LOAN**

- None
- Personal residence
- Real Property

**Street address**

**City**

**Guarantor**

**Other**

(Describe)

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

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

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

Agency: ___________________________ Position: ___________________________

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

- State
- Multi-County
- City of

- Judge or Court Commissioner (Statewide Jurisdiction)
- County of

- Other

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left ______/_____/______
(Check one)
- The period covered is January 1, 2015, through the date of leaving office.

☐ Assisting Office: Date assumed ______/_____/______
- The period covered is ______/_____/______, through the date of leaving office.

☐ Candidate: Election year ____________ 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-1 - 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 95928

E-MAIL ADDRESS
erobinson@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 2/3/2016
Signature: Eileen L. Robinson

(Original signature with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rodgers Kimberly Jeanne

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

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

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County __________________________
☐ City of __________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of __________________________
☐ Other __________________________

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
- or - The period covered is ____________/__________/_________, through December 31, 2015.
☐ Leaving Office: Date Left: ____________/__________/_________ (Check one)
- or - The period covered is January 1, 2015, through the date of leaving office.
- or - The period covered is ____________/__________/_________, through the date of leaving office.
☐ Assuming Office: Date assumed ____________/__________/_________
☐ Candidate: Election year ____________ and office sought, if different than Part 1: __________________________

4. Schedule Summary (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
1530 W. Eighth Avenue Chico CA 95926
(Business or Agency Address Recommended Public Document)
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3297 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 02/22/2015
(month, day, year) Signature __________________________

File the original or a signed statement with your filing official.)

FPPC Form 700 (2013/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
ROTH JUDITH CAROLE

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
☐ Multi-County
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of BUTTE COUNTY
☐ Other

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

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left __/__/______
☐ The period covered is __/__/______, through December 31, 2015.
☐ Other
☐ Assumption Office: Date assumed __/__/______
☐ The period covered is __/__/______, through the date of leaving office.
☐ Candidate: Election year __________ and office sought, if different than Part 1:

☐ None - No reportable interests on any schedule

4. Schedule Summary (must: complete) ► Total number of pages including this cover page: ________
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

5. Verification
MAILING ADDRESS
1163 EAST 7TH STREET
CHICO, CA 95928

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3080

E-MAIL ADDRESS
jroth@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 02/03/2016
(month, day, year)

Signature JUDITH C. ROTH
CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable

Your Position
Principal

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

Agency: __________________________ Position: __________________________

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

☐ State
☐ Multi-County
☑ City of Chico
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of Butte
☐ Other Public School District

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
   -or-
   The period covered is ______/_____/_____, through December 31, 2015.

☐ Assuming Office: Date assumed ______/_____/_____

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

☐ Leaving Office: Date Left ______/_____/______
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.
   -or-
   The period covered is ______/_____/_____, through the date of leaving office.

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS
2090 Amanda Way
Chico
CA 95928

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3285

E-MAIL 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 02/03/2016
(month, day year)

Signature  

[Note: An original or facsimile of an original signed statement with your filing officer.

FFPC Form 700 (2015/2016)
FFPC Advice Email: advice@fppc.ca.gov
FFPC Toll-Free Helpline: 855/275-3772 www.fppc.ca.gov]
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER

(LAST) Shepherd

(First) John

(MIDDLE) R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Pleasant Valley High School

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

Your Position
Principal

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

Agency: ____________________________ Position: ____________________________

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

☐ State
☐ Multi-County ____________________________
☐ City of ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ____________________________
☐ Other Chico Unified School District

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ________ / ________ / ________
☐ -or- The period covered is ________ / ________ / ________, through December 31, 2015.
☐ The period covered is ________ / ________ / ________, through the date of leaving office.

