STATEMENT OF ECONOMIC INTERESTS

A PUBLIC DOCUMENT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
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 
☐ 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, 2018, through December 31, 2018.
☐-or-
The period covered is / / , through December 31, 2018.
☐ Assuming Office: Date assumed / / 
☐ Leaving Office: Date Left / / 

☐ The period covered is January 1, 2018, through the date of leaving office.
☐ The period covered is / / , through the date of leaving office.

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

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS
1071 East 16th Street
Chico, CA 95926

STREET (Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3100

EMAIL ADDRESS
MAAllen@chicousd.org

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

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

Date Signed 2/19/2019

Signature

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

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Sierra View Elementary
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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left ______/_______/______
☐ -or- The period covered is ______/_______/______, through December 31, 2018.
☐ o The period covered is January 1, 2018, through the date of leaving office.
☐ o The period covered is ______/_______/______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_______/______
☐ Candidate: Date of Election ______/_______/______ and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: __________
Schedules attached
☐ Schedule A-1 Investments – schedule attached
☐ Schedule A-2 Investments – schedule attached
☐ Schedule A-3 Real Property – schedule attached
☐ Schedule C Income, Loans, & Business Positions – schedule attached
☐ Schedule D Income Gifts – schedule attached
☐ Schedule E Income Gifts Travel Payments – schedule attached

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

5. Verification
MAILING ADDRESS 1598 Hooker Oak Ave. Chico CA 95926
(Business or Agency Address Recommended - Public Document)
STREET
CITY
STATE CA
ZIP CODE 95926

DAYTIME TELEPHONE NUMBER (530) 891-3117
EMAIL ADDRESS mbenz@chico.sisd.org

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

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

Date Signed 2/25/19
(month, day, year)
Signature ________________
(File the originally signed paper statement with your filing officer.)
## Statement of Economic Interests

### Cover Page

#### Name of Filer
- **Last:** Besnard
- **First:** Bruce
- **Middle:** Robert

#### 1. Office, Agency, or Court
- **Agency Name:** Shasta Elementary
- **Your Position:** Principal

#### 2. Jurisdiction of Office
- **State**
- **County of**
- **Public School District**

#### 3. Type of Statement
- **Annual:** The period covered is January 1, 2018, through December 31, 2018.
- **Leaving Office:** Date Left: ___/___/____
  - **Check one circle.**
  - The period covered is January 1, 2018, through the date of leaving office.
  - The period covered is ___/___/____, through the date of leaving office.
- **Candidate:** Date of Election: ___/___/____ and office sought.

#### 4. Schedule Summary
- **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
- **Address:** 169 Leora Ct, Chico, CA 95973
- **Daytime Telephone:** (530) 891-3141
- **Email 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:** January 23, 2019

**Signature:**

[Signature]

*(This is the originally signed paper statement with your filing official)*
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

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

   Agency: __________________________ Position: __________________________

2. Jurisdiction of Office (Check at least one box)
   ☐ State
   ☐ Multi-County __________________________
   ☐ County of __________________________
   ☐ City of __________________________
   ☑ Other Public School District

3. Type of Statement (Check at least one box)
   ☑ Annual: The period covered is January 1, 2018, through December 31, 2018.
   ☐ Leaving Office: Date Left ______/_____/______ (Check one circle.)
   -or-
   The period covered is ______/_____/______ through December 31, 2018.
   ☐ The period covered is ______/_____/______ through the date of leaving office.
   ☐ Assuming Office: Date assumed ______/_____/______
   ☐ Candidate: Date of Election and office sought, if different than Part 1: ______/_____/______

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

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

5. Verification

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

   DAYTIME TELEPHONE NUMBER
   (30) 991-3104
   EMAIL ADDRESS

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

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

   Date Signed 02/13/2019
   (month, day, year)
   Signature

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

FPPC Form 700 (2018/2019)
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

<table>
<thead>
<tr>
<th>Name</th>
<th>Chico Turf Plus, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Business Address Acceptable)</td>
<td>3030 Thorntree Dr. Ste 3</td>
</tr>
</tbody>
</table>

#### GENERAL DESCRIPTION OF THIS BUSINESS

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>If Applicable, List Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>01/01/18</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>12/31/18</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of Investment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
<td></td>
</tr>
<tr>
<td>Sole Proprietorship</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

#### YOUR BUSINESS POSITION

Vice President

### 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PROP 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

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

<table>
<thead>
<tr>
<th>Nature of Interest</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Ownership/Deed of Trust</td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td></td>
</tr>
</tbody>
</table>

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

Check box if additional schedules reporting investments or real property are attached
STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

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

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

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

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left / / (Check one circle.)
☐ -or- The period covered is / / through December 31, 2018.
☐ The period covered is / / through the date of leaving office.
☐ Assuming Office: Date assumed / /
☐ -or-
☐ Candidate: Date of Election and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: __________
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 1053 E. 7th St Chico CA 95928
(Business or Agency Address Recommended - Public Document)

STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER (530) - 343-6447
EMAIL ADDRESS afbevers@pachuell.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 3-4-19 (month, day, year)
Signature

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER (LAST) John Bohannon

1. Office, Agency, or Court

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

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

State and Federal Programs

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

Agency: Position:

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

☐ State

☐ County of Public School District

☐ Multi-County

☐ City of

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.

☐ Leaving Office: Date Left: 10/29/2018

☐ -or-

The period covered is ______/_____/______, through December 31, 2018.

☐ Other

☐ Assuming Office: Date assumed ______/_____/______

☐ The period covered is ______/_____/______, through December 31, 2018.

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

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

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule B - Real Property – schedule attached

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

☐ Schedule D - Income – Gifts – schedule attached

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

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

5. Verification

MAILING ADDRESS 2795 York Street

STREET Oroville

CITY CA

STREET 95966

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 532-5000

EMAIL ADDRESS j_bohannon@ocesd.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 2-25-19

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS

A PUBLIC DOCUMENT

NAME OF FILER (LAST) [FIRST] (MIDDLE)
Bulterma Kevin James

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

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left ______/_____/______
☐-or-
The period covered is ______/_____/______, through December 31, 2018.
☐ The period covered is January 1, 2018, through the date of leaving office.
☐-or-
The period covered is ______/_____/______, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/______
☐ Candidate: Date of Election ______ and office sought, if different than Part 1:

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

5. Verification
MAILING ADDRESS
1163 East Seventh Street
Chico, CA 95928

STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
kbulterma@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 __________________________
(File the originally signed paper statement with your filing official.)
## SCHEDULE B
**Interests in Real Property**
(Including Rental Income)

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

**CITY**
Chico

**FAIR MARKET VALUE**

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

**IF APPLICABLE, LIST DATE:**

/ / 18

**ACQUIRED**

**DISPOSED**

**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Easement
- Leasehold
  - Yrs. remaining
  - Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

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

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

- None

---

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

### NAME OF LENDER*

**ADDRESS (Business Address Acceptable)**

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

**INTEREST RATE**

- %
- None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

- Guarantor, if applicable

---

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

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

**INTEREST RATE**

- %
- None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

- Guarantor, if applicable

---

**Comments:**
California Form 700: **Kevin J. Bultema**

Statement of Economic Interests 2018

Item 1: Attachment

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butte Schools Self-Funded Programs</td>
<td>Board Member</td>
</tr>
<tr>
<td>North Valley Self Insurance Group</td>
<td>Board Member</td>
</tr>
<tr>
<td>Northern California Schools Insurance Group</td>
<td>Board Member</td>
</tr>
<tr>
<td>Oversight Board of the Successor Agency of the Former Redevelopment Agency, Chico CA*</td>
<td>Board Member</td>
</tr>
<tr>
<td>Oversight Board of the Successor Agency of the Former Redevelopment Agency, Paradise CA*</td>
<td>Board Member</td>
</tr>
</tbody>
</table>

*As of July 1, 2018, the Oversight Board of the Successor Agency of the Former Redevelopment Agency in Chico and Paradise became one Board named:

Butte County Consolidated Oversight Board*
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

NAME OF FILER

NAME OF CORPORATION, ASSOCIATION, ESTATE, OR TRUST

ADDRESS:

CITY, STATE, ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

STATE Initial Filing Received

OFFICIAL USE ONLY

1. Office, Agency, or Court

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

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

Agency: ____________________________ Position: ____________________________

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

☐ State
☐ Multi-County
☐ City of __________________________
☐ County of __________________________
☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left __/__/______
☐ The period covered is __/__/______, through December 31, 2018.
☐ The period covered is __/__/______, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/______
☐ Candidate: Date of Election __/__/______, and office sought, if different than Part 1:

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

Schedules attached

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Required if mailing form)

STREET (Business or Agency Address Recommended - Public Document)

CITY, STATE, ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3066

EMAIL ADDRESS
Realder@chico.k12.ca.us

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

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

Date Signed 02/12/19
(month, day, year)

Signature

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

FPPC Form 700 (2018/2010)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Page - 5
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2187 Holly 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:
☒ 4/18 ACQUIRED
☒ 4/18 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

Kerri Smith

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:

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CAPEN JESSICA THAIS

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

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

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

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ or-
The period covered is ______/_____/_______, through December 31, 2018.
☐ Leaving Office: Date Left _____/_____/_______
☒ (Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
☐ or-
The period covered is ______/_____/_______, through the date of leaving office.
☐ Assuming Office: Date assumed _____/_____/_______
☐ Candidate: Date of Election _________ and office sought, if different than Part 1:

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

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

5. Verification
MAILING ADDRESS
260 Memorial Chico
(Street or Agency Address Recommended - Public Document)
(City)
STREET
STATE
ZIP CODE
CA 95926

DAYTIME TELEPHONE NUMBER
(530) 589-5313

EMAIL ADDRESS
jcapen@chicousd.org

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

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

Date Signed __/__/2019
(many, day, year)
Signature
(Fax the originally signed paper statement with your filing official)
SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name: Chico Paper Company

Address (Business Address Acceptable): 345 Broadway

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

GENERAL DESCRIPTION OF THIS BUSINESS

☐ Framing/Art Gallery

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

☐ 1/18 ACQUIRED
☐ 1/18 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
☐ $500 - $1,000
☐ $1,001 - $10,000

☐ $10,001 - $100,000
☐ OVER $100,000

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

☐ None
☐ Names listed below

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

Check one box:
☐ INVESTMENT
☐ REAL PROPERTY

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

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

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

☐ 1/18 ACQUIRED
☐ 1/18 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust
☐ Stock
☐ Partnership

☐ Leasehold
☐ Other: Yrs. remaining

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

Comments:

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Page - 9
STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE  
A PUBLIC DOCUMENT  

