Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.				(MIDDLE)
NAME OF FILER (LAST)	(FIR	N 1000 Ad		The control of the co
Allen	M	ichael		Anthony
1. Office, Agency, or	Court			
Agency Name (Do not us	se acronyms)			
Chico Unified Scho	ool District			
Division, Board, Departme	ent, District, if applicable		Your Position	
			Principal	
► If filing for multiple no	sitions, list below or on an attachment.	(Do not use	acronyms)	
▶ If filling for multiple po-	ontono, not boton of on an anatom	7		
Agency:			Position:	
2. Jurisdiction of Of	fice (Check at least one box)			
State			☐ Judge or Court Commissioner (State	ewide Jurisdiction)
Multi-County			County of	
3. Type of Statemen	nt (Check at least one box)			
	d covered is January 1, 2016, through		Leaving Office: Date Left	]
December			(Check one)  O The period covered is January	1 2016 through the date of
The period	d covered is	, through	leaving office.	1, 2010, through the date of
December			or- O The period covered is	/ through
Assuming Office:	Date assumed/	9	the date of leaving office.	, unough
		Con sought if	lifferent than Part 1:	
Candidate: Electio	n year and on	ice sought, ii c	lifferent than Part 1:	
4. Schedule Summa	ary (must complete) ► Tot	tal number	of pages including this cover pag	ge:
Schedules attac				
The state of the s		_	Schedule C - Income, Loans, & Business	Positions - schedule attached
	Investments – schedule attached		Schedule D - Income - Gifts - schedule	
	Investments – schedule attached leal Property – schedule attached		Schedule E - Income - Gifts - Travel Pa	
-Or-	edi Froperty - Soricadio allacinoa			
	ortable interests on any schedu	le		
	ortable interests on any contain			
5. Verification  MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address	Recommended - Public Document)		CA	05036
1071 East 16th st		Chico	E-MAIL ADDRESS	95926
DAYTIME TELEPHONE NUM			mallen@chicousd.org	
( 530 ) 891-310	U blo diligonoo in proporing this statemen	t I have revie	wed this statement and to the best of my kn	owledge the information contained
I have used all reasona herein and in any attac	ble diligence in preparing this statement thed schedules is true and complete.	acknowledge	this is a public document.	7
L certify under nenalty	of perjury under the laws of the St	ate of Californ	nia that the foregoing is true and correct	7
restary under penalty			11/10/10 1 1//	·
Date Signed	03/02/2017	S	ignature /// My	and with your filling official 1
- 11.3 - 13.1.1"	(month, day, year)		(File the originally signed staten	nent with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County \_ County of N Other Public School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_/\_\_\_\_ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_ December 31, 2016. leaving office. Assuming Office: Date assumed \_\_\_\_\_/\_\_ O The period covered is \_\_\_\_ the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE Chico E-MAIL ADDRESS 530 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed** Signature (month, day, year) (File the originally signed statement with your filing official.)

Please type	or print in ink.		8	
NAME OF FILER (LAST) (FIRST)		(FIRST)	- E	(MIDDLE)
Benz	· · · · · · · · · · · · · · · · · · ·	Mele		Lea
1. Office,	Agency, or Court			
Agency N	ame (Do not use acronyms)			
Chico l	Jnified School District			
Division, E	soard, Department, District, if applicable		Your Position	
Sierra '	/iew Elementary		Principal	
► If filing	for multiple positions, list below or on an attachme	ent. (Do not use	e acronyms)	
Agency: .		A	Position:	
2. Jurisdi	ction of Office (Check at least one box)			
☐ State	•		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Electrical Control	County		County of	9
			✓ Other Public School Distri	ct
☐ City o	2		X Other	
3. Type o	f Statement (Check at least one box)		a .	,
(#. s)	al: The period covered is January 1, 2016, throug	jh :	Leaving Office: Date Left	
	December 31, 2016.		(Check one)	
	The period covered is/	, through	<ul> <li>The period covered is Janual leaving office.</li> </ul>	ary 1, 2016, through the date of
☐ Assu	ming Office: Date assumed/		O The period covered is the date of leaving office.	, through
☐ Cano	idate: Election year and	office sought, if	different than Part 1:	
4. Sched	ule Summary (must complete) ▶ 7	otal number	of pages including this cover p	age:
Carlo Sarre	ules attached			1
Пе	chedule A-1 - Investments – schedule attached	_	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
	chedule A-2 - Investments – schedule attached	-	Schedule D - Income – Gifts – schedul	
	chedule B - Real Property – schedule attached	Ē	Schedule E - Income - Gifts - Travel F	
-or-		_		
⊠ No	ne - No reportable interests on any sched	lule		
5. Verifica	tion			
MAILING A		CITY	STATE	ZIP CODE
Vacco - 200 et al 200 et al 200 et	ast 7th St.	Chico	CA	95928
	ELEPHONE NUMBER	0,1110	E-MAIL ADDRESS	M. H. 1997-19
( 530	) 891-3117		mbenz@chicousd.org	
I have us herein an	ed all reasonable diligence in preparing this statemed in any attached schedules is true and complete.	ent. I have revie I acknowledge	wed this statement and to the best of my lithis is a public document.	knowledge the information contained
I certify	under penalty of perjury under the laws of the S	State of Californ	nia that the foregoing is true and corre	ct.
	00/07/0047		11 2000	_
Date Sign		S	ignature(File the originally signed state	ement with your filing official 1
	(month, day, year)		(File the originally signed state	omen man jour ming emount

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAM		(FIRST)		7	(MIDDLE)
	BESNARD	BRUC	E		R
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)		20110.011		
	Chico Unified School District		PRINCIPAL	•	
	Division, Board, Department, District, if applicable		Your Position		
	▶ If filing for multiple positions, list below or on an attachmen	nt. (Do not use ac	cronyms)		
	Agency:	<u> </u>	Position:		
2.	Jurisdiction of Office (Check at least one box)				
	☐ State		☐ Judge or Court Commiss	ioner (Statewide	Jurisdiction)
	Multi-County		County of		
	City of		☑ Other Public School	District	
3.	Type of Statement (Check at least one box)				
.75.25	Annual: The period covered is January 1, 2016, through December 31, 2016.	n	Leaving Office: Date L	eft/	
	The period covered is/	, through	O The period covered i leaving office.	s January 1, 20	16, through the date of
	Assuming Office: Date assumed/		<ul> <li>Or-</li> <li>The period covered in the date of leaving or</li> </ul>		J, through
	Candidate: Election year and c	office sought, if diff	erent than Part 1:		
4.	V-F - 2" - 12" - 2"	otal number of	pages including this co	ver page: _	
	Schedules attached				
	Schedule A-1 - Investments – schedule attached		chedule C - Income, Loans, &		
	Schedule A-2 - Investments – schedule attached		chedule D - Income – Gifts – s chedule E - Income – Gifts – 3		
۱.,	Schedule B - Real Property – schedule attached	□°	chedule E • mcome – oms –	rraver r ayınıcını	s – solleddie attached
	None - No reportable interests on any schedu	ule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	TE	ZIP CODE
	164 LEORA CT	Chico	CA	4	95973
	DAYTIME TELEPHONE NUMBER	E-	MAIL ADDRESS	. 1.	1
	(530) 891-3141		bbesnarda		
	I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.	nt. I have reviewed I acknowledge this	this statement and to the best is a public document.	of my knowledg	je the information contained
	I certify under penalty of perjury under the laws of the S	tate of California	that the foregoing is true and	d correct.	
	Date Signed 2/22/17	Sign	ature File the originally s	igned statement with	rour filing official.)
	(month, day, year)			g	

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.	(5)		2
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 applicab	le Your	Position	
Rosedale Elementary School	Prin	cipal	
▶ If filing for multiple positions, list below or or	n an attachment. (Do not use acronyms)		
Agency:	Posi	tion:	
2. Jurisdiction of Office (Check at least	one box)		
☐ State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ge or Court Commissioner (S	tatewide Jurisdiction)
	95-28		
Multi-County		er Public School Distric	ct .
City of	Oth	er Tablio College District	
3. Type of Statement (Check at least on-	e box)		40
Annual: The period covered is January 1	Table 1	aving Office: Date Left	
December 31, 2015.		heck one)	
-or- The period covered is/ December 31, 2015.	, through O	leaving office.	ary 1, 2015, through the date of
Assuming Office: Date assumed			, through
Candidate: Election year	and office sought, if different than	ı Part 1:	
4. Schedule Summary (must compl-	ete) ► Total number of pages	including this cover n	ade:
Schedules attached	rotal number of pages	moraumy and cover po	
Schedule A-1 - Investments - schedule	attached Schedule	C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments – schedule	e attached Schedule	D - Income - Gifts - schedule	e attached
Schedule B - Real Property - schedule	e attached Schedule	E - Income - Gifts - Travel P	ayments - schedule attached
-or-			
☐ None - No reportable interests on	any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu-	CITY ment)	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDR	ESS	
(530) 891-3104		×	
I have used all reasonable diligence in preparin herein and in any attached schedules is true a	g this statement. I have reviewed this stat nd complete. I acknowledge this is a pub	ement and to the best of my k lic document.	nowledge the information contained
I certify under penalty of perjury under the	laws of the State of California that the	foregoing is true and correc	et.
Date Signed 2 - 7 - 17	Signature	warm &	retten court
(month, day, year)		(File the originally signed state	ment with your ning onicial.)

#### **SCHEDULE A-2**

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	Charles September
Name	
Bettencourt, Jo Ann	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Chico Turf Plus, LLC	
Name	Name
3030 Thorntree Dr. #3	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Chemical Lawn Care	35
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[ ] an at one	□ \$0 - \$1.999
\$2,000 - \$10,000 OS ACQUIRED DISPOSED	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED  \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
✓ Partnership	Partnership Sole Proprietorship Other
Vice Dynaident	3.1.0
YOUR BUSINESS POSITION VICE President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2, IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
□ \$500 - \$1,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000  3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	☐ None or ☐ Names listed below
50 mar	
A CONTRACTOR AND DIFFERENCE BY BEAU PROPERTY UP I DON	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
The state of the s	Name of Pusiness Entity if Investment or
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
L. 1979,	The Lieberth Ownersulb/Deed of Lines
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

Ple	ase type or print in ink.		
NAM	IE OF FILER (LAST) (FI	RST)	(MIDDLE)
Вс	hannon J	ohn	2
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	Educational Services		Director
	▶ If filing for multiple positions, list below or on an attachment	. (Do not ι	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)	2	
	☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		
	<i>1</i> <del>−−1</del>		✓ Other Public School District
	City of		Other
3.	Type of Statement (Check at least one box)		·
	Annual: The period covered is January 1, 2016, through		Leaving Office: Date Left/
	December 31, 2016.		(Check one)
	The period covered is/	, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> <li>-or-</li> </ul>
	Assuming Office: Date assumed		O The period covered is/, through the date of leaving office.
	Candidate: Election year and off	ice sought,	if different than Part 1:
4.	Schedule Summary (must complete) ► Tot	al numbe	er 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
-0	or-		
	None - No reportable interests on any schedule	е	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	1163 East Seventh Street	Chico	CA 95928
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
	( 530 ) 891-3000	I have rev	jbohannon@chicousd.org
	herein and in any attached schedules is true and complete. I	acknowledg	
	I certify under penalty of perjury under the laws of the Sta	te of Califo	ornia that the foregoing is true and correct.
	Date Signed		Signature
115	(month, day, year)		(File the originally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Princia Chico Unified School District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_ County of Other Public School District City of \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2016. (Check one) The period covered is \_\_\_\_/\_\_ O The period covered is January 1, 2016, through the date of December 31, 2016. leaving office. Assuming Office: Date assumed \_\_\_\_\_/\_\_ O The period covered is \_\_\_\_/\_\_/ the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CITY STATE ZIP CODE (06 Vallounbine Chico CA E-MAIL ADDRESS (530) 674-9960 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Date Signed Signature (month, day, year) (File the originally signed state