☐ Assuming Office: Date assumed ________ / ________ / ________

☐ Candidate: Election year _______________ and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete) ❑ Total number of pages including this cover page: 0

Schedules attached

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

195 Delaney Drive

STREET - Chico

(City - State - ZIP CODE)

CA 95928

DAYTIME TELEPHONE NUMBER

(530) 891-3050

E-MAIL 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 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 02/26/2016

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (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
CHAPMAN ELEMENTARY
Your Position
PRINCIPAL

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

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☑ City of CHICO
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of BUTTE
☐ Other PUBLIC SCHOOL DISTRICT

3. Type of Statement (Check at least one box)
☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
- or -
The period covered is __________/__________, through December 31, 2015.
☐ Leaving Office: Date Left __________/__________/__________
- or -
The period covered is January 1, 2015, through the date of leaving office.
- or -
The period covered is __________/__________/__________ through the date of leaving office.
☐ Assuming Office: Date assumed __________/__________/__________
☐ Candidate: Election year __________ and office sought, if different than Part 1: ________________

4. Schedule Summary (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
1071 EAST 16TH STREET
CHICO, CA 95928

DAYTIME TELEPHONE NUMBER
(530) 981-3100

E-MAIL ADDRESS
ESHERIDAN@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 02/17/2016
Signature ________________
(month, day, year)

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

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER
(SNEDEDER) Eric

1. Office, Agency, or Court

Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: Special Education
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
☐ County of
☐ Other Public School District

☐ Judge or Court Commissioner (Statewide Jurisdiction)

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

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left
☐ -or-
☐ The period covered is __/__/_____, through December 31, 2015.
☐ The period covered is __/__/_____, through
☐ Assuming Office: Date assumed __/__/_____
☐ the date of leaving office.

☐ Candidate: Election year ____________ 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 East Seventh Street
Chico, CA 95928

STREET

(City or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000

E-MAIL ADDRESS
esnedeker@chicosd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/2/16

(month, day, year)

Signature __________________________

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

NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Spaggiari  Renee  Camille

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 or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other  [Public School]

3. Type of Statement  (Check at least one box)
☑ Annual:  The period covered is January 1, 2015, through December 31, 2015.
- or -
The period covered is / / , through December 31, 2015.
☐ Leaving Office:  Date Left / / (Check one)
- or -
The period covered is / / , through the date of leaving office.
☐ Assuming Office:  Date assumed / / 

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

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

Schedules attached
☐ Schedule A1 - Investments – schedule attached
☐ Schedule A2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income - Gifts – schedule attached
☐ Schedule E - Income - Gifts - Travel Payments – schedule attached

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

5. Verification
MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
(1163 East 7th St.  Chico  Ca  95928)
(Daytime Telephone Number)  (530) 891-3050
E-MAIL ADDRESS
rspaggiari@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  2/4/16  Signature  

(To the original signed statement with your filing officer.)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
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
   □ City of
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ County of
   □ Other Public School District

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2015, through December 31, 2015.
   □ Leaving Office: Date Left / / (Check one)
   -or-
   The period covered is / / , through December 31, 2015.
   □ Assuming Office: Date assumed / / 
   -or-
   O The period covered is / / , through the date of leaving office.
   □ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 5

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

5. Verification
   MAILING ADDRESS STREET CITY STATE ZIP CODE
   1163 East Seventh Street Chico CA 95973
   DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
   (530) 891-3000 kstaley@chicousd.org
   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/01/2016 (month, day, year) Signature

File the originally signed statement with your filing official.

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
277 Saint Augustine
CITY
Chico, CA 95926

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

IF APPLICABLE, LIST DATE:
☐ / / 15  ☑ / / 15

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
Brian and Kelly Parsons

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:
☐ / / 15  ☐ / / 15

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE  TERM (Months/Years)

%  ☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE  TERM (Months/Years)

%  ☐ None

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

Comments:

FPPC Form 700 [2015/2016] Sch. B
FPPC Advice Email: advice@fppca.ca.gov
FPPC Toll-Free Helpline: 866/275-3772  www.fppca.ca.gov
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)
780 Mangrove Avenue, Chico, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment
YOUR BUSINESS POSITION
None