Please type or print in ink.  
NAME OF FILER  
(LAST)  
Cariss  
(First)  
Timothy  
(MIDDLE)  
Andrew  

1. Office, Agency, or Court  
Agency Name  (Do not use acronyms)  
Chico Unified School District  
Division, Board, Department, District, if applicable  
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, 2018, through December 31, 2018.  
☐ Leaving Office: Date Left / /   
☐ The period covered is / / , through December 31, 2018.  
☐ Assuming Office: Date assumed / /   
☐ The period covered is / / , through the date of leaving office.  
☐ Candidate: Date of Election and office sought, if different than Part 1:  

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

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

☐ None - No reportable interests on any schedule  

5. Verification  
MAILING ADDRESS  
1163 East Seventh St.  
Chico  
CA 95928  

(530) 891-3000  
tcariss@chicousd.org  

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.  
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  

Date Signed 2/25/19  
(month, day, year)  
Signature  

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

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

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

   Agency: ____________________________ Position: ____________________________

2. Jurisdiction of Office (Check at least one box)
   □ State
   □ Multi-County ____________________________
   □ City of ____________________________
   □ 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, 2018, through December 31, 2018.
   -or-
   The period covered is __/__/____, through December 31, 2018.
   □ Leaving Office: Date Left __/__/____
   (Check one circle.)
   □ The period covered is January 1, 2018, through the date of leaving office.
   -or-
   □ The period covered is __/__/____, through the date of leaving office.
   □ Assuming Office: Date assumed __/__/____
   □ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:

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

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

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

5. Verification
   MAILING ADDRESS STREET CITY STATE ZIP CODE
   2455 Carmichael Dr. Chico CA 95928
   DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
   ( 530 ) 624-7411 jcarver@chicousd.org

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

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

   Date Signed 01/22/2018 (month, day, year) Signature ____________________________

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

STATEMENT OF ECONOMIC INTERESTS
Date Initial Filing Received
Official Use Only

COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Connelly Courtny C

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

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of __________________________
☐ County of __________________________
☒ Other __________

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
- or -
The period covered is __________, through December 31, 2018.
☐ Assuming Office: Date assumed __________, through __________.
☐ Candidate: Date of Election __________, and office sought, if different than Part 1:
☐ Leaving Office: Date Left __________, through __________.
- or -
The period covered is January 1, 2018, 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
1163 E. 7th Street
STREET
Chico
CITY
CA
STATE
95928
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3141
EMAIL ADDRESS
cconnelly@chicoceansd.org

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

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

Date Signed 1/24/19
(month, day, year)

Signature __________________________
(Fill the originally signed paper statement with your filing officer.)
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

CSU, Chico

ADDRESS (Business Address Acceptable)

400 West First Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

PACT Scorer

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)

☐ Independent Contractor

☐ Other ____________________________
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE

☐ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None
☐ Personal residence

☐ Real Property ____________________________
Street address

City ____________________________

☐ Guarantor ____________________________

☐ Other ____________________________
(Describe)

Comments: ____________________________
**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

**A PUBLIC DOCUMENT**

**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION

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

1. **Office, Agency, or Court**
   
   **Agency Name** *(Do not use acronyms)*
   Chico Unified School District
   
   **Division, Board, Department, District, if applicable**
   Maintenance
   
   **Your Position**
   Supervisor
   
   **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, 2018, through December 31, 2018.
   - [ ] Leaving Office: Date Left ______/_____/_______
     * (Check one circle.)
     - [ ] The period covered is January 1, 2018, through the date of leaving office.
     - [ ] The period covered is ______/_____/_______, through the date of leaving office.
   - [ ] Assuming Office: Date assumed ______/_____/_______
   - [ ] Candidate: Date of Election ______/_____/_______ and office sought, if different than Part 1:

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

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

5. **Verification**

   **MAILING ADDRESS**
   2455 Carmichael Dr.
   **STREET**
   Chico
   **CITY**
   Ca.
   **STATE** 95928
   **ZIP CODE**

   **DAYTIME TELEPHONE NUMBER**
   ( 530 ) 864-3247
   **EMAIL ADDRESS**
   dcopper@chicousd.org

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

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

   **Date Signed** 1/22/19
   **Signatures**

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

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER

(last)
DeBock

(first)
Laurie

(middle)
E

1. Office, Agency, or Court

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

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

Agency: ____________________________ Position: ____________________________

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

☐ State
☐ Multi-County ____________________________
☐ City of ____________________________
☐ Judge 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, 2018, through December 31, 2018.
   -or-
   The period covered is _____/____/____, through December 31, 2018.

☐ Assuming Office: Date assumed _____/____/____

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

☐ Leaving Office: Date Left _____/____/____
   (Check one circle.)
   ☐ The period covered is January 1, 2018, through the date of leaving office.
   -or-
   The period covered is _____/____/____, through the date of leaving office.

☐ Candidate: Date of Initial Filing ____________________________

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
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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
2376 North Ave.
Chico
CA 95926

STREET

CITY

STATE

ZIP CODE

(Daytime) TELEPHONE NUMBER
(530) 891-3080

EMAIL ADDRESS
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 1-23-19

Signature

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

<table>
<thead>
<tr>
<th>ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS</th>
<th>CITY</th>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1030 Broadway</td>
<td>Chico</td>
<td></td>
<td>/ / 18</td>
</tr>
<tr>
<td>CITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chico</td>
<td></td>
<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

- **NATURE OF INTEREST**:  
  - ☒ Ownership/Deed of Trust  
  - ☐ Easement  

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

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

<table>
<thead>
<tr>
<th>ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS</th>
<th>CITY</th>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1286 &amp; 1290 Wanderer Ln.</td>
<td>Chico</td>
<td></td>
<td>/ / 18</td>
</tr>
<tr>
<td>CITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chico</td>
<td></td>
<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

- **NATURE OF INTEREST**:  
  - ☒ Ownership/Deed of Trust  
  - ☐ Easement  

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

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

1290 Wanderer - Joe Tierno, Jim Tierno
1286 Wander - Jessica Bergem

---

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

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
<td>INTEREST RATE</td>
</tr>
<tr>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
<td>☐ $500 - $1,000</td>
</tr>
<tr>
<td></td>
<td>☐ $10,001 - $100,000</td>
</tr>
<tr>
<td>☐ Guarantor, if applicable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
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</thead>
<tbody>
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<td>INTEREST RATE</td>
</tr>
<tr>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
<td>☐ $500 - $1,000</td>
</tr>
<tr>
<td></td>
<td>☐ $10,001 - $100,000</td>
</tr>
<tr>
<td>☐ Guarantor, if applicable</td>
<td></td>
</tr>
</tbody>
</table>

Comments: 

---

FPPC Form 700 (2018/2019)  
FPPC Advice Email: advice@fppc.ca.gov  
FPPC "888-Free Helpline: 866/275-3772 www.fppc.ca.gov  
Page - 11
### 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>Enloe Medical Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1531 Esplanade</td>
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</tr>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
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<tbody>
<tr>
<td>Hospital</td>
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</table>

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

<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
<th>GROSS INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>$500 - $1,000</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>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>Salary</td>
</tr>
<tr>
<td>Spouse’s or registered domestic partner’s income</td>
<td>Spouse’s or registered domestic partner’s income</td>
</tr>
<tr>
<td>(For self-employed use Schedule A-2.)</td>
<td>(For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td>Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)</td>
<td>Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)</td>
</tr>
</tbody>
</table>

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

---

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

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

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

<table>
<thead>
<tr>
<th>SECURITY FOR LOAN</th>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Personal residence</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>GUARANTOR</th>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Comments:

---

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC "all-Free" Helpline: 866/275-3772 www.fppc.ca.gov
Page - 13
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER

LAST

De Luna

FIRST

Amy

MIDDLE

Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Marsh Jr. High - Assistant Principal

Division, Board, Department, District, if applicable

Your Position

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

Agency: ____________________________

Position: __________________________

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

☐ State

☐ Multi-County

☒ City of Chico

☐ 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, 2018, through December 31, 2018.

☐ Leaving Office: Date Left __________/________/________

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

☐ Assuming Office: Date assumed __________/________/________

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

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

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

Schedules attached

☐ Schedule A-1 - Investments — schedule attached

☐ Schedule A-2 - Investments — schedule attached

☐ Schedule B - Real Property — schedule attached

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

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

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

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

5. Verification

MAILING ADDRESS

STREET

2253 Humboldt Rd.

CITY

Chico

STATE

CA

ZIP CODE

95929

DAYTIME TELEPHONE NUMBER

(530) 895-4910

EMAIL ADDRESS

deluna@chicousd.org

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

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

Date Signed __________/________/________

Signature __________________________

(Attach an originally signed paper statement with your filing officer.)

FPPC Form 700 (2018/2019)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER

EDGECOMB

MELINDA

M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CHICO UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

BUYER

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

Agency: ___________________________ Position: ___________________________

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

☐ State

☐ Multi-County ___________________________

☐ County of ___________________________

☐ City of ___________________________

☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

☐ or-

The period covered is ______/_____/_______ through December 31, 2018.

☐ Assuming Office: Date assumed ______/_____/_______

☐ Leaving Office: Date Left ______/_____/_______

☐ The period covered is January 1, 2018, through the date of leaving office.

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

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

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

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule B - Real Property – schedule attached

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

☐ Schedule D - Income - Gifts – schedule attached

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

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

5. Verification

MAILING ADDRESS

1163 EAST 7TH STREET

(Stop at Agency Address Recommended - Public Document)

CHICO

CA 95928

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(____) 891-3000

EMAIL ADDRESS

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

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

Date Signed 1/22/2019

Signature

(Include original filing statement with your filing officer.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

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

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, 2018, through December 31, 2018.
☐ or-
☐ The period covered is __/__/______, through December 31, 2018.
☐ Assuming Office: Date assumed __/__/_______
☐ Leaving Office: Date Left __/__/_______
(Choose one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
☐ The period covered is __/__/_______ through the date of leaving office.