Plea	se type or	print in ink.						
NAME	OF FILER	(LAST)		(FIRST)	7		(MIDDLE)	
Bul	tema			Kevin			James	
1. C	office, A	gency, or Court				*:		
Ā	gency Nar	ne (Do not use acronym	s)					<u>-</u>
	Chico Ur	nified School Distric	t					
Ī	ivision, Bo	ard, Department, District,	if applicable		You	Position		
ı	Business	Services			As	sistant Superintende	nt, Business Service	S
_	If filling fo	er multiple positions, list h	volous or on on ottoobs	mant /Do not		The state of the s		•
1	IT IIIING TO	or multiple positions, list b	below or on an attachi	nent. (Do not	use acronyms)			
,	Agency: S	ee Attached			Pos	See Attached		
2. ,	Jurisdic	tion of Office (Chec	ck at least one box)					· · · · · · · · · · · · · · · · · · ·
	State	and the state of t	er and en activities and activities and activities and activities and activities and activities and activities		□ .lu	dge or Court Commissione	r (Statewide Jurisdiction)	
_	-					Mark the territory access and the contract of	(ciatomac canosioni)	
		unty				090000 <del>8</del> 0 (POCO)		
L	City of _				_ X Ot	her Tablic School Dis	strict	•
3.	Гуре of	Statement (Check a	t least one box)					
	K Annual	: The period covered is	January 1, 2016, thro	ugh				
	-or-	December 31, 2016.			***	Check one)		
	٠.	The period covered is December 31, 2016.		, through	. C	leaving office.	nuary 1, 2016, through the	date of
	Assum	ing Office: Date assume	ed/		(2)/2			through
	_ Candid	ate: Election year	and	d office sought,	if different tha	n Part 1:		
4 9	Schedul	e Summary (must	complete)	Total numb	er of names	including this cover	, nade,	
		les attached	, , ,	Total name	or or pages	morading the vovo	pago.	
	☐ Sch	edule A-1 - Investments	- schedule attached		Schedule	C - Income, Loans, & Bus	iness Positions – schedule	attached
	☐ Sch	edule A-2 - Investments	- schedule attached		Schedule	D - Income - Gifts - sche	dule attached	. 18
	☐ Sch	edule B - Real Property	- schedule attached		☐ Schedule	E - Income - Gifts - Trave	el Payments – schedule att	ached
-01	<b>-</b>							
	□ None	- No reportable inte	rests on any sche	dule				
5. V	erificati	on						
	AAILING ADDI Business or A	RESS STREET gency Address Recommended -	Public Document)	CITY		STATE	ZIP CODE	
122	Will Table of September 1 controls	st Seventh Street		Chico		CA	95928	
[		EPHONE NUMBER			E-MAIL ADDR			
(	Esser a 16	891-3000				a@chicousd.org		
		all reasonable diligence in any attached schedules					ny knowledge the information	n contained
1	certify un	der penalty of perjury u	nder the laws of the	State of Calif	ornia that the	foregoing is true and con	rrect.	
	ate Signe	3-24-17	7		Signature	7hu/2	Dut -	
	30	(month, day	; year)			(File the originally signed	statement with your filing official.)	

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

	FORNIA FORM	700
Name		
	Kevin J. Bulten	na

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
548 W. 4th Avenue	- 125 A
CITY	CITY
Chico	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   \( \times \) \$100,001 - \$1,000,000   \( \times \) \$1,000,000   \( \times \) \$1,000,000   \( \times \) \$1,000,000   \( \times \) \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
	Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$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.	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.
Note	I None
	I I
:	
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busin	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————

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

	ORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	
	Kevin J. Bultema

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Bultema Piano Lessons	Basketball Referee
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
496 E 3rd Avenue, Chico CA 95926	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Piano Lessons	Basketball Referee
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$\$10,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  Sale of (Real property, car, boat, etc.)  Loan repayment  Commission or Rental Income, list each source of \$10,000 or more	GROSS INCOME RECEIVED  No Income - Business Position Only \$500 - \$1,000  \$\$1,000  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)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's s:  INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	and the state of t
Analog and the Manager Service and the Service	SECURITY FOR LOAN  None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	Translation Translation
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	▶ cathorities
Comments:	

California Form 700: Kevin J. Bultema

Statement of Economic Interests 2016

Item 1: Attachment

Agency	<u>Position</u>
Butte Schools Self-Funded Programs	Board Member
North Valley Self Insurance Group	Board Member
Northern California Schools Insurance Group	Board Member
Oversight Board of the Successor Agency of the Former Redevelopment Agency, Chico CA	Board Member
Oversight Board of the Successor Agency of the Former Redevelopment Agency, Paradise CA	Board Member

Date Initial Filing Received
Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Caldera	Pedro		Α
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	w	Your Position	.6
Chico Junior High School		Principal	
▶ If filing for multiple positions, list below or on an attac	hment. (Do not use a	cronyms)	9
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box	)		
State		☐ Judge or Court Commissi	oner (Statewide Jurisdiction)
Multi-County			
⊠ City of Chico		✓ Other Public School	District
X City of		X Other	
3. Type of Statement (Check at least one box)	8		A STATE OF THE STA
Annual: The period covered is January 1, 2016, the December 31, 2016.	rough	Leaving Office: Date Le	eft
The period covered is	, through	The period covered is leaving officeor-	s January 1, 2016, through the date of
Assuming Office: Date assumed			s/, through fice.
Candidate: Election year a	nd office sought, if diff	erent than Part 1:	
4. Schedule Summary (must complete)	- Total number of	pages including this co	ver page:2
Schedules attached			
Schedule A-1 - Investments – schedule attached	⊓ѕ	chedule C - Income, Loans, & I	Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached		chedule D - Income - Gifts - s	
Schedule B - Real Property – schedule attached	s	chedule E - Income - Gifts - T	ravel Payments - schedule attached
-or-			
☐ None - No reportable interests on any sch	nedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STAT	E ZIP CODE
280 Memorial	Chico	CA	95926
DAYTIME TELEPHONE NUMBER	E-	MAIL ADDRESS	the state of the s
( 530 ) 891-3066 ext. 208		caldera@chicousd.org	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple			of my knowledge the information contained
I certify under penalty of perjury under the laws of the	e State of California	that the foregoing is true and	correct.
Date Signed03/19/2017	_ Sign	ature flesh	
(month, day, year)		(File the originally si	ned statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Pedro A. Caldera

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2272 Holly Avenue	Manager State of the Control of the
CITY	CITY
Chico	12-15-15-16-16-16-16-16-16-16-16-16-16-16-16-16-
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$1,000,000     ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
□ \$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$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.	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	None
	<del></del>
	,
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of busi	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

Ple	ase type or print in ink.			
NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ca	arver	John		Wayne
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	Your Positi	on	<
	Maintenance/Operations/Transportation	Director	•	
	▶ If filing for multiple positions, list below or on an attachr	nent (Do not use acronyms)		
	I lilling for multiple positions, list below or on an attachm	nont. (Bo not doo doronymo)		e)
	Agency:	Position: .		
2.	Jurisdiction of Office (Check at least one box)			
	State	☐ Judge or	Court Commissioner (S	Statewide Jurisdiction)
	_	☐ County c	of	
	Multi-County	_ P		ct
	City of	\ \_ Other		
3.	Type of Statement (Check at least one box)	27		
	Annual: The period covered is January 1, 2016, thro	ugh	Office: Date Left	
	December 31, 2016.	(Check		
	-or- The period covered is/			ary 1, 2016, through the date of
	December 31, 2016.	-or-	ing office.	
	Assuming Office: Date assumed		period covered is date of leaving office.	/, through
	Candidate: Election year and	d office sought, if different than Part	. 1:	
1	Schedule Summary (must complete)	Total number of pages incl	uding this cover n	ade,
7.	Schedules attached	Total number of pages men	uanig uno cover p	ugo
				Desiliere sekadula attochad
	Schedule A-1 - Investments – schedule attached	(	ncome, Loans, & Busine. ncome – Gifts – schedul	ss Positions – schedule attached
	Schedule A-2 - Investments – schedule attached			Payments – schedule attached
	Schedule B - Real Property – schedule attached	Scriedule L - III	Come – Oms – Haver i	aymonto Sonodalo ditaonod
(	or-	adula		
_		radio		
5.	Verification	CITY	STATE	ZIP CODE
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	GIIT		
	2455 Carmichael Dr.	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
	( 530 ) 891-3095	jcarver@chic		
	I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete	nent. I have reviewed this statemen e. I acknowledge this is a public do	t and to the best of my bocument.	knowleage the information contained
	I certify under penalty of perjury under the laws of the	State of California that the foreg	oing is true and corre	ct.
	02/08/2017	Signature / Col	lu Warn	are
	Date Signed	Signature	(File the originally signed state	ement with your filing official.)

Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ase type or print in ink.		
NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Co	ppper	Dustin	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	Maintenance/Operation		Supervisor
	▶ If filing for multiple positions, list below or on an attachm	ent. (Do not u	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)		
	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
			Other   Public School District
	City of		_ \(\times\) Other
3.	Type of Statement (Check at least one box)	- CANT	
	Annual: The period covered is January 1, 2016, throu	gh	Leaving Office: Date Left/
	December 31, 2016.		(Check one)
	The period covered is/	, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> </ul>
	Assuming Office: Date assumed/		O The period covered is/, through the date of leaving office.
	Candidate: Election year and	office sought,	if different than Part 1:
4.	Schedule Summary (must complete)	Total numb	er of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
-	Schedule A-1 - Investments – schedule attached		Schedule D - Income – Gifts – schedule attached
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-(	or-		
	None - No reportable interests on any scheen	dule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	2455 Carmichael Dr.	Chico	CA 95928
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
	( 530 ) 891-3095		dcopper@chicousd.org
	herein and in any attached schedules is true and complete	. I acknowledo	
	I certify under penalty of perjury under the laws of the	State of Calif	ornia that the foregoing is true and correct.
	02/08/2017		Signature Mathe
	Date Signed(month, day, year)		(File the originally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)
DeBock		Laurie		English
1. Office, A	gency, or Court			
Agency Nan	ne (Do not use acronyms)	1		
	nified School District			g:
Division, Bo	ard, Department, District, if applicable		Your Position	
Bidwell J	r. High School		Assistant Principal	
► If filing fo	or multiple positions, list below or on an attachr	ment. (Do not	use acronyms)	
Agency:			Position:	
2. Jurisdic	tion of Office (Check at least one box)			
State			☐ Judge or Court Commissioner (Statev	vide Jurisdiction)
— □ Multi-Co	unty		County of	0.2
			Nother Public School District	
			Other	
3. Type of	Statement (Check at least one box)	0	·	
	: The period covered is January 1, 2016, through December 31, 2016.	ugh	Leaving Office: Date Left/_ (Check one)	
-or-		through	S. Commence of the commence of	2016, through the date of
	December 31, 2016.	, unougn	leaving office.	
Assum	ng Office: Date assumed//		<ul> <li>The period covered is/_</li> <li>the date of leaving office.</li> </ul>	, through
☐ Candid	ate: Election year and	d office sought,	if different than Part 1:	
4. Schedul	e Summary (must complete)	Total numb	er of pages including this cover page:	3
	les attached	Total Hallis	or or pages moraling the vever page.	
□ Sch	edule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Po	ositions – schedule attached
	edule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule atta	
⊠ Sch	edule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payme	ents - schedule attached
-or-				
□ None	- No reportable interests on any sche	dule		
5. Verificati	on			
MAILING ADDR (Business or A	RESS STREET gency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
2376 No		Chico	CA 9	5926
	EPHONE NUMBER		E-MAIL ADDRESS	
200	891-3080		Idebock@chicousd.org	1 W 17 A 17 T
	all reasonable diligence in preparing this staten n any attached schedules is true and complete		viewed this statement and to the best of my knowled this is a public document.	eage the information contained
I certify un	der penalty of perjury under the laws of the	State of Califo	ornia that the foregoing is true and correct.	
	03/23/2017		Sauce VI	
Date Signed	(month, day, year)		Signature (File the originally signed statement w	rith your filing official.)