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000

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

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER:

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE ☐ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property ________________ Street address ________________
City ________________
☐ Guarantor __________________
☐ Other ______________________
(Describe)

Comments:

FPPC Form 700 (2015/2016) Sch. C
FPPC Advice Email: advice@ppcc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.ppc.ca.gov
### Schedule D
Income – Gifts

#### NAME OF SOURCE (Not an Acronym)
Stutz, Artinano, Shinoff & Holtz

#### ADDRESS (Business Address Acceptable)
2488 Historic Decatur Road #200; San Diego, CA

#### BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Firm

<table>
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<tr>
<th>DATE (mm/dd/yy)</th>
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<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>12/08/15</td>
<td>$40.00</td>
<td>Boxed Nuts / Candy</td>
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#### NAME OF SOURCE (Not an Acronym)

#### ADDRESS (Business Address Acceptable)

#### BUSINESS ACTIVITY, IF ANY, OF SOURCE

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#### ADDRESS (Business Address Acceptable)

#### BUSINESS ACTIVITY, IF ANY, OF SOURCE

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#### ADDRESS (Business Address Acceptable)

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#### ADDRESS (Business Address Acceptable)

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Comments: This unsolicited gift arrives annually from a legal firm no longer utilized by CUSD. The gift, with no value attached, is placed in the CUSD staff room for all staff to enjoy.
### SCHEDULE E
Income - Gifts
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the $160 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

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<th>NAME OF SOURCE (Not an Acronym)</th>
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<tr>
<td>Association of California School Administrators</td>
<td></td>
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<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
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<tr>
<td>1029 J Street Suite 500</td>
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<tr>
<td>CITY AND STATE</td>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>Sacramento, CA 95814</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>
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<td>☑ Gift ☐ Income</td>
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<td>☐ Made a Speech/Participated in a Panel</td>
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<td>☐ Other - Provide Description</td>
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<tr>
<td>ACSA Superintendent Council member, mileage reimbursed for all council members.</td>
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<td>If Gift, Provide Travel Destination</td>
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Comments:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER

(last) Sullivan

(first) Theodore

(middle) William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director of Elementary Education

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

Agency: ____________________________ Position: ____________________________

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

☐ State

☐ Multi-County

☐ City of ____________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of Butte

☐ Other ____________________________

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left ______/_____/______ (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

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

☐ Assuming Office: Date assumed ______/_____/______

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

4. Schedule Summary (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 or Agency Address Recommended - Public Document)

1071 East 7th Street

Chico CA 95928

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

tsulliva@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/22/2016

Signature ____________________________

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tadeo Rachel Ann

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

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

Agency: Position:

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

☐ State
☐ County
☐ City of

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

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left

- or -

The period covered is through

07/01/2015

☑ Assuming Office: Date assumed

07/01/2015

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

☐ 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
1163 E. 7th St.

STREET

CITY
Chico

STATE
CA

ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
(530) 891-3107

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/22/2016

Signature

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vincent John 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
☐ County of
☑ Other Public School District

3. Type of Statement (Check at least one box)
☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
- or -
The period covered is _____/_____/_______, through December 31, 2015.
☐ Departure Office: Date assumed _____/_____/_______
☐ Leaving Office: Date Left _____/_____/_______
☐ Other

☐ Candidate: Election year ________ 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
CITY Chico
STATE CA
ZIP CODE 95928
DAYTIME TELEPHONE NUMBER (530) 891-3000
E-MAIL ADDRESS jvvincent@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/22/2016
(month, day, year)

Signature

California Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Whittaker  Damon  Andrew

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Assistant Principal
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency:  
Position:  

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

   - State
   - Multi-County
   - City of
   - 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, 2015, through December 31, 2015.
   - Leaving Office: Date Left ______/_____/______ (Check one)
   - The period covered is ______/_____/______, through December 31, 2015.
   - The period covered is ______/_____/______, through the date of leaving office.
   - Assuming Office: Date assumed ______/_____/______