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

4. Schedule Summary (must complete) 

Total number of pages including this cover page: ________

Schedules attached

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

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS 2455 Carmichael Dr 
STREET 
CITY Chico
STATE CA 
ZIP CODE 95928 

DAYTIME TELEPHONE NUMBER ( 530 ) 891-3021 
EMAIL ADDRESS venserro@chicsud.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 126.2019 
(month, day, year) 
Signature ________________________________

(Hereby certify by original signed paper statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER
(G)erman (E)ric (J)ohan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Maintenance and Operations

Your Position

Manager

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

Agency: ________________________________ Position: ________________________________

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County ________________________________

☐ County of ________________________________

☐ City of ________________________________

☒ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

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

☐ Assuming Office: Date assumed __ ______/__ ______/_______

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

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

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule B - Real Property – schedule attached

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

☐ Schedule D - Income - Gifts – schedule attached

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

2455 Carmichael Dr

Business or Agency Address Recommended - Public Document

Chico

STREET

Ca

CITY

STATE

95928

ZIP CODE

DAYTIME TELEPHONE NUMBER

( 530 ) 891-3095

EMAIL 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 1/22/19

(month, day, year)

Signature

(please sign original paper statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable Board of Education, Trustee

Your Position

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

Agency: ____________________________ Position: ____________________________

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County ____________________________

☐ County of ____________________________

☑ City of Chico

☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

☐ Leaving Office: Date Left __________/________/________

► (Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

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

☐ Assuming Office: Date assumed __________/________/________

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

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

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule B - Real Property - schedule attached

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

☐ Schedule D - Income - Gifts - schedule attached

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

☐- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

605 Sycamore St, Chico, CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(530) 864-0549 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 2-19-19

Signature ____________________________

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

#### 1. BUSINESS ENTITY OR TRUST

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B.L. Griffin Co., Inc.</td>
<td>2225 Fair St., Chico, CA</td>
</tr>
</tbody>
</table>

Address (Business Address Acceptable)

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

*Fueling systems repair & service*

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>1/18 / 18</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>ACQUIRED \ DISPOSED</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INVESTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Partnership \ [x] Sole Proprietorship \ [ ] Corporatian \ [ ] Other</td>
</tr>
</tbody>
</table>

YOUR BUSINESS POSITION: [ ] spouse of owner

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

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

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

None 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

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>1/18 / 18</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF REAL PROPERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Property Ownership/Deed of Trust \ [ ] Stock \ [ ] Partnership</td>
</tr>
</tbody>
</table>

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

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

Comments: __________________________
SCHEDULE B
Interests in Real Property
(INCLUDING RENTAL INCOME)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

605 Sycamore St.  
\(620\) Sycamore St.  
\(\text{Chico, CA}\)  
\(\text{Chico, CA}\)

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\(\bigcirc\) $2,000 - $10,000  
\(\bigcirc\) $10,001 - $100,000  
\(\bigcirc\) $100,001 - $1,000,000  
\(\bigcirc\) Over $1,000,000  
\(18\) / 18 ACQUIRED DISPOSED

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\(\bigcirc\) $2,000 - $10,000  
\(\bigcirc\) $10,001 - $100,000  
\(\bigcirc\) $100,001 - $1,000,000  
\(\bigcirc\) Over $1,000,000  
\(18\) / 18 ACQUIRED DISPOSED

NATURE OF INTEREST

\(\bigcirc\) Ownership/Deed of Trust  
\(\bigcirc\) Easement  
\(\bigcirc\) Leasehold  
\(\bigcirc\) Other

NATURE OF INTEREST

\(\bigcirc\) Ownership/Deed of Trust  
\(\bigcirc\) Easement  
\(\bigcirc\) Leasehold  
\(\bigcirc\) Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\(\bigcirc\) $0 - $499  
\(\bigcirc\) $500 - $1,000  
\(\bigcirc\) $1,001 - $10,000  
\(\bigcirc\) $10,001 - $100,000  
\(\bigcirc\) 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.

\(\bigcirc\) None

\(\bigcirc\) personal residence

\(\bigcirc\) Michael Pilsan

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

\(\bigcirc\) %  
\(\bigcirc\) None

HIGHEST BALANCE DURING REPORTING PERIOD

\(\bigcirc\) $500 - $1,000  
\(\bigcirc\) $1,001 - $10,000  
\(\bigcirc\) $10,001 - $100,000  
\(\bigcirc\) OVER $100,000

\(\bigcirc\) Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

\(\bigcirc\) %  
\(\bigcirc\) None

HIGHEST BALANCE DURING REPORTING PERIOD

\(\bigcirc\) $500 - $1,000  
\(\bigcirc\) $1,001 - $10,000  
\(\bigcirc\) $10,001 - $100,000  
\(\bigcirc\) OVER $100,000

\(\bigcirc\) Guarantor, if applicable

Comments:
**SCHEDULE B**

**Interests in Real Property**

(Including Rental Income)

---

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

1427 Sunset Ave.

CITY

Chico, CA

---

**FAIR MARKET VALUE**

☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

**IF APPLICABLE, LIST DATE:**

/ / 18 ACQUIRED

/ / 18 DISPOSED

---

**NATURE OF INTEREST**

☒ Ownership/Deed of Trust
☐ Easement

☐ Leasehold

Yrs. remaining

☐ Other

---

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

---

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

☐ None

Signed:

Julie Brennan

---

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

---

**NAME OF LENDER**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE % ☐ None

TERM (Months/Year)

---

**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/Year)

---

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

☐ Guarantor, if applicable

---

Comments:
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER  

(LAST)  Gunderson

(FIRST)  John

(MIDDLE)  A

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)

Chico Unified School District  Assistant Principal

Division, Board, Department, District, if applicable

Your Position

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

Agency:  

Position:  

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

☐ State

☐ 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, 2018, through December 31, 2018.

- or -

The period covered is / / , through December 31, 2018.

☒ Assuming Office: Date assumed 6 / 1 / 2018

☐ Leaving Office: Date Left / /  

(Chose one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

- or -

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

☐ Candidate: Date of Election  

and office sought, if different than Part 1:

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

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule B - Real Property – schedule attached

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

☐ Schedule D - Income – Gifts – schedule attached

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

- or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS  

983 E. 1st Street  Chico

STREET  CITY  STATE  ZIP CODE  CA  95928

DAYTIME TELEPHONE NUMBER  

707-377-5777  EMAIL ADDRESS  igunderson@chusd.org

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

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

Date Signed  1/24/19  Signature

(month, day, year)  (See the originally signed paper statement with your filing officer)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER

(FIRST) (MIDDLE) (LAST)

Hanlon III James T

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Assistant Superintendent - Human Resources
Division, Board, Department, District, if applicable
Your Position

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

Agency: ____________________________
Position: ____________________________

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

☐ State
☐ Multi-County _______________________
☐ City of ____________________________
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of __________________________
☐ Other ______________________________

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐-or-

The period covered is _____ / _____ / 2018, through December 31, 2018.
☐ Assuming Office: Date assumed _____ / _____ / 2018

☐-or-

☐ Leaving Office: Date Left _____ / _____ / 2018

☐ The period covered is January 1, 2018, through the date of leaving office.
☐-or-

☐ The period covered is _____ / _____ / 2018, through the date of leaving office.

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

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

Schedules attached

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

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

5. Verification

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

15 Carol Lee Court

STREET
Chico

CITY STATE ZIP CODE
CA 95928

DAYTIME TELEPHONE NUMBER

( 530 ) 891-3000 ext. 20143

EMAIL ADDRESS

jhanlon@chicousd.org

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

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

Date Signed 1/31/19

(signature) (If the original signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hartman Marie Wagner

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

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

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2018, through December 31, 2018.
     The period covered is __________/________/________, through December 31, 2018.
   □ Leaving Office: Date Left __________/________/________
     (Check one circle.)
     □ The period covered is January 1, 2018, through the date of leaving office.
     □ The period covered is __________/________/________, through the date of leaving office.
   □ Assuming Office: Date assumed __________/________/________
   □ Candidate: Date of Election __________/________/________ and office sought, if different than Part 1:

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

5. Verification
   MAILING ADDRESS STREET CITY STAFF ZIP CODE
   1163 East 7th St. Chico CA 95928
   DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
   (530) 891-3000 x20141 mhartman@chicousd.org
   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
   Date Signed __________/________/________
   (month, day, year)
   Signature __________________________
   (File the originally signed paper statement with your filing official.)

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER
Haselton

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable

Your Position
Nutrition Supervisor

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

Agency: ____________________________ Position: ____________________________

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

☐ State
☐ County of ____________________________
☐ City of ____________________________
☐ Multi-County ____________________________
☐ 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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left: __/__/______
☐ The period covered is __/__/______, through December 31, 2018.
☐ The period covered is __/__/______, through the date of leaving office.
☐ Assumming Office: Date assumed: __/__/______
☐ The period covered is __/__/______, through the date of leaving office.

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

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

Schedules attached

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

☐ or ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
2455 Carmichael Dr.

STREET
Chico

CITY

STATE
CA

ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
( 530 ) 891-3021

EMAIL ADDRESS
khaselto@chicousd.org

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

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

Date Signed 1-29-2019

Signature

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

A PUBLIC DOCUMENT

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Marigold 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 __________________________
   □ 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, 2018, through December 31, 2018.
   -or- The period covered is __________/_________/__________, through December 31, 2018.
   □ Assuming Office: Date assumed __________/_________/__________
   □ Leaving Office: Date Left __________/_________/__________
   -or- The period covered is __________/_________/__________, through the date of leaving office.
   □ Candidate: Date of Election __________/_________/__________ and office sought, if different than Part 1:

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

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   2446 Marigold Avenue Chico CA 95926
   DAYTIME TELEPHONE NUMBER
   (530) 891-3121
   EMAIL 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 January 23, 2019
   Signature __________________________
   (File the originally signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE
A PUBLIC DOCUMENT

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

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

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

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

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left ______/_____/______
☐ The period covered is ______/_____/______, through December 31, 2018.
☐ Other
☐ The period covered is ______/_____/______, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/______
☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1:

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

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

☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
832 Orient Street
STREET
Chico
CITY
CA
STATE
95926
ZIP CODE

DAILY TELEPHONE NUMBER
( 530 ) 891-3119
EMAIL ADDRESS
bholdeman@chicousd.org

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

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

Date Signed 1.22.19
(month, day, year) Signature

SFP Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

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

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County ____________________________
☐ City of ____________________________
☐ Judge 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, 2018, through December 31, 2018.
- or -
The period covered is _______/_____/_______, through December 31, 2018.
☐ Leaving Office: Date Left _______/_____/_______
- or -
The period covered is January 1, 2018, through the date of leaving office.
☐ Assuming Office: Date assumed _______/_____/_______
- or -
The period covered is _______/_____/_______, through the date of leaving office.
☐ Candidate: Date of Election __________________ and office sought, if different than Part 1:

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

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

DATE TIME TELEPHONE NUMBER
(530) 891-3050

EMAIL ADDRESS
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 01-23-2019
(month, day, year) Signature ________________________________
(File the original signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CHICO UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
Your Position
BOARD 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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left ______/_____/______
   (Check one circle.)
   ☐ The period covered is January 1, 2018, through the date of leaving office.
   ☐ The period covered is ______/_____/______, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/______
☐ Candidate: Date of Election _________________ and office sought, if different than Part 1: ____________________________