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

CALIFORNIA FAIR POLITICAL P	A FORM 700 PRACTICES COMMISSION
Name	3/
Y <u></u>	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1030 Broadway	1286 & 1290 Wanderer Ln.
CITY	CITY
Chico	Chico, CA 95973
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	■ Ownership/Deed of Trust
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 X \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$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.	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	None
,	Joe Tierno, Jim Tierno, Jordan Hutton
business on terms available to members of the public	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	lending institutions made in the lender's regular course of a without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Mone  None	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:    NAME OF LENDER*

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Enloe Medical Center	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1531 Esplanade	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Registered Nurse	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 X OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Davida)	(Describe)
(Describe)	
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	<u> </u>
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Great design
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	Other(Describe)
Comments:	

Ple	ease type or print in ink.		
NA	ME OF FILER (LAST) (FIRST	)	(MIDDLE)
D	olan Jan	е	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	Personnel Commission		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		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		School District
	City or		C Other
3.	Type of Statement (Check at least one box)		
	X  Annual: The period covered is January 1, 2016, through		Leaving Office: Date Left/
	December 31, 2016.		(Check one)
	-or- The period covered is	through	O The period covered is January 1, 2016, through the date of
	December 31, 2016.		leaving office.
	Assuming Office: Date assumed/	<del></del> 6	The period covered is
	Candidate: Election year and office	sought, if o	different than Part 1:
4.	Schedule Summary (must complete) ► Total	number	of pages including this cover page:7
	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	Ē	Schedule E - Income – Gifts – Travel Payments – schedule attached
-	or-		
	☐ None - No reportable interests on any schedule		5
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	SACOMENDO TO TO TO THE TOTAL STATE OF THE SACOME STATE OF THE SACO	Chico	CA 95926
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
	( 530 ) 342-4295		jdolan@sbcglobal.net
	I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ack	have reviev (nowledge 1	wed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of the State	of Californ	ia that the foregoing is true and correct.
	Date Signed March 19, 7617	Si	ignature (File-the originally signed statement with your filing official)
-	(month, day, year)	L	h in are ordinal adues statement and four and ourser)

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	
Jane Dola	n

▶ 1. BUSINESS ENTITY OR TRUST	1. Business entity or trost
Jane Dolan, Probate Referee	
Name	Name
389 Connors Ct. Ste A Chico CA 95926	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
appraisal services for probate & trusts	
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	T 40 44 000
X \$2,000 - \$10,000/	\$2,000 - \$10,000/
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship Other
VOLID PLICINITES POSITION OWNER	
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 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	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	S1,001 - \$10,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
None or Names listed below	Note of Managers
Elton J. Garner, Attorney at Law	
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	Check one box:
□ INVESTMENT □ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
INVESTIMENT REAL PROPERTY	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 / / 16 / / 16	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

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

CALIFORNIA FOR	
Name	
Jane Dol	an

1814 Broadway Street	706 Bidwell Drive
CITY	CITY
Chico CA	Chico CA
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	✓ Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 <b>X</b> \$1,001 - \$10,000
▼ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None  Scott &Amanda Chambless	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
Scott &Amanda Chambless	
	without regard to your official status. Personal loans and
business on terms available to members of the public values of loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and
business on terms available to members of the public volumes received not in a lender's regular course of busin NAME OF LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public values of loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public values received not in a lender's regular course of business NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public volumes received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  None  None
business on terms available to members of the public volumes received not in a lender's regular course of busing NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)

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

CALIFORNIA FORM	700 MMISSION
Name	
Jane Dolan	

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
1355 East 10th Street	2732 Revere Lane  CITY  Chico CA		
CITY			
Chico CA			
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   J	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$1,000,000   Cover \$1,000,000		
NATURE OF INTEREST	NATURE OF INTEREST		
Ownership/Deed of Trust Easement	▼ Ownership/Deed of Trust		
Leasehold	Leasehold Other		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000		
\$10,001 - \$100,000 OVER \$100,000	\$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	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		
* You are not required to report loans from commercial le business on terms available to members of the public v loans received not in a lender's regular course of busin	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and		
NAME OF LENDER*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)		
% None	%		
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable	Guarantor, if applicable		
Comments:			

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Jane Dolan	

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
CCLL Chica Descerab Foundation	Page in 1994/25 (900 1996 No			
CSU, Chico Research Foundation  ADDRESS (Business Address Acceptable)	Bob Mulholland  ADDRESS (Business Address Acceptable)			
SCOTO CONTRACTOR AND CONTRACTOR C	1051 Adlar Court Chico CA 95926			
25 Main Street CSU, Chico, Chico CA 95929  BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
non-profit corporation	Political Consultant			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Project Co-Director	NA			
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000   X  \$1,001 - \$10,000			
■ \$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)  Loan repayment	(Real property, car, boat, etc.)			
	Joseph Market Ma			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other	Other			
(Describe)	(Describe)			
<ul> <li>You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:</li> </ul>				
retail installment or credit card transaction, made in the members of the public without regard to your official sta	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's			
retail installment or credit card transaction, made in the members of the public without regard to your official sta	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's			
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's ::			
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE  Wone  None			
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE TERM (Months/Years)			
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE TERM (Months/Years)  Whome SECURITY FOR LOAN			
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE TERM (Months/Years)  Whome SECURITY FOR LOAN			
retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE TERM (Months/Years)			
retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE TERM (Months/Years)			
retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's in the street in the			
retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's in the security for LOAN			
retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE TERM (Months/Years)			
retail installment or credit card transaction, made in the members of the public without regard to your official sta 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	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's :  INTEREST RATE TERM (Months/Years)			

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
	Jane Dolan		

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Patrick Feaster	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2732 Revere Lane Chico CA 95926	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Deed of Trust	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
lender	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
X Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	□ None □ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	5000 5 700 /2015 /2017\ Sch

Attachment to Form 700 Jane Dolan 2016 Annual Statement

I am employed by the Research Foundation as an employee to direct the Co-Project Director activities of a grant of the Sacramento River Conservation Area Forum (Forum.) A contract for services was executed between the CSU, Chico Research Foundation and DWR FloodSAFE Environmental Stewardship & Statewide Resources Office (FESSRO). Services began November 1, 2012 and any interest in this contract ended May 15, 2016.

Contract number: 4600009729

Department program manager:
 Stacy Cepello, DWR

Name of contract consultant and company:
 Jane Dolan
 CSU, Research Foundation
 Sacramento River Conservation Area Forum

Brief statement of scope of work: There were 3 tasks of the contract: 1.) coordinate outreach and information for members of the Forum and interested parties on consideration of future activity of corridor management planning for an unspecified reach of the Sacramento river; 2.) outreach and coordination and information of activities of interest throughout the region; 3.) implementation of a Voluntary Programmatic Safe Harbor for private agricultural lands.

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
EDGECOMB	MELINDA	M			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Chico Unified School District					
Division, Board, Department, District, if applic	able Your Po	sition			
<u> </u>	BUYE	ER			
▶ If filing for multiple positions, list below or	on an attachment. (Do not use acronyms)				
Agency:	Position	n:			
2. Jurisdiction of Office (Check at lea	ast one box)				
☐ State	☐ Judge	or Court Commissioner (Statewide Jurisdiction)			
Multi-County	☐ Count	y of			
City of		Public School District			
3. Type of Statement (Check at least of	one box)				
Annual: The period covered is January December 31, 2016.		ing Office: Date Left/ck one)			
The period covered is	, anough	he period covered is January 1, 2016, through the date of aving office.			
Assuming Office: Date assumed		he period covered is/, through se date of leaving office.			
Candidate: Election year	and office sought, if different than P	art 1:			
4. Schedule Summary (must comp	olete) ► Total number of pages in	cluding this cover page:1			
Schedules attached					
	Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached				
Schedule A-2 - Investments – schedule B		Income - Gifts - schedule attached			
Schedule B - Real Property – sched	ule attached Schedule E -	Income - Gifts - Travel Payments - schedule attached			
✓ <b>None -</b> No reportable interests of	on any schedule				
5. Verification	in any concasio				
MAILING ADDRESS STREET	CITY	STATE ZIP CODE			
(Business or Agency Address Recommended - Public Do	Andrew Control of the	05000			
1163 EAST SEVENTH STREET DAYTIME TELEPHONE NUMBER	Chico E-MAIL ADDRESS	CA 95928			
( 530 ) 891-3000					
I have used all reasonable diligence in prepar	ing this statement. I have reviewed this statem and complete. I acknowledge this is a public	ent and to the best of my knowledge the information contained document.			
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Date Signed02/07/2017	Signature	aline Elipa			
(month, day, year)	- Olynada - O	(File the originally signed statement with your filing official.)			

Ple	ase type or print in ink.					
NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Er	serro	Joesph		P		
1.	1. Office, Agency, or Court					
	Agency Name (Do not use acronyms)		=			
	Chico Unified School District		Director of Nutrition			
	Division, Board, Department, District, if applicable		Your Position			
	▶ If filing for multiple positions, list below or on an attach	ment. (Do not use	acronyms)			
	Agency:		Position:			
2.	Jurisdiction of Office (Check at least one box)		A TOTAL DESCRIPTION OF THE PROPERTY OF THE PRO			
	State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)		
	Multi-County		County of			
			✓ Other Public School Distric	ct		
	City of		X Otner			
3.	Type of Statement (Check at least one box)					
	★ Annual: The period covered is January 1, 2016, three	ough	Leaving Office: Date Left			
	December 31, 2016.		(Check one)			
	The period covered is/	, through	<ul> <li>The period covered is Janua leaving office.</li> <li>-or-</li> </ul>	ry 1, 2016, through the date of		
	Assuming Office: Date assumed//_		The period covered is the date of leaving office.	_/, through		
	Candidate: Election year ar	nd office sought, if o	different than Part 1:			
4.	Schedule Summary (must complete)	Total number	of pages including this cover pa	age:		
	Schedules attached		, ,			
	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Busines	ss Positions – schedule attached		
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule	e attached		
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel P	ayments - schedule attached		
-(	-or-					
	⋈ None - No reportable interests on any sch	edule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE		
	2455 Carmichael Dr.	Chico	CA	95928		
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS			
	( 530 ) 891-3021		venserro@chicousd.org			
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury under the laws of th	e State of Californ	ia that the foregoing is true and correc	et.		
	2 TITH					
	Date Signed	. Si	gnature (File the originally signed state	ment with your filing official.)		

Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ease type or print in ink.			
NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ge	erman	Eric		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applic	able	Your Position	<del></del>
	Maintenance/Operation		Supervisor	
	▶ If filing for multiple positions, list below or	on an attachment. (Do not us	e acronyms)	
	Agency:	3	Position:	
<b>DESCRIPTION</b>	Agonoy.	A-24		
2.	Jurisdiction of Office (Check at lea	ist one box)		
	State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
	Multi-County		County of	
	City of			t
3	Type of Statement (Check at least of	one hox)		
٠.	Annual: The period covered is January		Leaving Office: Date Left	
	December 31, 2016.	1, 2010, anough	(Check one)	
	-or- The period covered is/. December 31, 2016.	, through	<ul> <li>The period covered is Januar leaving office.</li> <li>-or-</li> </ul>	y 1, 2016, through the date of
	Assuming Office: Date assumed		<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	<i>J</i> , through
	Candidate: Flection year	and office sought if	different than Part 1:	*
	Carluidate: Licotion your	und onloc ocagin, ii		
4.	I. Schedule Summary (must complete) ► Total number of pages including this cover page:			ge:
	Schedules attached			
	Schedule A-1 - Investments - sched	ule attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - Investments - sched		Schedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property – sched	ule attached	Schedule E - Income - Gifts - Travel Pa	nyments - schedule attached
-(	or-			
	None - No reportable interests of the contract of the	on any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY ocument)	STATE	ZIP CODE
	2455 Carmichael Dr.	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
	( 530 ) 891-3095		egerman@chicousd.org	
	I have used all reasonable diligence in prepa herein and in any attached schedules is true	ring this statement. I have revie and complete. I acknowledge	ewed this statement and to the best of my known this is a public document.	nowledge the information contained
	I certify under penalty of perjury under the	e laws of the State of Califor	nia that the foregoing is true and correc	t.
	Data Signal 02/08/2017	(	Signature Cin Derm	-
	Date Signed(month, day, year)		(File the originally signed stater	nent with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Gaven	Reginald. Bruce
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Chico Unified School District	Assistant Paincipal
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attac	hment. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	)
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	
City of	
oly or	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2016, through December 31, 2016.	ough Leaving Office: Date Left//(Check one)
The period covered is/	, through O The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed//	5.00
Candidate: Election year an	nd office sought, if different than Part 1:
<ol> <li>Schedule Summary (must complete) ► Schedules attached</li> </ol>	Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached  Schedule A-2 - Investments – schedule attached	<ul> <li>Schedule C - Income, Loans, &amp; Business Positions − schedule attached</li> <li>Schedule D - Income − Gifts − schedule attached</li> </ul>
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	a a
None - No reportable interests on any sche	edule .
5. Verification 3505 Bell & D	L Chico CA 95973
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
paramose of rigoroy recitors recommended in ability	Chico CA
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(530) 747 - 8990	the govern ranch e add, ned
I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete.	nent. I have reviewed this statement and to the best of my knowledge the information contained 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 - 7-17	Signature
(month, day, year)	(File the orginally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GRAULICH	JULIE	ANNE
1. Office, Agency, or Court		
Agency Name (Do not use acronyr	ns)	
CHICO UNIFIED SCHOOL	DISTRICT	
Division, Board, Department, Distric	t, if applicable	Your Position
Q (2000) 100 (400)		CLASSIFIED H.R. COORDINATOR
► If filing for multiple positions, list	below or on an attachment. (Do not use a	
Agency:		Position:
2. Jurisdiction of Office (Che	eck 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 December 31, 2016.	s January 1, 2016, through	Leaving Office: Date Left/(Check one)
-or- The period covered is December 31, 2016.	s, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> <li>-or-</li> </ul>
Assuming Office: Date assur	med	O The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if di	fferent than Part 1:
	st complete) ► Total number o	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments	(2) 02004000 20054000 (400000000000)	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property	/ – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Or- None - No reportable int	terests on any schedule	
5. Verification	orodio on any conodulo	
MAILING ADDRESS STREET		STATE ZIP CODE
(Business or Agency Address Recommended	- Public Document) CHICO	CA 95928
1163 E. 7TH STREET  DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
( 530 ) 891-3000		graulich@chicousd.org
I have used all reasonable diligence	in preparing this statement. I have reviewe es is true and complete. I acknowledge th	ed this statement and to the best of my knowledge the information contained is is a public document.
I certify under penalty of perjury	under the laws of the State of California	a that the foregoing is true and correct.
Date Signed02/09	)/2017 Sig	natura diceme Francial.
(month, d		(File the originally signed statement with your filing official.)