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 Address Recommended - Public Document)
1475 East Ave.  Chico  Ca  95928
CITY  STATE  ZIP CODE

DAYTIME TELEPHONE NUMBER  E-MAIL ADDRESS
( 530 ) 891-3050

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 02/04/2016 (month, day, year)  Signature

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

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

☐ State
☐ Multi-County __________________________
☐ City of __________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of __________________________
☑ Other School District

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

☑ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left __________________________ (Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
☐ The period covered is __________________________, through the date of leaving office.
☐ Assuming Office: Date assumed __________________________
☐ Candidate: Election year __________________________ and office sought, if different than Part 1:

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

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
1163 East 7th/Street
City
Chico
CA 95926

STATE ZIP CODE
(530) 891-3000 E-MAIL ADDRESS
jdolan@sbcglobal.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed: ______________________ Signature: ______________________
(month, day, year)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
**SCHEDULE A-2**
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Jane Dolan, Probate Referee
Name
369 Connors Ct. Ste A Chico CA 95926
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

IF APPLICABLE, LIST DATE:
/ / 15  / / 15
ACQUIRED  DISPOSED

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  ☑ $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 or ☐ Names listed below

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

Check one box:
☐ INVESTMENT  ☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
/ / 15  / / 15
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:  ownership is of office equipment & office furniture

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Jane Dolan

1. BUSINESS ENTITY OR TRUST

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

IF APPLICABLE, LIST DATE:
/ / 15  / / 15
ACQUIRED  DISPOSED

NATURE OF INVESTMENT
☐ Partnership  ☐ Sole Proprietorship  ☐ Other

YOUR BUSINESS POSITION

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

☐ $0 - $499  ☐ $10,001 - $100,000
☐ $500 - $1,000  ☐ OVER $100,000
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3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

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

IF APPLICABLE, LIST DATE:
/ / 15  / / 15
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

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

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1814 Broadway Street</td>
<td>Chico CA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**IF APPLICABLE, LIST DATE**  
- / / 15
- / / 15
- 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
- Over $10,000

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

None

Scott & Amanda Chambless

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>706 Bidwell Drive</td>
<td>Chico CA</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**IF APPLICABLE, LIST DATE**  
- / / 15
- / / 15
- 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
- Over $10,000

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

None

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

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

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

**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

<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:**

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FPPC Form 700 (2015/2016) Sch. B  
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SCHEDULE B
Interests in Real Property
( Including Rental Income)

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

CITY
Chico CA

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

IF APPLICABLE, LIST DATE:
☐ / / 15 / / 15
☑ ACQUIRED / / DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement
☐ Leasehold Yrs. remaining ☑ see comment below
☐ 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
2732 Revere Lane

CITY
Chico CA

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

IF APPLICABLE, LIST DATE:
☐ / / 15 / / 15
☑ ACQUIRED / / DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement
☐ Leasehold Yrs. remaining ☑ see comment below
☐ 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

This DOT is a demand note payable upon sale or
re-finance. Property is owned by a nephew.

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE % ☐ None

TERM (Months/Years)

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE % ☐ None

TERM (Months/Years)

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

Comments: 10th Street: this property is the sole & separate interest of spouse

FPPC Form 700 (2015/2016) Sch. B
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FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CSU, Chico Research Foundation

ADDRESS (Business Address Acceptable)
25 Main Street Chico CA 95929

BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit organization (educational)

YOUR BUSINESS POSITION
Project Co-Director

GROSS INCOME RECEIVED
☐ $500 - $1,000  ☐ $1,001 - $10,000
☒ $10,001 - $100,000  ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary  ☐ Spouse's or registered domestic partner's income
(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 commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE

☐ %  ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
☐ None  ☐ Personal residence

☐ Real Property 

Street address

City

☐ Guarantor 

☐ Other ____________________________ (Describe)

Comments: Bob Mulholland is spouse