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

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

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

5. Verification

MAILING ADDRESS
(530) 891-3000
1163 E. 7TH STREET
CHICO, CA 95928
DAMAY TELEPHONE NUMBER
EMAIL ADDRESS
LHOVEY@CHICOUSD.ORG
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 1/23/2019
(signature)

(Fill the originally signed paper statement with your filing officer.)
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CHICO COMMUNITY SHELTER PARTNERSHIP

ADDRESS (Business Address Acceptable)
101 SILVER DOLLAR WAY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NON PROFIT HOMELESS SHELTER

YOUR BUSINESS POSITION
ACCOUNTANT

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

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

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

INTEREST RATE ☐ None

TERM (Months/Years)

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

Comments:

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/273-3772 www.fppc.ca.gov
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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

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

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

Agency: __________________________________________ Position: ___________________ Member

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

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

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ or-

☐ The period covered is ___/___/_______ through December 31, 2018.
☐ Assuming Office: Date assumed ___/___/_______
☐ Leaving Office: Date Left ___/___/_______ (Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
☐ The period covered is ___/___/_______ through the date of leaving office.
☐ Candidate: Date of Election ___________ and office sought, if different than Part 1: ________

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

Schedules attached

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

☐ or☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Business or Agency Address Recommended - Public Document)
1143 E. 7th St
CHICO CA 95928

DAYTIME TELEPHONE NUMBER
(530) 781-2339

EMAIL ADDRESS

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

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

Date Signed 03/04/2019
(month, day, year)
Signature _____________________________

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

COVER PAGE

A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

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

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

Agency: ____________________________ Position: ____________________________

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

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

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left __/____/______
☐ -or-
☐ The period covered is __/____/______ through December 31, 2018.
☐ -or-
☐ The period covered is __/____/______, through the date of leaving office.
☐ Assuming Office: Date assumed __/____/______
☐ Other
☐ Candidate: Date of Election __/____/______ and office sought, if different than Part 1:

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

Schedules attached

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

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

5. Verification

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

STREET
Chico

CITY
STATE
CA
ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
Kaiser@chico.umd.org

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

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

Date Signed: Feb, 25, 2019

(month, day, year)

Signature

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

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1029 Poppy St

CITY
Chico, CA 95928

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

IF APPLICABLE, LIST DATE:
/ / 18
ACQUIRED
DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ None

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

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

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1333 Marian Ave

CITY
Chico, CA 95928

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

IF APPLICABLE, LIST DATE:
/ / 18
ACQUIRED
DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ None

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

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

☐ Guarantor, if applicable

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

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

3. Type of Statement (Check at least one box)
   □ Annual: The period covered is January 1, 2018, through December 31, 2018.
   -or- The period covered is / / , through December 31, 2018.
   □ Assuming Office: Date assumed / / 
   □ Leaving Office: Date Left / / (Check one circle.)
   -or- The period covered is January 1, 2018, through the date of leaving office.
   -or- The period covered is / / , through the date of leaving office.
   □ Candidate: Date of Election and office sought, if different than Part 1:

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

5. Verification
   MAILING ADDRESS
   STREET
   (Business or Agency Address Recommended - Public Document)
   28 Rose Garden Ct.
   Chico
   CA 95973
   CITY
   STATE
   ZIP CODE
   DAYTIME TELEPHONE NUMBER
   (530) 966-8226
   EMAIL 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 2/25/19
   (month, day, year)
   Signature
   (File the originally signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

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

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
- or-
The period covered is __________/________/_________ through December 31, 2018.
☐ Assuming Office: Date assumed 11/1/2018
☐ Leaving Office: Date Left __________/________/_________
(Check one circle.)
- or-
The period covered is __________/________/_________ through the date of leaving office.
- or-
The period covered is __________/________/_________, through the date of leaving office.
☐ Candidate: Date of Election ______________ and office sought, if different than Part 1:

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

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
PO Box 1147 Durham CA 95938
(Daylight Telephone Number Recommended - Public Document)
EMAIL ADDRESS
(530) 891-3000 kkeene@chicousd.org
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed January 23, 2019
(mouth, day, year) Signature __________
(File the originally signed paper statement with your filing official.)

FPCC Form 700 (2018/2019)
FPCC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov
Page - 5
Keene
Kristine
D

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chico Unified School District
Your Position
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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left __/___/______
☐-or-
☐ The period covered is __/___/______, through December 31, 2018.
☐-or-
☐ The period covered is __/___/______, through the date of leaving office.

☐ Assuming Office: Date assumed __/___/______
☐ Candidate: Date of Election __/___/______ and office sought, if different than Part 1:

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

Schedules attached

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

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

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
PO Box 1147 Durham CA 95938

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3000 kkeene@chicousd.org

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

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

Date Signed January 23, 2019
(signature)

(Re the original signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

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

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

2. Jurisdiction of Office  (Check at least one box)
   ○ State
   ☐ Multi-County
   ○ 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, 2018, through December 31, 2018.
   ➤ The period covered is  /  , through December 31, 2018.
   ☐ Assuming Office: Date assumed  /  /  
   ☐ Leaving Office: Date Left  /  /  (Check one circle.)
     ○ The period covered is January 1, 2018, through the date of leaving office.
     ○ The period covered is  /  /  , through the date of leaving office.
   ☐ Candidate: Date of Election  and office sought, if different than Part 1:

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

5. Verification
   MAILING ADDRESS
   STREETF CITY STATE ZIP CODE
   (Business or Agency Address Recommended - Public Document)
   1418 Scottsdale Ct  Chico  CA  95926
   DAYTIME TELEPHONE NUMBER
   EMAIL ADDRESS
   ( 530 ) 891-3026  bkessler@chicousd.org
   I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
   I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   Date Signed  2/25/19  Signature
   (month, day, year)  (File the original signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CHICO UNIFIED SCHOOL DISTRICT
Division, Board, Department, District, if applicable
FACILITIES DEPARTMENT
Your Position
DIRECTOR
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Position:

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

☐ State
☐ Multi-County
☐ City of
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other PUBLIC SCHOOL DISTRICT

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

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

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

Schedules attached

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

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Street or Agency Address Recommended - Public Document)
2455 CARMICHAEL DRIVE CHICO
(CITY) (STATE) (ZIP CODE) CA 95928

DAYTIME TELEPHONE NUMBER (530) 891-3140 E-MAIL ADDRESS JKISTLE@CHICOUSD.ORG

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

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

Date Signed 02-22-18 (month, day, year) Signature

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

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

**United Building Contractors**

**ADDRESS (Business Address Acceptable)**

275 Fairchild Avenue, Suite 106, Chico Ca 95973

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

Construction Company

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/14/18</td>
<td>$150.00</td>
<td>2 baseball tickets</td>
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<tr>
<td>8/25/18</td>
<td>$150.00</td>
<td>2 baseball tickets</td>
</tr>
</tbody>
</table>

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

**Darden Architects**

**ADDRESS (Business Address Acceptable)**

6790 N West Ave. Fresno, CA 93711

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

C.A.S.H. Conference

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
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<tbody>
<tr>
<td>2/27/18</td>
<td>$50.00</td>
<td>meal</td>
</tr>
</tbody>
</table>

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

**NPH**

**ADDRESS (Business Address Acceptable)**

555 Flying V St. #5 Chico, CA 95928

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

Crab Feed for Butte College

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
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<tbody>
<tr>
<td>1/20/18</td>
<td>$100.00</td>
<td>2 seats at table</td>
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</table>

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

**ADDRESS (Business Address Acceptable)**

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

<table>
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<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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</thead>
</table>

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

**ADDRESS (Business Address Acceptable)**

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

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<th>DESCRIPTION OF GIFT(S)</th>
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</table>

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

**ADDRESS (Business Address Acceptable)**

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

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

Comments:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
District Office

Your Position
Executive Director Human Resources

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

Agency: ____________________________ Position: ____________________________

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

☐ State
☐ Multi-County
☐ City of ____________________________

☐ 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, 2018, through December 31, 2018.
- or -
The period covered is ______/_____/_______, through December 31, 2018.

☐ Assuming Office: Date assumed ______/_____/_______

☐ Leaving Office: Date Left ______/_____/_______

☐ The period covered is January 1, 2018, through the date of leaving office.
- or -
The period covered is ______/_____/_______, through the date of leaving office.

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

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS
1163 E. 7th Street
Chico
CA 95928

STREET

CITY

STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
dkoll@chicousd.org

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

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

Date Signed 2-26-2019  Signature __________________________
(month, day, year)  (File the originally signed paper 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<table>
<thead>
<tr>
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<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keenan &amp; Associates</td>
<td>Hanna Brophy</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>2868 Prospect Drive, Suite #600</td>
<td>3100 Zinfandel Drive Suite #400</td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td>CITY AND STATE</td>
</tr>
<tr>
<td>Rancho Cordova</td>
<td>Rancho Cordova</td>
</tr>
<tr>
<td>☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
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<tr>
<td>CAJPA Conference</td>
<td>CALPERLA Conference</td>
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<table>
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<tbody>
<tr>
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<tr>
<td>09/14/18</td>
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</table>

**MUST CHECK ONE:**
- Gift □
- Income □
- Made a Speech/Participated in a Panel
- Other - Provide Description
  - Meal
  - If Gift, Provide Travel Destination

<table>
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<tr>
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<tbody>
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<td>Hanna Brophy</td>
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<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td></td>
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<tr>
<td>3100 Zinfandel Drive Suite #400</td>
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</tr>
<tr>
<td>CITY AND STATE</td>
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<tr>
<td>Rancho Cordova</td>
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<tr>
<td>☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
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</table>

**MUST CHECK ONE:**
- Gift □
- Income □
- Made a Speech/Participated in a Panel
- Other - Provide Description
  - Meal
  - If Gift, Provide Travel Destination

<table>
<thead>
<tr>
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<tbody>
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<td></td>
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<td>ADDRESS (Business Address Acceptable)</td>
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<tr>
<td>Rancho Cordova</td>
<td></td>
</tr>
<tr>
<td>☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td></td>
</tr>
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</table>

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<th>AMT:</th>
</tr>
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<td></td>
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</table>

**MUST CHECK ONE:**
- Gift □
- Income □
- Made a Speech/Participated in a Panel
- Other - Provide Description
  - Meal
  - If Gift, Provide Travel Destination

**Comments:**

---

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Page - 17
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE
A PUBLIC DOCUMENT

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
Business Manager

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

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

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left ______/______/______
☐ The period covered is ______/______/______, through
☐ -or-
☐ The period covered is ______/______/______, through
☐ -or-
☐ Assuming Office: Date assumed ______/______/______
☐ the date of leaving office.
☐ Candidate: Date of Election ____________ and office sought, if different than Part 1:

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

Schedules attached
☐ 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)
1163 E. Seventh Street
Chico CA 95928

STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000 ext. 20131

EMAIL ADDRESS
jkruger@chicousd.org

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

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

Date Signed 01/31/19
Signature

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

COVER PAGE
A PUBLIC DOCUMENT

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

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

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

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
- or -
☐ The period covered is 12/5/2019, through December 31, 2018.
☐ Assuming Office: Date assumed 
☐ Leaving Office: Date of Election and office sought, if different than Part 1:
☐ Candidate:
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of

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)
1167 6th St. Chico CA 95928
DAYTIME TELEPHONE NUMBER
(530) 354-1644

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

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

Date Signed 3-1-19
Signature

(Files the originally signed paper statement with your filing official.)
### SCHEDULE A-1

**Investments**

**Stocks, Bonds, and Other Interests**

*(Ownership Interest is Less Than 10%)*

**Investments must be itemized.**

*Do not attach brokerage or financial statements.*

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
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</thead>
<tbody>
<tr>
<td><strong>GENERAL DESCRIPTION OF THIS BUSINESS</strong></td>
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</tr>
<tr>
<td><strong>FAIR MARKET VALUE</strong></td>
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<td>□ $2,000 - $10,000</td>
<td>□ $2,000 - $10,000</td>
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<tr>
<td>□ $100,001 - $1,000,000</td>
<td>□ $10,001 - $100,000</td>
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<td>□ Stock</td>
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<tr>
<td>□ Other</td>
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<tr>
<td>□ Partnership</td>
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</tr>
<tr>
<td>□ Income Received of $0 - $499</td>
<td>□ Income Received of $0 - $499</td>
</tr>
<tr>
<td>□ Income Received of $500 or More (Report on Schedule C)</td>
<td>□ Income Received of $500 or More (Report on Schedule C)</td>
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<tr>
<td>ACQUIRED</td>
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**Comments:**

N/A

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**FFPC Form 700 (2018/2019)**

FFPC Advice Email: advice@fppc.ca.gov

FFPC 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

Name

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

IF APPLICABLE, LIST DATE:
☐ 01/18
☐ 01/18

ACQUIRED
DISPOSED

NATURE OF INVESTMENT
☐ Partnership
☐ Sole Proprietorship
☐ Other

YOUR BUSINESS POSITION

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

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

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

☐ None
☐ Names listed below

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

Check one box:
☐ INVESTMENT
☐ REAL PROPERTY

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

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

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

IF APPLICABLE, LIST DATE:
☐ 01/18
☐ 01/18

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: N/A
SCHEDULE B
Interests in Real Property
(Including Rental Income)

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:
[ ] / / 18
[ ] / / 18

ACQUIRED
DISPOSED

NATURE OF INTEREST
[ ] Ownership/Deed of Trust
[ ] Easement

[ ] Leasehold
Yrs. remaining

[ ] Other

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

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

[ ] Other

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

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
TERM (Months/Years)

[ ] %
[ ] None

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

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE
TERM (Months/Years)

[ ] %
[ ] None

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

Comments: N/A
## 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>
</tr>
</thead>
<tbody>
<tr>
<td>Pivot Charter School</td>
<td>1350 E 9th St, Chico CA</td>
<td>Public Charter School</td>
<td>Education Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross Income Received</th>
<th>No Income - Business Position Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
<td>□</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td>□</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>□</td>
</tr>
<tr>
<td>Over $100,000</td>
<td>□</td>
</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Name of Lender*</th>
<th>Address (Business Address Acceptable)</th>
<th>Business Activity, If Any, of Lender</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Highest Balance During Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
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<td>$10,001 - $100,000</td>
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<tr>
<td>OVER $100,000</td>
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Comments:

<table>
<thead>
<tr>
<th>Interest Rate</th>
<th>Term (Months/Years)</th>
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<tbody>
<tr>
<td></td>
<td>%</td>
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<thead>
<tr>
<th>Security for Loan</th>
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<tbody>
<tr>
<td>□ None</td>
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<tr>
<td>□ Personal residence</td>
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<table>
<thead>
<tr>
<th>Real Property</th>
<th>Street address</th>
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<tbody>
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<td></td>
<td>City</td>
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</tbody>
</table>

| Guarantor         | (Describe)           |

| Other             | (Describe)           |

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FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPCToll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Page - 13
**SCHEDULE D**  
**Income - Gifts**

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

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

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
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<th>DESCRIPTION OF GIFT(S)</th>
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Comments: N/A
SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

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

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/_____ AMT: $____________

(If gift)
► MUST CHECK ONE: ☐ Gift ☐-or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description __________________________

► If Gift, Provide Travel Destination __________________________

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

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/_____ AMT: $____________

(If gift)
► MUST CHECK ONE: ☐ Gift ☐-or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description __________________________

► If Gift, Provide Travel Destination __________________________

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

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/_____ AMT: $____________

(If gift)
► MUST CHECK ONE: ☐ Gift ☐-or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description __________________________

► If Gift, Provide Travel Destination __________________________

Comments: N/A
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER
(LAST) Loustic

(FIRST) Gary

(MIDDLE) M

1. Office, Agency, or Court

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

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

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

Agency: ____________________________ Position: ____________________________

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

☐ State
☐ Multi-County ____________________________
☐ City of ____________________________

☐ 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, 2018, through December 31, 2018.

-OR-

The period covered is _______ / _______ , through December 31, 2018.

☐ Assuming Office: Date assumed _______ / _______ ______

☐ Leaving Office: Date Left _______ / _______ ______

☐ The period covered is January 1, 2018, through the date of leaving office.

-OR-

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

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

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

Schedules attached

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

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

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

5. Verification

163 1/2 7th st Chico Ca 95928

MAILING ADDRESS
STREET
CITY
STATE ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 228-2510

EMAIL ADDRESS
G-Loustic @ 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 4-9-19

(month, day, year)

Signature: Gay M. Loustic

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

COVER PAGE

A PUBLIC DOCUMENT

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

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

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

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

☐ State
☐ Multi-County __________________________
☐ City of __________________________

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

☒ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
- or -
The period covered is __________/________/________, through December 31, 2018.

☐ Assuming Office: Date assumed __________/________/________

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

☐ Leaving Office: Date Left __________/________/________

(Check one circle.)

☐ The period covered is January 1, 2018, 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. 7th Street Chico Ca. 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3000 jmarchant@chicosisd.org

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

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

Date Signed 1/31/2019

(month, day, year)

Signature ______________________________ (Put the originally signed paper statement with your filing official.)
**CALIFORNIA FORM 700**

**FAIR POLITICAL PRACTICES COMMISSION**

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

_A PUBLIC DOCUMENT_

<table>
<thead>
<tr>
<th>NAME OF FILER (LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>McKay</td>
<td>David</td>
<td>Stephen</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
   [ ] City of
   [ ] Judge or Court Commissioner (Statewide Jurisdiction)
   [ ] County of
   [x] Other Public School District

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

   [ ] Leaving Office: Date Left __/__/____
   [ ] The period covered is __/__/____, through December 31, 2018.
   [ ] The period covered is __/__/____, through the date of leaving office.

   [ ] Asssuming Office: Date assumed __/__/____

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

5. **Verification**

   _MAILING ADDRESS_  
   Street (Business or Agency Address Recommended - Public Document)
   2376 North Ave, Chico, CA 95926

   _DAYTIME TELEPHONE NUMBER_  
   _EMAIL ADDRESS_  
   (530) 891-3080 dmckay@chicousd.org

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

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

   _Date Signed_ 1/22/2019

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

   FPPC Form 700 (2018/2019)  
   FPPC Advice Email: advice@fppc.ca.gov
   FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
   Page - 5
1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Child Nutrition
   Your Position
   Nutrition Supervisor
   If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency: ________________________________ Position: ________________________________

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

3. Type of Statement (Check at least one box)
   ☑ Annual: The period covered is January 1, 2018, through December 31, 2018.
     ☐ Leaving Office: Date Left ______/_____/______ (Check one circle.)
     ☐ The period covered is _____/_____/______, through December 31, 2018.
     ☐ The period covered is _____/_____/______, through the date of leaving office.
   ☐ Assuming Office: Date assumed ______/_____/______
   ☐ Candidate: Date of Election ____________ and office sought, if different than Part 1:

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

5. Verification
   MAILING ADDRESS: 2455 Carmichael Dr.
   STREET: Chico
   CITY: Ca.
   STATE: 95928
   ZIP CODE: (Business or Agency Address Recommended - Public Document)
   DAYTIME TELEPHONE NUMBER: (530) 891-3021
   EMAIL ADDRESS: twebber@chico.usd.org

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

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

   Date Signed: 1-29-2019
   Signature: [Signature]
   [File the originally signed paper statement with your filing official]
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

A PUBLIC DOCUMENT

NAME OF FILER
(MIDDLE)
Moll
Andrew

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

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

Agency: ____________________________________________
Position: _________________________________________

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ 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, 2018, through
December 31, 2018.
☐ Leaving Office: Date Left __/__/____
☐ The period covered is __/__/____, through
December 31, 2018.
☐ The period covered is __/__/____, through
the date of leaving office.
☐ Assuming Office: Date assumed __/__/____
☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:

4. Schedule Summary (must complete)
Total number of pages including this cover page: __1__

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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
☐ Schedule None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
STREET
CITY
STATE
ZIP CODE
290 East Ave
Chico
CA
95926

DAYTIME TELEPHONE NUMBER
(530) 891-3092
EMAIL ADDRESS
amoll@chicousd.org

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

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

Date Signed 1/24/19
(month, day, year)

Signature

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

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER
Olsen

(LAST)
(First)
(MIDDLE)

Diane

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 Student Support Services

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

Agency: 

Position: 

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

☐ State

☐ Multi-County

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

- or -

☐ The period covered is ______/_____/_______, through December 31, 2018.

☐ Assuming Office: Date assumed ______/_____/_______

☐ Leaving Office: Date Left ______/_____/_______

☐ The period covered is January 1, 2018, through the date of

- or -

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

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

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

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

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

☐ Schedule D - Income - Gifts - schedule attached

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

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

5. Verification

MAILING ADDRESS
1163 East Seventh Street
Chico, CA 95973

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
dolsen@chicousd.org

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

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

Date Signed 1/22/2019

(month, day, year)

Signature

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

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

1. Office, Agency, or Court

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

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

Agency: ____________________________ Position: ____________________________

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

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

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
- or -
The period covered is __/__/____ through December 31, 2018.
☐ Assuming Office: Date assumed __/__/____
☐ Leaving Office: Date Left __/__/____
- or -
☐ The period covered is January 1, 2018, through the date of leaving office.
- or -
☐ The period covered is __/__/____, through the date of leaving office.