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
JULIE ANNE GRAULICH

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

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
KEENAN & ASSOCIATES	HANNA & BROPHY
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2868 PROSPECT DRIVE, SUITE #600	2868 PROSPECT PARK DRIVE, SUITE #200
CITY AND STATE	CITY AND STATE
RANCHO, CORDOVA, CA 95670	RANCHO CORDOVA, CA 95670
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA CONFERENCE - NVSIG RISK MGMT CMTE	☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA CONFERENCE - NVSIG RISK MGMT CMTE
DATE(S): 09 / 13 / 16 O9 / 16 / 16 AMT: \$215.12	DATE(S): 09 / 13 / 16 - / / AMT: \$, 100.00
▶ MUST CHECK ONE: 🗵 Gift -or- 🗌 Income	► MUST CHECK ONE: X Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description MEALS	Other - Provide Description
► If Gift, Provide Travel Destination SOUTH LAKE TAHOE, CA	► If Gift, Provide Travel Destination SOUTH LAKE TAHOE, CA
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
NORTH VALLEY SCHOOLS INSURANCE GROUP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2868 PROSPECT DRIVE, SUITE #600	5
CITY AND STATE	CITY AND STATE
RANCHO, CORDOVA, CA 95670	
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA CONFERENCE - NVSIG RISK MGMT CMTE	501 (a)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 13 / 16 - 09 / 16 / 16 AMT: \$ 210.60	DATE(S):
► MUST CHECK ONE: ☑ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated In a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination MARRIOTT GRAND RESIDENCES, SOUTH LAKE TAHOE, CA	▶ If Gift, Provide Travel Destination
Comments:	

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	Elizabeth (MIDDLE) A
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Chico Unified School District	Trustee
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attachment. (Do	o 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, 2016, through December 31, 2016.	Leaving Office: Date Left
The period covered is, the December 31, 2016.	rough O The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed	O The period covered is
☐ Candidate: Election year and office so	ught, if different than Part 1:
4. Schedule Summary (must complete) ► Total no Schedules attached	umber of pages including this cover page:
☐ Schedule A-1 - Investments — schedule attached ☐ Schedule A-2 - Investments — schedule attached ☐ Schedule B - Real Property — schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached  Schedule D - Income - Gifts - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	Contraction on Scripping of Scripping (Scripping Scripping Scrippi
☐ None - No reportable interests on any schedule	
5. Verification 605 Sycamore	Sta
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
Ch	ico CA 95928
( 530 ) 8 6 4 - 0 5 4 9	egriffin ochicousdorg
I have used all reasonable diligence in preparing this statement. I hat herein and in any attached schedules is true and complete. I acknow	ve reviewed this statement and to the best of my knowledge the information contained wledge this is a public document.
I certify under penalty of perjury under the laws of the State of	California that the foregoing is true and correct.
Date Signed 2-14-17	Signature (File the originally signed statement with your filing official.)
(month, day, year)	h as me cultural educations unit last terms amand

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Elizabeth Goiffin

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
605 Sycamore St.	620 Sycamore St.
CITY	CITY
Chico, CA	Chico, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust     ☐ Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$\begin{array}{ c c c c c c c c c c c c c c c c c c c	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	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.	interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
_ Note	Michael Polsan
1	- THEMACI TOTALL
* You are not required to report loans from commercial I	ending institutions made in the lender's regular course of
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busin	less must be disclosed as follows.
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	20000
	Guarantor, if applicable
	Guarantor, if applicable
	Guarantor, if applicable

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Elizabeth Griffin

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
1427 Junset Ave.	Material Control of the Control of t		
Chico CA	CITY		
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000		
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000		
NATURE OF INTEREST	NATURE OF INTEREST		
Ownership/Deed of Trust	Ownership/Deed of Trust Easement		
Leasehold Other	Leasehold Cther		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
□ \$0 - \$499     □ \$500 - \$1,000     □ \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000		
\$10,001 - \$100,000	S10,001 - \$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.	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	None		
Glenn Rush Madelin Cox			
100 1 1-			
Madelin (ox			
	9		
4			
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:		
NAME OF LENDER*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)		
% None	%		
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD		
\$500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable	☐ Guarantor, if applicable		
Comments:			

Please type or print in ink.	y		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Hanlon III	James		T
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		a monador com an	<u> </u>
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
		Assistant Superintendent	- Human Resources
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use	——————————————————————————————————————	
Agency:		Position:	
Agency.		1 Osition.	
2. Jurisdiction of Office (Check at least of	one box)		2
☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
A Production of the Control of the C	45	17	
Multi-County		County of	
City of		X Other Public School Distri	Ot ·
3. Type of Statement (Check at least one	hox)	- Andrews	
Annual: The period covered is January 1, 2	4E0	Leaving Office: Date Left	1 1
December 31, 2016.	o to, tillough	(Check one)	
The period covered is		<ul> <li>The period covered is Janua leaving office.</li> <li>-or-</li> </ul>	ary 1, 2016, through the date of
Assuming Office: Date assumed		<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	, through
Candidate: Election year	and office sought, if d	lifferent than Part 1:	
	and omee seaging in s	moon wan rate n	
4. Schedule Summary (must complet	e) ▶ Total number	of pages including this cover pa	age:1
Schedules attached			
Schedule A-1 - Investments – schedule a	attached 🗆	Schedule C - Income, Loans, & Busines	ss Positions – schedule attached
Schedule A-2 - Investments - schedule a		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule a	Total Control of the	Schedule E - Income - Gifts - Travel P	
-Or-		Concedit E moome since massing	aymonio sonouno unuonos
None - No reportable interests on a	nny schedule		9
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docume	nt)		05000
1163 East Seventh Street	Chico	CA CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
( 530 ) 891-3000 Ext. 143		jhanlon@chicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	complete. I acknowledge to	his is a public document.	
I certify under penalty of perjury under the la	ws of the State of Californi	ia that the foregoing is true and correc	et.
Data Signad 02/14/2017	20	James T. +	tanlon III
Date Signed(month, day, year)	Sig	gnature(File the originally signed state	ment with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink.	(F	FIRST)			(MIDDLE)
NAME OF FILER (LAST) Hartman		Marie			W
1. Office, Agency, or	A.				**
Agency Name (Do not us					
Chico Unified School					
Division, Board, Departme	And the second s		Your Position		
2000 CONTRACTOR OF CONTRACTOR	2		Director		
► If filing for multiple pos	itions, list below or on an attachmen	nt. (Do not use	acronyms)		
Agency:			Position:		
2. Jurisdiction of Off	fice (Check at least one box)		VI		,
☐ State	10 No. 1		☐ Judge or Court Commis	sioner (Sta	tewide Jurisdiction)
J			County of		
			⋈ Other Public School	I District	t
3. Type of Statement	(Check at least one box)		_		i 7
	covered is January 1, 2016, through	1	Leaving Office: Date (Check one)	Lett	<u></u>
December -or-	ACTOR IN CONTROL CONTROL	through	1.	is Januar	y 1, 2016, through the date of
The period December	covered is/	, through	leaving office.	•	
	Date assumed/		<ul> <li>The period covered</li> </ul>		/, through
			the date of leaving		
Candidate: Election	year and c	office sought, if o	lifferent than Part 1:	-	
4. Schedule Summa	ry (must complete) ► To	otal number	of pages including this o	over pa	ge:
Schedules attac					
☐ Schedule A-1 - /	nvestments – schedule attached	X	Schedule C - Income, Loans,	& Business	s Positions - schedule attached
	nvestments – schedule attached		Schedule D - Income – Gifts -		
	eal Property - schedule attached		] Schedule E - Income – Gifts -	· Travel Pa	syments - schedule attached
-or-					
☐ <b>None -</b> No repo	rtable interests on any sched	ule			The state of the s
5. Verification		OITV	S	TATE	ZIP CODE
MAILING ADDRESS (Business or Agency Address F	STREET Recommended - Public Document)	CITY			
1163 East 7th St.		Chico	E-MAIL ADDRESS	CA	95927
DAYTIME TELEPHONE NUMB			mhartman@chicousd.o	rg	
( 530 ) 891-3000	le diligence in preparing this stateme	ent. I have revie			nowledge the information contained
herein and in any attach	ed schedules is true and complete.	I acknowledge	this is a public document.		
I certify under penalty	of perjury under the laws of the S	State of Californ	nia that the foregoing is true a	nd correc	t.
2	17/17		ignatura (MA ALLL	HA	1 trac
Date Signed	(month, day, year)	5	ignature (File the original	ly signed state	ment with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Community Action Agency of Butte County	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
181 East Shasta Ave, Chico, CA 95973	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Controller	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2,)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Troited meeting, has seen econes at \$10,000 or more	Total meeting, including the second of \$15,000 of motor
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	Mod to proper that the state of
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	□ Perl Princeto
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	7
	City
\$1,001 - \$10,000	Guarantor
<u>\$10,001 - \$100,000</u>	
OVER \$100,000	Other(Describe)
	(Describe)

Please type or print in ink				
NAME OF FILER (LAST)		(FIRST)		(MIDDLE)
Heath	A	Shawneese		С
1. Office, Agency, or	r Court			
Agency Name (Do not	use acronyms)			
Chico Unified Sch	ool District			
Division, Board, Departm	nent, District, if applicable		Your Position	
			Elementary Principal	
▶ If filing for multiple po	ositions, list below or on an attachme	ent. (Do not use	acronyms)	
Agency:			Position:	
2. Jurisdiction of O	ffice (Check at least one box)			
State			☐ Judge or Court Commissioner (	Statewide Jurisdiction)
☐ Multi-County			County of	
200			X Other Public School Distr	
	2		N Other	
3. Type of Statemer	nt (Check at least one box)			
Annual: The period	d covered is January 1, 2016, throug	jh	Leaving Office: Date Left	
December	r 31, 2016.		(Check one)	
The period	d covered is/	, through	<ul> <li>The period covered is Janu leaving office.</li> </ul>	ary 1, 2016, through the date of
Assuming Office:	Date assumed/		O The period covered is the date of leaving office.	/, through
Candidate: Electio	on year and	office sought, if o	lifferent than Part 1:	
4. Schedule Summa Schedules attac		otal number	of pages including this cover p	page:2
Schedule A-1 -	Investments - schedule attached		Schedule C - Income, Loans, & Busine	ess Positions - schedule attached
☐ Schedule A-2 -	Investments - schedule attached		Schedule D - Income - Gifts - schedu	le attached
Schedule B - R	eal Property - schedule attached		Schedule E - Income - Gifts - Travel	Payments - schedule attached
-Or-				
✓ None - No report  ✓ No	ortable interests on any sched	lule		
5. Verification				
MAILING ADDRESS (Business or Agency Address)	STREET Recommended - Public Document)	CITY	STATE	ZIP CODE
2446 Marigold Av	44 (44 (45 (42 (43 (44 (44 (44 (44 (44 (44 (44 (44 (44	Chico	CA	95926
DAYTIME TELEPHONE NUME			E-MAIL ADDRESS	
(530)891-312	1		sheath@chicousd.org	
	ole diligence in preparing this statement and schedules is true and complete.		ved this statement and to the best of my his is a public document.	knowledge the information contained
I certify under penalty	of perjury under the laws of the S	State of Californ	ia that the foregoing is true and corre	oct.
Date Signed	02/08/2017	Si	gnature Shawn	se Heale
	(month, day, year)	W-10.	(File the originally signed sta	lement with your filing official.)