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

4. Schedule Summary (must complete)

► Total number of pages including this cover page: _______

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
10155 Orchard Way Live Oak Ca 95953

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 216-9355 bontiveros@chicousd.org

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

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

Date Signed 02/26/2019 Signature ____________________________
(month, day, year) (File the originally signed paper statement with your filing official.)
1. Office, Agency, or Court

   Agency Name: Chico Unified School District

   Division, Board, Department, District, if applicable: 

   Your Position: Assistant Superintendent

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

   Agency: 

   Position: 

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

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

       Public School District

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


   -or-

       The period covered is / / , through December 31, 2018.

   [ ] Assuming Office: Date assumed / / 

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

   [ ] Leaving Office: Date Left / / 

       (Check one circle.)

       [ ] The period covered is January 1, 2018, 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
   [x] Schedule A-2 - Investments – schedule attached
   [x] Schedule B - Real Property – schedule attached
   [x] 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)

   6280 Bennett Rd

   CITY

   Chico

   STATE

   CA

   ZIP CODE

   95973

   DAYTIME TELEPHONE NUMBER

   ( 530 ) 864-0347

   EMAIL ADDRESS

   jparsley@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 3-8-19

   (month, day, year)

   Signature

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

<table>
<thead>
<tr>
<th>1. BUSINESS ENTITY OR TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parsley Farms</strong></td>
</tr>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>6280 Bennett Rd</strong></td>
</tr>
<tr>
<td><strong>Address (Business Address Acceptable)</strong></td>
</tr>
<tr>
<td>Check one</td>
</tr>
<tr>
<td>☐ Trust, go to 2</td>
</tr>
<tr>
<td>☐ Business Entity, complete the box, then go to 2</td>
</tr>
</tbody>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

<table>
<thead>
<tr>
<th><strong>walnut orchards</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAIR MARKET VALUE</strong></td>
</tr>
<tr>
<td>☐ $0 - $1,999</td>
</tr>
<tr>
<td>☐ $2,000 - $10,000</td>
</tr>
<tr>
<td>☐ $10,001 - $100,000</td>
</tr>
<tr>
<td>☒ Over $1,000,000</td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

| ☒ Partnership |
| ☐ Sole Proprietorship |
| ☐ Other |

**YOUR BUSINESS POSITION**

| **spouse** |

<table>
<thead>
<tr>
<th>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $0 - $499</td>
</tr>
<tr>
<td>☐ $500 - $1,000</td>
</tr>
<tr>
<td>☒ Over $1,000,000</td>
</tr>
</tbody>
</table>

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

| None or ☐ Names listed below |

| **walnuts** |

<table>
<thead>
<tr>
<th>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check one box:</td>
</tr>
<tr>
<td>☐ INVESTMENT</td>
</tr>
<tr>
<td>☒ REAL PROPERTY</td>
</tr>
</tbody>
</table>

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

| 6280 Bennett Rd Chico CA               |

**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                       |

**NATURE OF INTEREST**

| ☒ Property Ownership/Deed of Trust       |
| ☐ Stock                                 |
| ☐ Partnership                           |

| ☐ Leasehold                             |

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

**Name**

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

| **FAIR MARKET VALUE**                   |
| ☐ $0 - $1,999                           |
| ☐ $2,000 - $10,000                      |
| ☐ $10,001 - $100,000                    |
| ☐ $100,001 - $1,000,000                 |
| ☒ Over $1,000,000                       |

**NATURE OF INVESTMENT**

| ☒ Partnership                           |
| ☐ Sole Proprietorship                   |
| ☐ Other                                 |

**YOUR BUSINESS POSITION**

<table>
<thead>
<tr>
<th>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ $0 - $499</td>
</tr>
<tr>
<td>☐ $500 - $1,000</td>
</tr>
<tr>
<td>☒ Over $1,000,000</td>
</tr>
</tbody>
</table>

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

| None or ☐ Names listed below |

<table>
<thead>
<tr>
<th>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check one box:</td>
</tr>
<tr>
<td>☐ INVESTMENT</td>
</tr>
<tr>
<td>☒ REAL PROPERTY</td>
</tr>
</tbody>
</table>

**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                       |

**NATURE OF INTEREST**

| ☒ Property Ownership/Deed of Trust       |
| ☐ Stock                                 |
| ☐ Partnership                           |

| ☐ Leasehold                             |

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

**Comments:**
**SCHEDULE B**

**Interests in Real Property**

( Including Rental Income )

---

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

6280 Bennett Rd

**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:**

- / / 18
- ACQUIRED
- DISPOSED

**NATURE OF INTEREST**

- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold
  - Yrs. remaining
  - Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

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

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

- [ ] None

---

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

5928 Anita Road

**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:**

- / / 18
- ACQUIRED
- DISPOSED

**NATURE OF INTEREST**

- [X] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold
  - Yrs. remaining
  - Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

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

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

- [ ] None

---

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

**NAME OF LENDER**

- [ ] None

**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
- [ ] OVER $100,000

- [ ] Guarantor, if applicable

---

**NAME OF LENDER**

- [ ] None

**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
- [ ] OVER $100,000

- [ ] Guarantor, if applicable

---

Comments:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

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

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

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

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

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ or-
The period covered is ___/___/______, through December 31, 2018.
☐ Assuming Office: Date assumed ___/___/______
☐ Leaving Office: Date Left ___/___/______
☐ (Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
☐ or-
The period covered is ___/___/______, through the date of leaving office.
☐ Candidate: Date of Election and office sought, if different than Part 1: 

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page: 3

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 (Business or Agency Address Recommended - Public Document)

Hillsboro AV. Chico CA 95926

CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 518-6096

EMAIL ADDRESS spasilas@chico.usd.org.

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/24/19 Signature

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

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 Tail St.</td>
<td>1409 Jackson St.</td>
</tr>
<tr>
<td>CITY: Eureka, CA 95503</td>
<td>CITY: Red Bluff, CA 96080</td>
</tr>
<tr>
<td>FAIR MARKET VALUE</td>
<td>FAIR MARKET VALUE</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>$2,000 - $10,000</td>
</tr>
<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>
<tr>
<td>IF APPLICABLE, LIST DATE:</td>
<td>IF APPLICABLE, LIST DATE:</td>
</tr>
<tr>
<td>1/18</td>
<td>1/18</td>
</tr>
<tr>
<td>ACQUIRED</td>
<td>ACQUIRED</td>
</tr>
<tr>
<td>DISPOSED</td>
<td>DISPOSED</td>
</tr>
<tr>
<td>NATURE OF INTEREST</td>
<td>NATURE OF INTEREST</td>
</tr>
<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>□ Yrs. remaining</td>
<td>□ Yrs. remaining</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Other</td>
</tr>
<tr>
<td>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</td>
<td>IF RENTAL PROPERTY, GROSS INCOME RECEIVED</td>
</tr>
<tr>
<td>□ $0 - $499</td>
<td>□ $0 - $499</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>□ $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>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.</td>
<td>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.</td>
</tr>
<tr>
<td>□ None</td>
<td>□ None</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri Counties Bank</td>
<td>Tri Counties Bank</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>790 Mangrove Ave., Chico, CA 95926</td>
<td>790 Mangrove Ave., Chico, CA 95926</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>4.95 %</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>TERM (Months/Years)</td>
<td>TERM (Months/Years)</td>
</tr>
<tr>
<td></td>
<td>30 year fixed</td>
</tr>
<tr>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</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>□ $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 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>139 West Lassen #35</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chico, CA 95973</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 18</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>05/18</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>/ / 18</td>
</tr>
</tbody>
</table>

**Nature of Interest**
- Ownership/Deed of Trust
- Easement
- Leasehold
- Yrs. remaining
- Other

**If Rental Property, Gross Income Received**
- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**Sources of Rental Income**
- If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- None

---

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

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

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

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

---

**Comments:**

---
COVER PAGE
A PUBLIC DOCUMENT

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

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 Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
- or -
The period covered is ________/______/_______, through December 31, 2018.
☒ Assuming Office: Date assumed 01/17/2018
☐ Leaving Office: Date Left ________/______/_______ (Check one circle.)
- or -
O The period covered is January 1, 2018, through the date of leaving office.
O The period covered is ________/______/_______, through the date of leaving office.

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 6
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☒ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached
- or - ☒ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1163 E 7TH STREET
CHICO, CA 95928
STREET
CITY
STATE
ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYSHE TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
bpatrick@chicousd.org

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

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

Date Signed 02/14/19
(month, day, year)
Signature ____________________________
(File the originally signed paper statement with your filing official.)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3953 KEEFER RD
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:
/
/
/
/
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 $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
1 SPRINGBROOK CT
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:
/
/
/
/
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 $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

TIM NEFF, JESSIE NEFF

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

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

☐ Guarantor, if applicable

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

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
417 HICKORY ST

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:

/18/18
ACQUIRED DISPOSED

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

☐ Yrs. remaining
☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

CLARA & JOE LOGIUDICE

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
787 HUMBOLDT AVE - UNITS A-D

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:

/18/18
ACQUIRED DISPOSED

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

☐ Yrs. remaining
☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE 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 B

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

#### 1720-1722 SHERIDAN AVE

**City:** CHICO

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>IF Applicable, List Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>18/18</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>18/18</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**Nature of Interest:**  
☑ Ownership/Deed of Trust  
☐ Easement  
☐ Leasehold  
☐ None

**Years remaining:**  
☐ 1  
☐ Other

**If Rental Property, Gross Income Received:**  
☑ $10,001 - $100,000  
☐ $0 - $499  
☐ $500 - $1,000  
☐ $1,001 - $10,000  
☐ OVER $100,000

**Sources of Rental Income:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None

---

#### 1519 HEMLOCK STREET UNITS A & B

**City:** CHICO

<table>
<thead>
<tr>
<th>Fair Market Value</th>
<th>IF Applicable, List Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>18/18</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>18/18</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**Nature of Interest:**  
☑ Ownership/Deed of Trust  
☐ Easement  
☐ Leasehold  
☐ None

**Years remaining:**  
☐ 1  
☐ Other

**If Rental Property, Gross Income Received:**  
☑ $10,001 - $100,000  
☐ $0 - $499  
☐ $500 - $1,000  
☐ $1,001 - $10,000  
☐ OVER $100,000

**Sources of Rental Income:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None

---

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

#### NAME OF LENDER

**Address (Business Address Acceptable):**

**Business Activity, if any, of Lender:**

**Interest Rate (if applicable):**

**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 (if applicable):**

**Term (Months/Years):**

**Highest Balance During Reporting Period:**

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

---

**Comments:**
## SCHEDULE B

**Interests in Real Property**

*(Including Rental Income)*

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>131 &amp; 131 1/2 WEST 11TH STREET</td>
</tr>
</tbody>
</table>

**CITY**

CHICO

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ / 18</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 18</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Easement
- Leasehold

- Yrs. remaining
- Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

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

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

- None

---

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

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

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

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

---

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

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

- Guarantor, if applicable

---

Comments:
SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)

CHICO UNIFIED SCHOOL DISTRICT
ADDRESS (Business Address Acceptable)
1163 E 7TH STREET
CITY AND STATE
CHICO, CA 95928
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
PUBLIC SCHOOL DISTRICT

DATE(S): 10/7/18 - 10/9/18 AMT: $454.10
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☑ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
SCHOOL PERSONNEL COMMISSION CONF.