Date Initial Filing Received Official Use Only

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

	type or print in ink.				
NAME OF	FILER (LAST)		(FIRST)		(MIDDLE)
Holde	rman		Brian		S.
1. Offi	ce, Agency, or Co	ourt			
Agen	ncy Name (Do not use	acronyms)			
Chi	ico Unified School	District			
Divis	ion, Board, Department,	District, if applicable		Your Position	
				Principal	
- If	filing for multiple position	ons, list below or on an attachme	nt (Do not use	acronyms)	
- 11	ming for maniple position	ino, not bolow of on all all all all all all all all all al	11.1 (20 7/01 401	, do.o.iy.iio,	
Age	ncy:			_ Position:	
2. Jui	risdiction of Offic	e (Check at least one box)		Y V	
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				County of	
	· · · · · · · · · · · · · · · · · · ·			☑ Other Public School District	
□(	City of		**************************************	Other	
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	December 31,		10 1/20	leaving officeor-	
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Ī		Property – schedule attached		Schedule E - Income - Gifts - Travel Pa	
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	38 Arbutus Ave	mmended - 1 abile boodinions	Chico	CA	95926
Part Inchine	TIME TELEPHONE NUMBER			E-MAIL ADDRESS	
( !	530 ) 891-3119			bholderm@chicousd.org	
l ha	ve used all reasonable of	liligence in preparing this stateme schedules is true and complete.	ent. I have revie I acknowledge	this is a public document.	owledge the information contained
				nia that the foregoing is true and correct.	11
	e Signed 2-15	4.17		Signature Signature	BM
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### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) (FIRST) Holen Deanna Lynn 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Your Position Division, Board, Department, District, if applicable Pleasant Valley High School Assistant Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: \_ Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_ Multi-County \_\_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_/\_\_\_ (Check one) December 31, 2016. -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2016. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_/\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ Candidate: Election year \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached ☐ Schedule A-2 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) Chico CA 95926 1475 East Avenue E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER (530) 891-3050 dholen@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 03/20/2017 Signature Date Signed \_\_ (File the originally signed statement with your filing official.) (month, day, year)

Please type or print in ink.	(EIDST)	(MIDDLE)
NAME OF FILER (LAST)	(FIRST)	<b>A</b>
HOVEY	LINDA	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicab	le	Your Position
		BOARD TRUSTEE
▶ If filing for multiple positions, list below or or	an attachment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	t one box)	
AMEA Self-		☐ Judge or Court Commissioner (Statewide Jurisdiction)
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Multi-County		☑ Other Public School District
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3. Type of Statement (Check at least on	ne box)	
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Assuming Office: Date assumed		the date of leaving office.
Candidate: Election year	and office sought, if	different than Part 1:
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Schedule A-2 - Investments – schedu		Schedule B - Income - Gifts - Travel Payments - schedule attached
Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gills - Haver Fayments - Schedule discons
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5. Verification	CITY	STATE ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Door	cument)	
1163 E. 7th St.	Chico	CA E-MAIL ADDRESS
DAYTIME TELEPHONE NUMBER		
( 530 ) 891-3000	<del>-</del>	Ihovey@chicousd.org
I have used all reasonable diligence in prepar herein and in any attached schedules is true	and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
		mia that the foregoing is true and correct.
03/01/2017	2	a lover -
Date Signed(month, day, year)		(File the originally signed statement with your ting official.)
(monun, day, year)		FPPC Form 700 (2016/201
		FPPC Advice Email: advice@fppq.ca.g
		FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.g

Date Signed 3-10-17

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) owel 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School
Division, Board, Department, District, if applicable MARSH JP. High School ASSISTANT ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_\_\_\_, through leaving office. December 31, 2016. O The period covered is \_\_\_\_\_\_, through the date of leaving office. Candidate: Election year \_\_\_\_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-**Mone** - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY ZIP CODE (Business or Agency Address Recommended - Public Document) 115 Silver LAKE DR. DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 521-4734 JHowelle chicousdorg 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

Signature.

FPPC Form 700 (2016/2017)

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

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

NA	ME OF FILER (LAST) (FIRST)	**	Λ.	(MIDDLE)
	Kamph Jes	sica		Ann
1.	Office, Agency, or Court			7
	Agency Name (Do not use acronyms)		1-1-1-1	D
	Chico Unified School District		Assistant	mnapal
	Division, Board, Department, District, if applicable		Your Position	
	▶ If filing for multiple positions, list below or on an attachment. (Do	o not use a	cronyms)	
	Agency:		Position:	
_				
2.	Jurisdiction of Office (Check at least one box)		_	W
	State		☐ Judge or Court Commissioner (	Statewide Jurisdiction)
	Multi-County		County of	F. 7
	City of Chico		Other Public School Distr	rict
3.	Type of Statement (Check at least one box)			
٠.	Annual: The period covered is January 1, 2016, through	Ü	Leaving Office: Date Left	
	December 31, 2016.		(Check one)	
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	Assuming Office: Date assumed/			/
	Candidate: Election year and office so	ought, if diff	ferent than Part 1:	
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-(	or-			
_	Mone - No reportable interests on any schedule	and the state of t		
Э.	Verification	OLDV	CTATE	710 0005
	(Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	260 Memorial Way Ch	nico TF-	MAIL ADDRESS	95926
	(530) 897 - 30 lo lo x2-05		illamph DC	hicouselora
	I have used all reasonable diligence in preparing this statement. I ha herein and in any attached schedules is true and complete. I acknow			knowledge the information contained
	I certify under penalty of perjury under the laws of the State of	California	that the foregoing is true and corre	ct.
	Date Signed 3123	Sign	ature Amesa	
_	(month, day, year)		(File the originally signed stat	ement with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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AME OF FILER (LAST)  H 15 CR	Kathleen	Eliza beth
. Office, Agency, or Court	Minleen	Clifa be th
		- C
Agency Name (Do not use acronyms)  Chica (Ln. Fied Sc  Division, Board, Department, District, if applicable)	hool District	Your Position  Board Vice President
▶ If filing for multiple positions, list below or on	an attachment. (Do not use a	cronyms)
Agency:		Position:
Jurisdiction of Office (Check at least	one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		Sounty of Butte
City of		☐ Other
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Assuming Office: Date assumed		O The period covered is/, through the date of leaving office.
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Schedules attached		
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Schedule A-2 - Investments – schedule	attached S	chedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	attached S	Schedule E - Income - Gifts - Travel Payments - schedule attached
or-		
☐ <b>None -</b> No reportable interests on	any schedule	
Verification /338 MA	r, an Ave C	Chico CA 95928 (A
(Business or Agency Address Recommended - Public Docum	Chico CA	75928 (District)
DAYTIME TELEPHONE NUMBER (530) 228 - 0150	JE-	MAIL ADDRESS  KKATSEY (Q Chicousts. org
0 / 0 / 7		d this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the la	aws of the State of California	that the foregoing is true and correct.
Date Signed Feb, 8, 2016	, <sup>7</sup> Sign	nature Kerfleen E Laison  (File the originally signed statement with your filing official.)
(monus, day, year)	1:	( no die original) ogned etatement man jobn ming ometa.)

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	700  OMMISSION
Name	

S	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS    338
g variables of the second of t	3
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public vloans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public volumes received not in a lender's regular course of busing NAME OF LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*



Email: pgant@kblegal.us

#### MEMORANDUM

#### CONFIDENTIAL ATTORNEY-CLIENT PRIVILEGE INFORMATION

TO:

Kathy Kaiser, Ph.D.

Board of Education

Chico Unified School District

cc:

Kelly Staley, Superintendent

Chico Unified School District

FROM:

Paul R. Gant (6

Kingsley Bogard LLP

DATE:

December 20, 2016

RE:

Gift Reporting Under California's Political Reform Act

Under California's Political Reform Act, gifts from a single source that aggregate \$50.00 or more must be disclosed on your annual Form 700. (Gov. Code, § 87103, subd. (e).)

You have two options for reporting the receipt of gifts, including meals, aggregating \$50.00 or more:

- (1) You can report receipt of the gift on your annual Form 700; or
- You can reimburse the giftor for the value of the gift which exceeds \$50.00 within 30 days of receipt e.g., if the gift has a fair market value of \$75.00, you can reimburse \$25.01 to the giftor, bringing the actual value of the gift received to \$49.99. Where the value of the actual gift received is under \$50.00, you are not required to report the gift on your annual Form 700. (Gov. Code, § 82028, subd. (b)(2); Cal. Code Regs., tit. 2, § 18941.)

These options, however, are not applicable to the meal I enjoyed with you at the CSBA conference on November 30, 2016. Your pro-rata share of the meal purchased for you by Kingsley Bogard LLP was \$35.97.

00058693.1



Kathy Kaiser, Ph.D. Chico Unified School District December 20, 2016 Page 2 of 2

It was a pleasure meeting with you in San Francisco. If you have any questions regarding the contents of this memorandum, please feel free to contact this office.

Date Initial Filing Received
Official Use Only

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Kassel	Jean	M	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if app	licable	Your Position	
► If filing for multiple positions, list below	or on an attachment. (Do not use	acronyms)	
Agency: CUSD		Position: Principal	
2. Jurisdiction of Office (Check at I	east one box)		
State	ş.	☐ Judge or Court Commissioner (Statewide Jurisdiction)	
☐ Multi-County		County of	
City of		☑ Other Public School District	
City of		△ Other	_
3. Type of Statement (Check at least	t one box)		
Annual: The period covered is Janua	ry 1, 2016, through	Leaving Office: Date Left	
December 31, 2016.		(Check one)	
The period covered is December 31, 2016.	_/, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> <li>-or-</li> </ul>	
Assuming Office: Date assumed	<u> </u>	O The period covered is/, through the date of leaving office.	
Candidate: Election year	and office sought, if di	fferent than Part 1:	_
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Schedule B - Real Property – sche		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	CITY	STATE ZIP CODE	
2404 Marical 2	A Chico	CA	
DAYTIME TELEPHONE NUMBER		-MAIL ADDRESS	_
(530) 829-7400		Jrassel @ Chicousdiorg	
I have used all reasonable diligence in prep herein and in any attached schedules is tru		ed this statement and to the best of my knowledge the information contain is is a public document.	ied
I certify under penalty of perjury under	he laws of the State of California	that the foregoing is true and correct.	
Date Signed 2 13/17	Sig	nature de la	_
(month, day, year)		(File the originally signed statement with your filing official.)	

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Diane Kristine Keene 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) Position: \_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_ Multi-County \_\_\_ City of \_\_\_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2016, through (Check one) December 31, 2016. -or-O The period covered is January 1, 2016, through the date of The period covered is .\_\_\_ leaving office. December 31, 2016. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_ Candidate: Election year \_\_ Schedule Summary (must complete) ► Total number of pages including this cover page: — Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification CITY STATE ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 95928 CA Chico 1163 E 7th Street E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER kkeene@chicousd.org (530)891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 02/09/2017 Date Signed \_ (File the originally signed statement with your filing official.) (month, day, year)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) Lossin 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_ Multi-County \_\_\_\_\_ City of \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_\_ Annual: The period covered is January 1, 2016, through (Check one) December 31, 2016. -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_\_\_\_, through leaving office. December 31, 2016. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. and office sought, if different than Part 1: \_\_\_\_ Candidate: Election year \_\_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached ☐ Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E • Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE CITY (Business or Agency Address Recommended - Public Document) 1418 Scot tsdale
DAYTIME TELEPHONE NUMBER CA Chico E-MAIL ADDRESS 10 Kessl (530)954-217I 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. Signature Date Signed \_\_ (File the originally signed statement with your filing official.)