► If Gift, Provide Travel Destination

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / / / - / / / AMT: $
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / / / - / / / AMT: $
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► If Gift, Provide Travel Destination

 Comments:
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Peyton Jeana Lea

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Loma Vista Special Educaiton
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 Butte
☐ City of Chico
☐ County of ________________________
☐ Public School District
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Other ___________________________

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐Assuming Office: Date assumed __________/________/________
☐ Leaving Office: Date Left: __________/________/________ (Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
☐ The period covered is __________/________/________, through the date of leaving office.

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

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

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

5. Verification
MAILING ADDRESS
368 Picholine Way
Chico, CA 95928

STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
( 530 ) 521-1598

EMAIL ADDRESS
jpeyton@chicousd.org

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

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

Date Signed 03/14/2019

Signature ___________________________

(Fill in originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Board Member

Division, Board, Department, District, if applicable

Your Position

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

Agency:

Position:

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

☐ State

☐ Multi-County

☐ County of

☒ Other

Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

☐ Leaving Office: Date Left __________/________/________

(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

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

☐ Assuming Office: Date assumed __________/________/________

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

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

Schedules attached

☐ Schedule A-1 • Investments – schedule attached

☐ Schedule A-2 • Investments – schedule attached

☐ Schedule B • Real Property – schedule attached

☐ Schedule C • Income, Loans, & Business Positions – schedule attached

☐ Schedule D • Income – Gifts – schedule attached

☐ Schedule E • Income – Gifts – Travel Payments – schedule attached

☐ Schedule F • Non-Insurance Gifts of More Than $100 – schedule attached

☐ Schedule G • Financial Interests of a Business Entity – schedule attached

☐ Schedule H • Business Interests – schedule attached

☐ Schedule I • Date of Filing

☐ Schedule J • Federal Election Cycle

☐ Schedule K • California Election Cycle

☐ Schedule L • Liability for Personal and Family Expenses

☐ Schedule M • Other Schedules

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

5. Verification

1372 Manzanita Ave

Chico, CA 95926

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER

(530) 521-9756

EMAIL ADDRESS

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

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

Date Signed: 1-30-2019

(month, day, year)

Signature: Eileen L. Robinson

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

**COVER PAGE**

**A PUBLIC DOCUMENT**

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodgers</td>
<td>Kimberly</td>
<td>Jeanne</td>
<td></td>
</tr>
</tbody>
</table>

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

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

   Division, Board, Department, District, if applicable
   - Emma Wilson Elementary

   Your Position
   - Principal

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

   Agency: 
   Position: 

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

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

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

   - [ ] Leaving Office: Date Left __/__/________
     *(Check one circle.)*
   - The period covered is __/__/________, through December 31, 2018.
   - [ ] The period covered is __/__/________, through the date of leaving office.
   - [ ] Assuming Office: Date assumed __/__/________
   - [ ] Candidate: Date of Election __/__/________ and office sought, if different than Part 1:

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

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

   **Schedules attached**

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

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

5. **Verification**

   **MAILING ADDRESS**
   (Business or Agency Address Recommended - Public Document)
   - 1530 W. Eighth Avenue
   - Chico, CA 95926

   **DAYTIME TELEPHONE NUMBER**
   - (530) 891-3297

   **EMAIL ADDRESS**
   - krogers@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**
   - 01/22/2019
   - (month, day, year)

   **Signature**
   - [Signature]

   *(Use the original signed paper statement with your filing official.)*
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

NAME OF FILER
SAUBERAN
(A) AARON
(M) THAYER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified Sch. Dist. Principal
Division, Board, Department, District, if applicable
Loma Vista Special Education
Your Position

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

Agency: ____________ Position: ____________

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

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

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left: ____________ (Check one Circle.)
☐ The period covered is ____________ through December 31, 2018.
☐ The period covered is ____________ through the date of leaving office.
☐ Assuming Office: Date assumed ____________
☐ Candidate: Date of Election ____________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: __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
2404 Mangold Ave. Chico CA 95926
(STREET)
(CITY)
(STATE) CA
(ZIP CODE) 95926

DAYTIME TELEPHONE NUMBER (530) 879-7480
EMAIL ADDRESS a.sauberan@chico.soid.org

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

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

Date Signed 1/24/19 (month, day, year)
Signature Aaron Sauberan

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

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

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

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
-Or-
The period covered is ______ / ______ / ______, through December 31, 2018.

☐ Leaving Office: Date Left ______ / ______ / ______

☐ Assuming Office: Date assumed ______ / ______ / ______

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

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

Schedules attached

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

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

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

5. Verification

MAILING ADDRESS
2090 Amanda Way
Chico CA 95928

STREET

CITY

STATE

ZIP CODE

BUSINESS OR AGENCY ADDRESS RECOMMENDED - PUBLIC DOCUMENT

DAYTIME TELEPHONE NUMBER
(530) 891-3285

EMAIL ADDRESS
kschrock@chicousd.org

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

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

Date Signed January 23, 2019

Signature [Signature] (Attach the originally signed paper statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) Shepherd (FIRST) John (MIDDLE) Raymond

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

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

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left ______/______/__________
☐ The period covered is ______/______/__________, through December 31, 2018.
☐ The period covered is ______/______/__________, through the date of leaving office.
☐ Assuming Office: Date assumed ______/______/__________
☐ Candidate: Date of Election ______/______/__________ and office sought, if different than Part 1:

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

☐ Total number of pages including this cover page: __________

☐ Yes - All Schedules Attached
☐ No - None

☐ Schedules attached

☐ All schedules attached

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

Date Signed 2/25/19

Signature ________________________

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

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Page - 5
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER
(SHHERIDAN)
LAST)
FIRST)
(MIDDLE)
ERICA
LOURLAIN
ERICA
LOURLAIN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
CHICO HIGH
Your Position
ASSISTANT PRINCIPAL
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: __________________________ Position: __________________________

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

☐ State
☐ Multi-County __________________________
☐ County of __________________________
☐ City of __________________________
☐ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ or-
The period covered is __________/________/__________ through December 31, 2018.
☐ Assuming Office: Date assumed __________/________/__________
☐ Leaving Office: Date Left __________/________/__________

☐ Leaving Office: Date Left __________/________/__________
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
☐ or-
The period covered is __________/________/__________, through the date of leaving office.

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

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: 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
901 ESPLANADE
CHICO, CA 95926

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

CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3026

EMAIL 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 2/27/2019

(month, day, year)

Signature

(File the originally signed paper statement with your filing official)
SCHEDULE B
Interests in Real Property
(INCLUDING RENTAL INCOME)

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

CITY
CHICO

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

IF APPLICABLE, LIST DATE:
/ / 18
/ / 18
ACQUIRED DISPOSED

NATURE OF INTEREST
X 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.
X 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:

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

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC "toll-Free" Helpline: 866/275-3772 www.fppc.ca.gov
Page - 11
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

► 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, 2018, through December 31, 2018.
-OR-
The period covered is __________/________/________ through December 31, 2018.

☐ Assuming Office: Date assumed __________/________/________

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

☐ Leaving Office: Date Left __________/________/________ (Check one circle.)
-OR-
The period covered is January 1, 2018, through the date of leaving office.
-OR-
The period covered is __________/________/________, through the date of leaving office.

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

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

Schedules attached

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3050 rspaiggiani@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 03/10/2019 Signature ________________________________
(month, day, year) (Type the originally signed paper statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
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, 2018, through
December 31, 2018.
- or -
The period covered is __/__/____, through December 31, 2018.
☐ Assuming Office: Date assumed __/__/____
☐ Candidate: Date of Election __/__/____ and office sought, if different than Part 1:
☐ Leaving Office: Date Left __/__/____
☐ The period covered is January 1, 2018, 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: 4

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

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

5. Verification
MAILING ADDRESS
1163 East Seventh Street
Chico, CA 95973
STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3000
EMAIL ADDRESS
kstaley@chicousd.org

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

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

Date Signed January 25, 2019
(month, day, year)
Signature

(ToFile the originally signed paper statement with your filing officer.)
**SCHEDULE C**
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

**NAME OF SOURCE OF INCOME**

**Tri Counties Bank**

**ADDRESS (Business Address Acceptable)**
63 Constitution Drive, Chico, CA 95973

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

**Husband's Employment as Appraiser**

**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 (Real property, car, boat, etc.)
- Loan repayment
- Commission or Rental Income, list each source of $10,000 or more

**Other**

(Describe)

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

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

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

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

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

**INTEREST RATE**

- %
- None

**TERM (Months/Years)**

**SECURITY FOR LOAN**

- None
- Personal residence

- Real Property
  - Street address
  - City

- Guarantor

- Other
  - (Describe)

**Comments:**
### SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stutz, Artiano, Shinoff, Holtz</td>
<td>2488 Historic Decator Rd #200, San Diego, CA</td>
<td>Legal Firm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12, 13, 18</td>
<td>$-30.00</td>
<td>Boxed Candy/Sweets</td>
</tr>
</tbody>
</table>

| NAME OF SOURCE (Not an Acronym) | ADDRESS (Business Address Acceptable) | BUSINESS ACTIVITY, IF ANY, OF SOURCE |

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

**Comments:** This unsolicited gift arrives annually during the holidays. It is placed in a common area for all District Office staff to enjoy. We currently do not utilize the services of this Southern California legal firm.
### SCHEDULE E
**Income - Gifts**
**Travel Payments, Advances, and Reimbursements**

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>MUST CHECK ONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Crisis &amp; Managment Assistance Team (FCMAT)</td>
<td>Gift -or- Income</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td></td>
</tr>
<tr>
<td>1300 17th Street</td>
<td></td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td></td>
</tr>
<tr>
<td>Bakersfield, CA 93301</td>
<td></td>
</tr>
<tr>
<td>01/23/19 - 01/24/19</td>
<td></td>
</tr>
<tr>
<td>AMT: $0</td>
<td></td>
</tr>
<tr>
<td>(If gift)</td>
<td></td>
</tr>
</tbody>
</table>