Date Initial Filing Received

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

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	Your F	Position	
Facilities Department	Dire	ctor	
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acronyms)		
Agency:	Posit	on:	
2. Jurisdiction of Office (Check at least on	e box)		
State	☐ Judǫ	e or Court Commissioner (S	tatewide Jurisdiction)
Multi-County	5.50-55 600 1.5		
☐ City of	100 Marie 100 Ma	Public School Distric	
3. Type of Statement (Check at least one bo	)x)		
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-or- The period covered is/			ry 1, 2016, through the date of
December 31, 2016.	-or-	leaving office.	
Assuming Office: Date assumed/_		The period covered isthe date of leaving office.	J, through
Candidate: Election year	and office sought, if different than	Part 1:	
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<ol><li>Schedule Summary (must complete Schedules attached</li></ol>	) ► Total number of pages i	ncluding this cover pa	age:2
Schedule A-1 - Investments – schedule att	ached Schedule C	■ Income Loans & Busines	s Positions - schedule attached
Schedule A-2 - Investments – schedule att	CONCRETE AND ADDRESS OF THE PROPERTY OF THE PR	<ul> <li>Income – Gifts – schedule</li> </ul>	
☐ Schedule B - Real Property – schedule att			ayments - schedule attached
-or-			
☐ None - No reportable interests on an	y schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
2455 Carmichael Drive	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRE		
( 530 ) 891-3140		chicousd.org	
I have used all reasonable diligence in preparing thi herein and in any attached schedules is true and c			nowledge the information contained
I certify under penalty of perjury under the laws	of the State of California that the fo	regoing is true and correc	ť.
Data Signad 02/23/2017		MILL'S MA	KITLO
Date Signed(month, day, year)	Signature	(File the originally signed stater	ment with your filing official.)

### SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF SOURCE	E (Not an Acronym)			► NAME OF SOURCE	(Not an Acronym	)
American Mod	dular Systems					
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)			
787 Spreckels	s Avenue, Man	teca, CA 95336	- 11			
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	Ш	BUSINESS ACTIVIT	Y, IF ANY, OF SO	URCE
Modular Build	ing Manufactui	rer	- 11			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	Ш	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 , 06 , 17</u>	<u>\$ 100.00</u>	Football Game Ticket			\$	-
	\$				\$	*
	\$				\$	
► NAME OF SOURCE	(Not an Acronym)			▶ NAME OF SOURCE	(Not an Acronym)	)
ADDRESS (Busines	s Address Acceptabl	le)		ADDRESS (Business	s Address Accepta	ble)
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOI	URCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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	\$				\$	
	\$				\$	
Comments:						

Please type or print in ink.		
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		Your Position
2,1003.1, 20013, 2001011, 200101, 11 200101		Executive Director of Human Resources
► If filing for multiple positions, list below or on an attach	ment. (Do not use	
		E 10
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)		
		United as Court Commissions (Obstantial Institution)
☐ 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, 2016, thro December 31, 2016.	ugh	Leaving Office: Date Left/
The period covered is/	, through	O The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed/		O The period covered is/, through the date of leaving office.
Candidate: Election year	d office sought if	different than Part 1:
Candidate: Election year an	a omoc sought, ii t	anorone train fact is
4. Schedule Summary (must complete) ▶	Total number	of pages including this cover page:2
Schedules attached		
Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	×	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
☐ None - No reportable interests on any sche	edule	
5. Verification	Mark Control of the C	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	Ohioo	CA 05020
1163 E. 7th Street	Chico	CA 95928
( 530 ) 891-3000		dkoll@chicousd.org
	mont I have review	wed this statement and to the best of my knowledge the information contained
herein and in any attached schedules is true and complete	e. I acknowledge t	this is a public document.
I certify under penalty of perjury under the laws of the	State of Californ	ia that the foregoing is true and correct.
Date Signed02/09/2017	Si	gnature WILLOW
(month day year)		(File the originally signed statement with your filing official.)

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

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

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Keenan & Associates	Hanna & Brophy
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2868 Prospect Drive, Suite 600	2868 Prospect Park Drive, Suite 200
CITY AND STATE	CITY AND STATE
Ranccho Cordova, CA 95970	Rancho Cordova, CA 95970
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Conference -	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Conference
DATE(S): 09 / 13 / 16 - 09 / 16 / 17 AMT: \$ 400	DATE(S): 09 / 13 / 16 - 09 / 16 / 17 AMT: \$ 100
► MUST CHECK ONE: ☑ Gift -or- ☐ Income	► MUST CHECK ONE: 🗵 Gift -or- 🗌 Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Meals	Other - Provide Description Meals
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Keenan & Associates	ADDRESS (D. )
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2868 Prospect Drive, Suite 600 CITY AND STATE	CITY AND STATE
Rancho Cordova, CA 95970	SITT AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CALPERLA Conference	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 / 1 / 16 - 11 / 2 / 16 AMT: \$ 75	DATE(S):
In Guy	
► MUST CHECK ONE:  ☐ Gift -or- ☐ Income	MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description Meal	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	

Date Initial Filing Received
Official Use Only

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

PIE	ease type or print in ink.			
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
K	ruger	Jaclyn		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
			Director, Fiscal Services	
	▶ If filing for multiple positions, list below or on an	attachment. (Do not u	se acronyms)	9
	0444 54 55 5		* **	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least on	e box)		
	☐ State	* **********	☐ Judge or Court Commissioner (Statewide Jurisdiction)	
	☐ Multi-County		County of	
	☐ City of		☑ County of	á
	City of		XI Other	ŝ
3.	Type of Statement (Check at least one bo	ex)		-
	Annual: The period covered is January 1, 20	16, through	Leaving Office: Date Left/	
	December 31, 2016.		(Check one)	
	The period covered is/	/, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> <li>-or-</li> </ul>	
	Assuming Office: Date assumed/	<u></u>	The period covered is/, through the date of leaving office.	
	Candidate: Election year	and office sought, i	f different than Part 1:	
1.	Schedule Summary (must complete)	▶ Total numbe	r of pages including this cover page:	
	Schedules attached		and cotton pages.	
	Schedule A-1 - Investments - schedule atta	ached [	Schedule C - Income, Loans, & Business Positions – schedule attached	
	☐ Schedule A-2 - Investments – schedule atta	ached [	Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property - schedule atta	ached [	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)	CITY	STATE ZIP CODE	
	1163 E. Seventh Street	Chico	CA 95928	
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
	( 530 ) 891-3000		jkruger@chicousd.org	
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have revie omplete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.	
	I certify under penalty of perjury under the laws	of the State of Califor	nia that the foregoing is true and correct.	
	Date Signed02/24/2017	ė	Hackm Kign	
	(month, day, year)	`	Signature(File the originally signed statement with your fillion official \	

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Lindstrom	Scott		Curtis
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	le	Your Position	
Educational Services		Student Support Coordina	ator
▶ If filing for multiple positions, list below or on	an attachment. (Do not use		
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
s = e		✓ Other Public School Distri	
City of	*	Other	
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2016.		Leaving Office: Date Left (Check one)	
-or- The period covered is/ December 31, 2016.		<ul> <li>The period covered is Janua leaving office.</li> <li>-or-</li> </ul>	ry 1, 2016, through the date of
Assuming Office: Date assumed/_	<u> </u>	<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	, through
Candidate: Election year	and office sought, if c	different than Part 1:	
<ol><li>Schedule Summary (must comple Schedules attached</li></ol>	te) ► Total number	of pages including this cover pa	age:1
Schedule A-1 - Investments – schedule	attached	Schadula C. Incomo Loone & Ducinos	on Positions — schodule attached
Schedule A-1 - Investments – schedule  Schedule A-2 - Investments – schedule		Schedule C - Income, Loans, & Busines Schedule D - Income – Gifts – schedule	
Schedule B - Real Property - schedule		Schedule E - Income - Gifts - Travel P	
-or-		Concedio 1 moonie one mayor r	aymonto conocció attachec
None - No reportable interests on a second contract of the	anv schedule		
5. Verification	year of the second seco		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document	827.		5000 (See Contract)
1163 E. Seventh St.	Chico	CA E-MAIL ADDRESS	95928
( 530 ) 891-3000 x 162		slindstr@chicousd.org	
I have used all reasonable diligence in preparing			nowledge the information contained
herein and in any attached schedules is true and	d complete. I acknowledge the	his is a public document.	
I certify under penalty of perjury under the la	ws of the State of Californi	a that the foregoing is true and correc	L.
Date Signed02/07/2017	Siç	gnature Man S	
(month, day year)			nent with your filing official \

Date Initial Filing Received
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## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ini	G.		
IAME OF FILER (LAST)		(FIRST)	(MIDDLE)
_oustale	440-25-504	Gary	M
l. Office, Agency, o	r Court		×
Agency Name (Do not	use acronyms)		
Chico Unified Sch	nool District		
Division, Board, Departr	ment, District, if applicable		Your Position
Board			Trustee
▶ If filing for multiple p	ositions, list below or on an attachme	ent. (Do not u	se acronyms)
Agency:	*		Position:
2. Jurisdiction of C	Office (Check at least one box)		and the second s
State			☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County			County of
	ľ		X Other Public School District
City of			M Other
3. Type of Stateme	nt (Check at least one box)		
Annual: The period	od covered is January 1, 2016, throug	gh	Leaving Office: Date Left
Decembe	r 31, 2016.		(Check one)
The period	od covered is/	, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> <li>-or-</li> </ul>
☐ Assuming Office:	Date assumed	<u>====</u> 3	The period covered is/, through the date of leaving office.
Candidate: Election	on year and	office sought, i	if different than Part 1:
l. Schedule Summ	ary (must complete) ▶ 7	otal numbe	r of pages including this cover page:
Schedules attac	100 10 100 10 10 10		
☐ Schodulo A-1 -	Investments – schedule attached	î	Schedule C - Income, Loans, & Business Positions - schedule attached
	Investments – schedule attached	ı I	Schedule D - Income - Gifts - schedule attached
	Real Property – schedule attached	1	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	engenium. Am Promisi 💞 — Engelstenens and mitalenskalle to t		- sensettanned of Medical C.S. Victoria V.S. K
None - No rep	ortable interests on any sched	lule	
. Verification			
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE
Charles a a a w	Recommended - Public Document)	01-1	CA 05072
14014 Limousin D		Chico	CA 95973
( 530 ) 893-331			gloustale@gmail.com
I have used all reasona			iewed this statement and to the best of my knowledge the information contain
	interator of this entrator in the feature of the feature that the feature of the		rnia that the foregoing is true and correct.
Date Signed	03/24/2017	1	Signature Day m Foustale
Date Olyneu	(month day year)	(*	(File the originally signed statement with your filing official )

Date Initial Filing Received
Official Use Only

#### CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIR	ST)			(MIDDLE)
Marchant	3	au		ch	ristopher
1. Office, Agency, or Court					
Agency Name (Do not use acronyms	)			15	
Chico Unified School Distric					
Division, Board, Department, District,	f applicable		Your Position		
			Princip	pal	
► If filing for multiple positions, list b	elow or on an attachment.	(Do not use ac			
Agency:			Position:		*
2. Jurisdiction of Office (Chec	k at least one box)			***************************************	
State			☐ Judge or Court (	Commissioner (Statev	vide Jurisdiction)
Multi-County			County of		
☐ City of	A.		X Other Public S		
3. Type of Statement (Check at	least one box)				
Annual: The period covered is a December 31, 2016.	anuary 1, 2016, through		Leaving Office: (Check one)	: Date Left/_	
The period covered is _ December 31, 2016.	<u> </u>	., through	The period of leaving office or-		2016, through the date of
Assuming Office: Date assume	d/		O The period of	covered is/ eaving office.	, through
Candidate: Election year	and offic	e sought, if diffe	rent than Part 1:		
4. Schedule Summary (must	complete) ► Total	I number of	pages including	this cover page:	
Schedules attached					
Schedule A-1 - Investments -	schedule attached	□ Sc	hedule C - Income, L	oans. & Business Po	sitions - schedule attached
Schedule A-2 - Investments -	schedule attached	4	hedule D - Income -		
Schedule B - Real Property -	schedule attached	☐ Sc	hedule E - Income -	Gifts – Travel Payme	ents - schedule attached
-or-					
None - No reportable inter	ests on any schedule				
5. Verification					<u> </u>
MAILING ADDRESS STREET (Business or Agency Address Recommended - F	ublic Decument)	CITY		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	+xpad	Chico E-M	AIL ADDRESS	CA	95928
( 530 )	V		manchan	+ @ Chico	usd.org
I have used all reasonable diligence in herein and in any attached schedules				the best of my knowle	edge the information contained
I certify under penalty of perjury un	der the laws of the State	of California th	nat the foregoing is t	true and correct.	^
Date Signed 3/10/200	7 vear)	Signa		originally signed statement w	ith your filling official.)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
McKay	David	S	tephen
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	(4)	0.0000000000000000000000000000000000000	
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Educational services		Director	
▶ If filing for multiple positions, list below or on an at	tachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one b	ox)		
☐ State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
Multi-County		County of	1
		Other School District	-
City of		Otner	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015,	through	Leaving Office: Date Left	1 1
December 31, 2015.	tillough	(Check one)	J
-or- The period covered is/	through	O The period covered is Januar	v 1. 2015, through the date of
December 31, 2015.	, unough	leaving office.	, , , , , , , , , , , , , , , , , , ,
Assuming Office: Date assumed/_	<b>/</b>	The period covered is the date of leaving office.	/, through
Candidate: Election year	and office cought if	<del>5</del> 0	
Candidate: Election year	and onice sought, if	omerent than Part 1.	
4. Schedule Summary (must complete)	► Total number	of pages including this cover pa	ge: 1
Schedules attached			
Schedule A-1 - Investments – schedule attach	ad F	Sabadula C. Incomo Lagra & Business	Docitions schodule attached
Schedule A-1 - Investments – schedule attach		Schedule C - Income, Loans, & Business	
		] Schedule D - Income – Gifts – schedule ] Schedule E - Income – Gifts – Travel Pa	
Schedule B - Real Property – schedule attach	eu [_	Schedule E • Ilicollie – Gills – Haver Fa	yments – scriedule attached
	. b		
✓ None - No reportable interests on any s	cneaule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
4100 Nord Hwy	Chico	CA	95973
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	TOTAL TO SERVICE AND ADDRESS OF THE SERVICE AND
(530) 521-9228		dmckay@chicousd.org	
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com			owledge the information contained
I certify under penalty of perjury under the laws of			,
02/07/2017		W/	
Date Signed (month day year)	Si	gnature	and with your files official l

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

NA	ME OF FILER (LAST)  McLaughlin  (FIRST)  Holl	(MIDDLE)
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	Chico Unified School District	Principal, Parkview Sl.
	Division, Board, Department, District, if applicable .	Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge 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, 2016, through December 31, 2016.	Leaving Office: Date Left/
	-or- The period covered is/, through	The period covered is January 1, 2016, through the date of
	December 31, 2016.	leaving office.
	Assuming Office: Date assumed	The period covered is
	Candidate: Election year and office sought, if of	lifferent than Part 1:
4.	Schedule Summary (must complete) ► Total number of Schedules attached	of pages including this cover page:
		Schoolule C. Income Large & Distinguis Desilions, Schoolule attached
	Description of the control of t	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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	Particular March	CA 959 28
	DAYTIME TELEPHONE NUMBER (530) $864 - 0997$	hmclaughline Chicousd, org
	I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge to	
	I certify under penalty of perjury under the laws of the State of California	ia that the foregoing is true and correct.
	Date Signed $\frac{2/1/2017}{}$ Signed	gnature H. In Jac
	(month, day, year)	(File the originally signed statement with your filing official.)

Date Initial Filing Received Official Use Only

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
NO11	ANDREW		JAMES	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if applicable		Your Position		
Alternative Education		Principal		
▶ If filing for multiple positions, list below or on a	n attachment. (Do not us	se acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least of	ne box)	The second secon		
State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)	
Multi-County		County of	(80.47)	
City of		☑ Other Public School Distric		
		E other		
3. Type of Statement (Check at least one I	oox)			
Annual: The period covered is January 1, 2 December 31, 2016.	016, through	Leaving Office: Date Left (Check one)	J	
-or- The period covered is/	/ through	O The period covered is Januar	y 1, 2016, through the date of	
December 31, 2016.	19	leaving office.		
Assuming Office: Date assumed/_		O The period covered is the date of leaving office.	/, through	
Candidate: Election year	and office sought, if	different than Part 1:		
4. Schedule Summary (must complete	e) ► Total number	of pages including this cover pa	ge:1	
Schedules attached		The same and a same and a same a		
Schedule A-1 - Investments – schedule a	tached [	Schedule C - Income, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments – schedule a	and the second s	Schedule D - Income - Gifts - schedule		
Schedule B - Real Property - schedule a		Schedule E - Income – Gifts – Travel Pa		
-or-	A. <del></del>			
⋈ None - No reportable interests on all	ny schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY ()	STATE	ZIP CODE	
290 East Ave	Chico	CA	95926	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 530 ) 891-3092		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 law	s of the State of Californ	nia that the foregoing is true and correct.		
Date Signed 03/20/2017	S	ignature # M	Ul	
(month, day, year)		(File the originally signed stateme	ent with your filing official.)	

02/22/2017

(month, day, year)

Date Signed

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** A PUBLIC DOCUMENT Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Michael Joseph Morris 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Director **Educational Services** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of \_ ☐ Multi-County \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ (Check one) December 31, 2016. O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_\_/\_\_ leaving office. December 31, 2016. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_ the date of leaving office. Candidate: Election year \_\_ \_\_\_\_\_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 1163 E. 7th Street CA 95928 Chico E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER mmorris@chicousd.org (530) 891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Signature

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

Date Initial Filing Received
Official Use Only

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

NAME OF FILER (LAST)  (FIRST)  (FIRST)	(MIDDLE)			
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: Neal Dow	Position: Principal			
2. Jurisdiction of Office (Check at least one box)				
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)			
Multi-County				
City of	Nother Public School District Public School District			
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2016, through December 31, 2016.	Leaving Office: Date Left/(Check one)			
The period covered is/, throug December 31, 2016.	h O The period covered is January 1, 2016, through the date of leaving office.			
Assuming Office: Date assumed	O The period covered is/, through the date of leaving office.			
Candidate: Election year and office sough	t, if different than Part 1:			
4. Schedule Summary (must complete) ► Total number of pages including this cover page:				
<ul> <li>Schedule A-1 - Investments – schedule attached</li> <li>Schedule A-2 - Investments – schedule attached</li> <li>Schedule B - Real Property – schedule attached</li> </ul>	☐ 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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE			
1420 Neal Dow Avenue Chico	CA 95926			
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
( 530 ) 891-3110	dmurgia@chicousd.org			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perjury under the laws of the State of Cali	fornia that the foregoing is true and correct.			
Date Signed	Signature Murgea			
(month, day, year)	(File the originally signed statement with your filing official.)			

Date Initial Filing Received

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Date Signed

(month, day, year)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Ontiveros Richard Robert 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Transportation Supervisor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County \_\_\_\_\_ County of \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_\_\_ Annual: The period covered is January 1, 2016, through December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_\_/\_\_\_, through leaving office. December 31, 2016. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_ the date of leaving office. Candidate: Election year \_ \_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 95928 2455 Carmichael Dr Chico CA DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS bontiveros@chicousd.org (530)891-3097 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.

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

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only



**COVER PAGE** 

Please t	type or print in ink.		
NAME OF	FILER (LAST) (FIRST)	(MIDDLE)	
6	Parsley Joans		
1 Offi	co Agency or Court	)+-	
· ·	ce, Agency, or Court		
	ncy Name (Do not use acronyms)		
	ico Unified School District		
Divis	ion, Board, Department, District, if applicable	Your Position	
Dis	trict	Assistant Superintendent	
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
Ager	ncy:	Position:	
2. Jur	isdiction of Office (Check at least one box)		
		Under as Court Commissioner (Obstantide Industries)	
		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
∐N	fulti-County	County of	
	city of	☑ Other Public School District	
3 Tyn	pe of Statement (Check at least one box)	A Property of the Control of the Con	
171			
X /	Annual: The period covered is January 1, 2016, through December 31, 2016.	Leaving Office: Date Left/(Check one)	
	The period covered is	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> <li>-or-</li> </ul>	
	Assuming Office: Date assumed	The period covered is, through the date of leaving office.	
П	Candidate: Election year and office sought.	if different than Part 1:	
4. Sch	nedule Summary (must complete)   Total numbe	r of pages including this cover page:	
Sch	nedules attached		
3.4	Cohodulo Ad Investments cohodulo attacked	VI Oshahda O. Jasana Jasana B Darkan Da Wasan Labla Hada	
130		Schedule C - Income, Loans, & Business Positions – schedule attached	
-		Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or-	Managar at a state of the state		
	None - No reportable interests on any schedule		
	fication		
	NG ADDRESS STREET CITY ess or Agency Address Recommended - Public Document)	STATE ZIP CODE	
-	33 East Seventh Street Chico	CA 95928	
	ME TELEPHONE NUMBER	E-MAIL ADDRESS	
( 5	30 ) 891-3000	jparsley@chicousd.org	
	e used all reasonable diligence in preparing this statement. I have revin n and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained at this is a public document.	
I cert	tify under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct	
	03/28/2017	Mr. Hall	
Date	Signed	Signature	
	(month, day, year)	(File the originally signed statement with you/ filing official.)	

#### **SCHEDULE A-2**

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	ALC: VIEW

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Parsley Farms	
Name	Name
6280 Bennett Road, Chico, CA 95926	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS DOGINESS	GENELVIE BEGGINI NON GI TING BGGINEGG
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   ACQUIRED   DISPOSED   \$100,001 - \$100,000   \$100,001 - \$1,000,000   Over \$1,000,000   NATURE OF INVESTMENT   Partnership   Sole Proprietorship   Over \$1,000,000   Ov	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   J_J_16   J_J_16   S10,001 - \$100,000   ACQUIRED   DISPOSED   S100,001 - \$1,000,000   Over \$1,000,000   NATURE OF INVESTMENT   Partnership   Sole Proprietorship   Sole Proprietorship
Partner with Husband	Partite(ship Sole Proprieto(ship Other
YOUR BUSINESS POSITION Partner With Husband	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 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	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 S1,001 - \$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	➤ 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
Anderson Shelling \$1,600,000	· · ·
EF E E E E	
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR  LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT  REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  □ INVESTMENT □ REAL PROPERTY
6280 Bennett Road	Name of Dusiness Culling if Investment or
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location 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	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	ir

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
6280 Bennett Road	5928 Anita Road		
CITY	CITY		
Chico, CA 95926	Chico, CA 95926		
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / / 16   / / 16	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   J_16   J_16   J_16   ACQUIRED   DISPOSED   Over \$1,000,000		
NATURE OF INTEREST	NATURE OF INTEREST		
Ownership/Deed of Trust Easement			
Leasehold Other	Leasehold Yrs. remaining Other		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$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.	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	None		
e a market and the second of t			
* You are not required to report loans from commercial le business on terms available to members of the public w loans received not in a lender's regular course of business	nding institutions made in the lender's regular course of without regard to your official status. Personal loans and ess must be disclosed as follows:		
NAME OF LENDER*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)		
%	%		
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable	Guarantor, if applicable		

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

700 Imission

➤ 1. INCOME RECEIVED	► 1, INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Darrel Parsley ~ Farming		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
Parsley Farms		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Partner		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000	
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income	
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)	
X Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Loan repayment Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
	(Danasha)	
(Describe)	(Describe)	
Other(Describe)	Other(Describe)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
<u>e</u> -	% None	
ADDRESS (Business Address Acceptable)	_	
10 to	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
	Real Property	
HIGHEST BALANCE DURING REPORTING PERIOD	Street address	
\$500 - \$1,000	City	
\$1,001 - \$10,000	—	
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	n 7m n n n n n n n n n n n n n n n n n n	
☐ QAFIV \$100'000	Other(Describe)	
Comments:		

Date Signed

(month, day, year)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

**COVER PAGE** Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) binson 1. Office, Agency, or Court Agency Name (Do not use acronyms) 1-12-D Division, Board, Department, District, if applicable Your Position Member BOARD ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ City of \_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_/\_ December 31, 2016. (Check one) The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_\_/\_\_\_\_, through leaving office. December 31, 2016. O The period covered is \_\_\_ Assuming Office: Date assumed \_\_\_\_/\_ the date of leaving office. Candidate: Election year \_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached (NA) Schedule A-2 - Investments - schedule attached □ Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- ■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STREET STATE ZIP CODE (Business of Agency Address Recommended - Public Document) 95928 DAYTIME TELEPHONE NUMBER erobinson@dricousd. org (530) 891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Signature

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

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

NAME OF FILER (LAST)  RODGERS  KINDERLY	Jeanne		
1. Office, Agency, or Court	Jemine		
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Position		
Emma Wilson Elementoni &	school Administrator/Principa		
▶ 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		
2 Time of Statement (a)			
3. Type of Statement (Check at least one box)	Landar Office Data Laft		
Annual: The period covered is January 1, 2016, through December 31, 2016.	Leaving Office: Date Left/(Check one)		
The period covered is/, through December 31, 2016.	The period covered is January 1, 2016, through the date of leaving office.		
	-or-		
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.		
Candidate: Election year and office sought,	if different than Part 1:		
4. Schedule Summary (must complete) ► Total numb	er of pages including this cover page:		
Schedules attached			
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or-			
None - No reportable interests on any schedule			
5. Verification  MAILING ADDRESS STREET CITY	STATE ZIP CODE		
(Business or Agency Address Recommended - Public Document)	27.021		
DAYTIME TELEPHONE NUMBER  Chico	E-MAIL ADDRESS,		
(530) 891-3297	Krodgers@, chicousdiorg		
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	ornia that the foregoing is true and correct.		
Date Signed 3/24/17 (month, day, year)	Signature (File the originally signed statement with your filing official.)		