- If Gift, Provide Travel Destination: 
  - Represent Region 2 Supe on FCMAT Board
  - Monterey, CA

<table>
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</tr>
</thead>
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<td></td>
</tr>
<tr>
<td>Bakersfield, CA 93301</td>
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<tr>
<td>06/23/18 - 06/24/18</td>
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</tr>
<tr>
<td>AMT: $804.86</td>
<td></td>
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<tr>
<td>(If gift)</td>
<td></td>
</tr>
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</table>

- If Gift, Provide Travel Destination: 
  - Represent Region 2 Supe on FCMAT Board

<table>
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<td></td>
</tr>
<tr>
<td>CITY AND STATE</td>
<td></td>
</tr>
<tr>
<td>Bakersfield, CA 93301</td>
<td></td>
</tr>
<tr>
<td>04/21/18 - 04/22/18</td>
<td></td>
</tr>
<tr>
<td>AMT: $747.47</td>
<td></td>
</tr>
<tr>
<td>(If gift)</td>
<td></td>
</tr>
</tbody>
</table>

- If Gift, Provide Travel Destination: 
  - Represent Region 2 Supe on FCMAT Board
  - Santa Ana, CA

Comments: FCMAT pays travel costs, hotel and meals for the 4 required annual meetings held at various locations in the State. My employer paid for costs associated with Monterey (at conference). I was unable to attend the last meeting (10/14/18) in Redwood City and thus there are no reportable reimbursements.
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Steinbach Keill A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District Interim Principal
Division, Board, Department, District, if applicable
Neal Dow
Interim 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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left __/__/______

☐ The period covered is __/__/______, through December 31, 2018.
☐ The period covered is __/__/______, through the date of leaving office.

☐ Assuming Office: Date assumed __/__/______

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

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

Schedules attached

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

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

• or • None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Street or Business or Agency Address Recommended - Public Document)
420 Neal Dow Ave
CITY
Chico
STATE
CA
ZIP CODE
95920

DAYTIME TELEPHONE NUMBER
(530) 391-3110
EMAIL ADDRESS
ksteinbach@chico.gov

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

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

Date Signed 1/25/19 (month, day, year)
Signature (File the originally signed paper statement with your filing official)
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

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:
12/1/18

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ Guarantor, if applicable

Yrs. remaining
☐ None

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

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

☐ None

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:
12/1/18

NATURE OF INTEREST
☐ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
☐ Guarantor, if applicable

Yrs. remaining
☐ None

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

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

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

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

Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

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

Guarantor, if applicable

Comments:
**SCHEDULE A-2**  
**Investments, Income, and Assets of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

### 1. BUSINESS ENTITY OR TRUST

**Name**  
California Priya

**Address (Business Address Acceptable)**  
1100 Harborqu Suite

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

**GENERAL DESCRIPTION OF THIS BUSINESS**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,000</td>
<td>1/1/18, 12/31/18</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**  
- Partnership  
- Sole Proprietorship  
- Other

**YOUR BUSINESS POSITION**  
Co-Partner

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

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

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

- None  
- Names listed below

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

**Check one box:**  
- INVESTMENT  
- REAL PROPERTY

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

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

<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>/ / 18</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ / 18</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>/ / 18</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

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

**Comments:**  
Check box if additional schedules reporting investments or real property are attached
## SCHEDULE A-2
**Investments, Income, and Assets of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

### 1. BUSINESS ENTITY OR TRUST

- **Name:**
  - Hudsons Gastropub

- **Address (Business Address Acceptable):**
  - 2100 Esplanade #110

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

#### GENERAL DESCRIPTION OF THIS BUSINESS

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>1/1/18</td>
<td>2/23/18</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
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<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
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<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
<td></td>
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<tbody>
<tr>
<td>Partnership</td>
<td></td>
</tr>
<tr>
<td>Sole Proprietorship</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION:**

- [ ] Owner
- [ ] Managing Member
- [ ] Member
- [ ] Director
- [ ] Officer
- [ ] Other

#### 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:**

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<td>Stock</td>
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<td>Partnership</td>
<td></td>
</tr>
<tr>
<td>Leasehold</td>
<td>Yrs. remaining</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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

### Comments:

---

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

**Name:**

**Address (Business Address Acceptable):**

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

#### GENERAL DESCRIPTION OF THIS BUSINESS

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**YOUR BUSINESS POSITION:**

- [ ] Owner
- [ ] Managing Member
- [ ] Member
- [ ] Director
- [ ] Officer
- [ ] Other

#### 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:**

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

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Ownership/Deed of Trust</td>
<td></td>
</tr>
<tr>
<td>Stock</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td></td>
</tr>
<tr>
<td>Leasehold</td>
<td>Yrs. remaining</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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

---

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
Page - 9
Sufuentes Heather W troba

1. Office, Agency, or Court

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

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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left ______/_____/____
- or -
The period covered is ______/_____/____, through December 31, 2018.
☐ The period covered is ______/_____/____, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/____
☐ The period covered is ______/_____/____, through the date of leaving office.
☐ Candidate: Date of Election ______/_____/____ and office sought, if different than Part 1:

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

Schedules attached

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS ____________________________ STREET ____________________________ CITY ____________________________ STATE ZIP CODE ____________________________

1163 E. 7th St Chico, CA 95928

DAYTIME TELEPHONE NUMBER (530) 891-3114 EMAIL ADDRESS Hsufuentes@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 3/1/19 Signature ____________________________

(File the originally signed paper statement with your filing official.)
<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>TERM (Months/Years)</td>
</tr>
<tr>
<td>%</td>
<td>None</td>
</tr>
<tr>
<td>HIGHEST BALANCE DURING REPORTING PERIOD</td>
<td>%</td>
</tr>
<tr>
<td>$500 - $1,000</td>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
<tr>
<td>Guarantor, if applicable</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

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

Cover Page

A Public Document

NAME OF FILER

Sullivan Theodore William

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
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, 2018, through December 31, 2018.

☐ Leaving Office: Date Left ______________/____________/____________

☐ The period covered is ______________/____________/____________, through December 31, 2018.

☐ Assuming Office: Date assumed ______________/____________/____________

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

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

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

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

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

☐ Schedule D - Income - Gifts - schedule attached

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

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

1163 East Seventh Street Chico CA 95928

STREET

CITY STATE ZIP CODE

(530) 891-3000 ext 20137

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS
tsuiliva@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 2/27/19

(month, day, year)

Signature __________________________

[File the originally signed paper statement with your Filing officer]
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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
John McManus 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 Public School District

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left __/__/____
-OR-
The period covered is __/__/____, through December 31, 2018.
☐ The period covered is __/__/____, through the date of leaving office.
☒ Assuming Office: Date assumed __/__/____
☐ The period covered is __/__/____, through the date of leaving office.

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

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

5. Verification
MAILING ADDRESS
2283 Burlingame Dr Chico CA 95928
STREET
DAYTIME TELEPHONE NUMBER ( 530 ) 864-4777
EMAIL ADDRESS ratadeo@chicousd.org
CITY STATE ZIP CODE

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

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

Date Signed 1/22/2019
(month, day, year)
Signature __________________________

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER

(LAST) Tadeo

( FIRST ) Rachel

(MIDDLE) 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

☐ Multi-County / Other

☐ County of ____________________________

☐ Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

☐ Leaving Office: Date Left __/___/2018 (Check one circle.)

- or -

☐ The period covered is January 1, 2018, through the date of leaving office.

☐ The period covered is __/___/2018, through the date of leaving office.

☐ Assuming Office: Date assumed __/___/2018

☐ Candidate: Date of Election __/___/2018 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 )

2283 Burlingame Dr Chico CA 95928

STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

( ) 864-4777

EMAIL ADDRESS

ratadeo@chicousd.org

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

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

Date Signed 1/22/2019

(month, day, year) Signature: Ratadeo (File the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

NAME OF FILER

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

☐ County of __________________________________________

☐ City of __________________________________________

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Other __________________________

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.

☐ Leaving Office: Date Left ______/______/______

☐ The period covered is ______/______/______, through December 31, 2018.

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

☐ Assuming Office: Date assumed ______/______/______

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

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

Schedules attached

☐ Schedule A-1 - Investments – schedule attached

☐ Schedule A-2 - Investments – schedule attached

☐ Schedule B - Real Property – schedule attached

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

☐ Schedule D - Income - Gifts – schedule attached

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1163 East Seventh Street

CITY
Chico

STATE
CA

ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
jvincent@chicousd.org

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

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

Date Signed 01/23/2019

(month, day, year) Signature __________________________

(Fil this promptly sign paper statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
A PUBLIC DOCUMENT

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

whittaker  Damon

1. Office, Agency, or Court

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

Your Position
Assistant Principal

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

Agency:  Position:

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

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

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
☐ Leaving Office: Date Left __________/________/__________
   (Check one circle.)
☐ The period covered is __________/________/__________, through December 31, 2018.
☐ Assuming Office: Date assumed __________/________/__________
☐ The period covered is __________/________/__________, through the date of leaving office.

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

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

Schedules attached

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

☐ Schedule A-3 - Financial Interests – schedule attached
☐ Schedule F - Real Property – schedule attached

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

5. Verification

MAILING ADDRESS: 1475 East Ave.
STREET: Chico
CITY: CA  95926
STATE: ZIP CODE: 95926

DAYTIME TELEPHONE NUMBER: (530) 891-3050
EMAIL ADDRESS: dwhittaker@chicousd.org

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

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

Date Signed  1/23/19
(market, day, year)

Signature

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


## 1. Office, Agency, or Court

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

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

Agency: ____________________________
Position: __________________________

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

- [ ] State
- [ ] Multi-County ____________________
- [X] City of Chico
- [ ] Judge or Court Commissioner *(Statewide Jurisdiction)*
- [ ] County of Butte
- [ ] Other __________________________

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

- -or-
  The period covered is __________/________/________, through December 31, 2018.
- [ ] Leaving Office: Date Left __________/________/________
- -or-
  The period covered is __________/________/________, through the date of leaving office.
- [ ] Assuming Office: Date assumed __________/________/________
- [ ] Candidate: Date of Election ___________ and office sought, if different than Part 1:

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

- Total number of pages including this cover page: __________

### Schedules attached

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

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

## 5. Verification

MAILING ADDRESS: 901 Esplanade, Chico, CA 95926

STREET: 901 Esplanade

CITY: Chico

STATE: CA

ZIP CODE: 95926

DAYTIME TELEPHONE NUMBER: (530) 891-3026 Ext. 105

EMAIL ADDRESS: DWilliams@chicousd.org

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

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

Date Signed: 2/25/2019

Signature: __________________________

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