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

NA	ME OF FILER (LAST) SAUBERAN	(FIRST) AARON		THAY E	
1.	Office, Agency, or Court	9 P			
	Agency Name (Do not use acronyms)	1			
	Chico Unified School District	AST.	PRINCIPAL,	SPECIAL E	DUCATI
	Division, Board, Department, District, if applicable		Your Position		
	► If filing for multiple positions, list below or on an	attachment. (Do not use acro	nyms)		
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least one	e box)			
	☐ State		☐ Judge or Court Commission	ner (Statewide Jurisdiction)	)
	Multi-County		County of		
	City of		■ Other Public School D	istrict	
3.	Type of Statement (Check at least one bo	x)			
	Annual: The period covered is January 1, 201 December 31, 2016.	6, through	Leaving Office: Date Left (Check one)		
	The period covered is/	/, through	<ul> <li>The period covered is a leaving office.</li> </ul>	January 1, 2016, through t	the date of
	Assuming Office: Date assumed/	<u>J</u>	The period covered is the date of leaving office.		, through
	Candidate: Election year	and office sought, if differen	ent than Part 1:		
4.	Schedule Summary (must complete)	► Total number of p	ages including this cov	er page:	
	Schedules attached				
	Schedule A-1 - Investments – schedule atta		edule C - Income, Loans, & Bu		ule attached
	Schedule A-2 - Investments – schedule atta		edule D - Income - Gifts - sch		
	☐ Schedule B - Real Property – schedule atta Or-	acned Scn	edule E - Income – Gifts – Tra	vei Payments – schedule	altached
7,	☐ <b>None -</b> No reportable interests on any	y schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
	892 NAOMI AVE	Chico	CA	9592	6
	DAYTIME TELEPHONE NUMBER		L ADDRESS	nuc. ret	<u> </u>
	(530) 891 - 1337				
	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			orrect.	
	Date Signed 3/26/17	Signatu	are auron	Sausen	
	(month, day, year)		(File the originally signe	d statement with your filing official.)	

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Advon Santran

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
maharaja me / John Dala/	
Maharaja Me / John Dala/ Name  892 Naomi Ave, Chico CA 95926 Address (Business Address Acceptable)	Name Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS  TOUR DORT IN LETTER STORY  TO THE SECOND STORY  GENERAL DESCRIPTION OF THIS BUSINESS  THE SECOND STORY  THE SECOND STO	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000   J_16   J_16   J_16   \$10,001 - \$100,000   ACQUIRED   DISPOSED   \$100,001 - \$1,000,000   Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$0 - \$1,999     \$2,000 - \$10,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION SPOUSE	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or ✓ Names listed below	➤ 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
SAKZA MARGA, TEXAS	
BAKZA MAKFA, TEXAS BUNKHOUSE, TEXAS MIKA HOTEL GKONP, MEXICO	·
MIRA HOTEL GROWP, MEXICO	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location 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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2016/2017) Sch. A-2

Date Initial Filing Received

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

(month, day, year)

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Schrock Kristen Joelle 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Little Chico Creek Elementary School Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_ Position: \_\_\_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2016. -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_ leaving office. December 31, 2016. O The period covered is \_\_\_\_/\_ the date of leaving office. and office sought, if different than Part 1: \_\_\_ Candidate: Election year \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 2090 Amanda Way Chico CA 95926 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530)891-3285 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 Signature

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

Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Shaphal	(FIRST)	(MIDDLE)
1. Office, Agency, or Court	John	16ymond
Agency Name (Do not use acronyms)		
Chico Unified School District	Palaria	\
Division, Board, Department, District, if applicable	Your Po	sition
▶ If filing for multiple positions, list below or on an attack	chment. (Do not use acronyms)	
Agency:	Position	E
2. Jurisdiction of Office (Check at least one box	<i>x</i> )	
State	☐ Judge	or Court Commissioner (Statewide Jurisdiction)
Multi-County	County	r of
City of	✓ Other	Public School District
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2016, th December 31, 2016.		ng Office: Date Left//k one)
The period covered is/		e period covered is January 1, 2016, through the date of aving office.
Assuming Office: Date assumed	O Th	e period covered is, through e date of leaving office.
Candidate: Election year a	and office sought, if different than Pa	rt 1:
4. Schedule Summary (must complete) ▶ Schedules attached	Total number of pages inc	cluding this cover page:
☐ Schedule A-1 - Investments — schedule attached ☐ Schedule A-2 - Investments — schedule attached ☐ Schedule B - Real Property — schedule attached	☐ Schedule D -	Income, Loans, & Business Positions – schedule attached Income – Gifts – schedule attached Income – Gifts – Travel Payments – schedule attached
<ul><li>None - No reportable interests on any sch</li></ul>	nedule	
5. Verification (95 Dalama Da	Chico	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	Chico E-MAIL ADDRESS	CA
(530) 774-5429	i sha	should a da count of
		nt and to the best of my knowledge the information contained ocument.
I certify under penalty of perjury under the laws of th	e State of California that the fore	going is true and correct.
Date Signed 3 27 17 (month, day, year)	Signature	(File the originally signed statement with your filing official.)
	Contract of the Contract of th	

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable ▶ 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 Other Public School District City of \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_/\_\_/ December 31, 2016. (Check one) O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_ December 31, 2016. leaving office. Assuming Office: Date assumed \_\_\_\_ O The period covered is \_ the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CITY STATE ZIP CODE Chico CA E-MAIL ADDRESS -3026 (a 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 \_ (File the originally signed statement with your filing official.)

Date Initial Filing Received

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Snedeker	Eric	W	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applical	ole	Your Position	
,		Director of Special Education - Administrat	or
► If filing for multiple positions, list below or o	n an attachment. (Do not us		
Agency: Chico Unified School Distric	t	Position: Director of Special Education - Adr	ninistrator
2. Jurisdiction of Office (Check at leas	t one box)		
☐ State	7	Udgo or Court Commissioner (Statewide Juriediation)	
		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County Butte County		County of	
☐ City of Chico		⊠ Other Public School District	
3. Type of Statement (Check at least on	e hox)		
A-10	10.00	□ 1 1 0# Date 1 - #	
Annual: The period covered is January 1 December 31, 2016.	, 2016, through	Leaving Office: Date Left/	=
The period covered is/ December 31, 2016.	, through	<ul> <li>The period covered is January 1, 2016, through the leaving office.</li> <li>-or-</li> </ul>	e date of
Assuming Office: Date assumed	<u> </u>	O The period covered is	, through
Candidate: Election year	and office sought, if	different than Part 1:	
4. Schedule Summary (must compl	ete) > Total number	of pages including this cover page:1	Partie Valley Co
Schedules attached	oso, protuniamon	or pages mendaning and cover page.	
Schedule A-1 - Investments - schedule	e 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	e attached	Schedule E - Income - Gifts - Travel Payments - schedule a	tached
-or-			
None - No reportable interests on	any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docur	nent)	STATE ZIP CODE	
1143 East Seventh Street	Chico	CA	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
( 530 ) 891-3000 ex 135		esnedeke@chicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true at		wed this statement and to the best of my knowledge the informati this is a public document.	on contained
I certify under penalty of perjury under the I		The second secon	
Date Signed03/05/2017	9	innatura Esci Suchella	
(month, day, year)		(File the originally signed statement with your filing official.)	***************************************

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Spaggiari	Renee	Camille
1. Office, Agency, or Court	accession of the control of the cont	
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	Your Position	
	Admini	Stration
▶ If filing for multiple positions, list below or on a		
Agency:	Position:	
2. Jurisdiction of Office (Check at least of	one box)	
☐ State	☐ Judge or Court C	Commissioner (Statewide Jurisdiction)
Multi-County	County of	
City of	_ Public 9	
3. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, 2		Date Left/
December 31, 2016or-	(Check one)	
The period covered is/	_/, through	overed is January 1, 2016, through the date of a.
Assuming Office: Date assumed		overed is, through eaving office.
Candidate: Election year	and office sought, if different than Part 1:	
4. Schedule Summary (must complet	e) ► Total number of pages including t	this cover page:
Schedules attached		
Schedule A-1 - Investments - schedule a	attached Schedule C - Income, L	oans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule a	W S STEELEN M MODEL NO MAN	Appendix No. 197 (2) Co. 197
Schedule B - Real Property - schedule a	attached Schedule E - Income -	Gifts - Travel Payments - schedule attached
-or-		
None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE ZIP CODE
1475 EAST AV	Chico	ca 95926
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
(530) 891-3050 X	105 rspage	Jeavia Chicoustion
	his statement. I have reviewed this statement and to t complete. I acknowledge this is a public document.	he best of my knowledge the information contained
I certify under penalty of perjury under the law	vs of the State of California that the foregoing is t	rue and correct.
Date Signed 2/27/17	Signature	Dass lari
(month, day, year)		originally signed statement with your filing official.)

Date Initial Filing Received
Official Use Only

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

03/21/2017

(month, day, year)

Date Signed \_\_

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Kelly Jan Staley 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Superintendent Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County — County of \_ City of \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ Annual: The period covered is January 1, 2016, through December 31, 2016, -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_/\_\_\_/\_ leaving office. December 31, 2016. O The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_ the date of leaving office. and office sought, if different than Part 1: \_\_\_ Candidate: Election year \_\_\_ 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 D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached X Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET ZIP CODE (Business or Agency Address Recommended - Public Document) CA 95928 1163 East Seventh Street Chico DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3000x134 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.

Signature

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
Name			
100	Staley, Kelly		

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
277 Saint Augustine	,
CITY	CITY
Chico, CA 95926	- P
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$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.	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	None
Brian & Kelly Parsons	
* You are not required to report loans from commercial let business on terms available to members of the public w loans received not in a lender's regular course of business.	ithout regard to your official status. Personal loans and
NAME OF LENDER*	NAME OF LENDER*
0 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	e d Brail
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 <b>\$1,001 - \$10,000</b>
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

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

	ORNIA FORM 700 ITICAL PRACTICES COMMISSION
Name	
	Staley, Kelly

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tri Counties Bank	N III
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
780 Mangrove Aveneu, Chico, CA	n n
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
None	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of
	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	RIOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
PURILED AND AND AND AND AND AND AND AND AND AN	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
<u> </u>	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Short durious
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	
('ommonte'	

#### SCHEDULE D Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Stutz Artiano Shinoff Holtz	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2488 Historic Decatur Road # 200, San Diego	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Firm	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 13 , 16	\$
	\$
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$

Comments: This unsolicited holiday gift arrives annually, even though CUSD no longer conducts business with this law firm. The candy is placed in the staff room for all to enjoy.

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
	Staley, Kelly	

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

▶ NAME OF SOURCE (Not an Acronym)
M-1
ADDRESS (Business Address Acceptable)
CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):
► 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)://
► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel
Other - Provide Description
▶ If Gift, Provide Travel Destination

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION **COVER PAGE** A PUBLIC DOCUMENT Please type or print in ink.

NAME OF FILER (LAST)		(FIRST)	(MIDDLE)
Sullivan		Theodore	
1. Office, Agency,	or Court	11.	
Agency Name (Do I	not use acronyms)		
Chico Unified S	chool District		
Division, Board, Depart	artment, District, if applicable		Your Position
8			Director of Elementary Education
▶ If filing for multiple	e positions, list below or on an attachn	nent. (Do not us	e acronyms)
Agency:			Position:
2. Jurisdiction of	Office (Check at least one box)		
☐ State			☐ Judge or Court Commissioner (Statewide Jurisdiction)
			⊠ County of Butte
			Other Public School District
			/ Other
3. Type of Staten	nent (Check at least one box)		
	eriod covered is January 1, 2016, throu	gh	Leaving Office: Date Left/
-or-	ber 31, 2016.	29511 5.9	(Check one)
	eriod covered is/	, through	<ul> <li>The period covered is January 1, 2016, through the date of leaving office.</li> <li>-or-</li> </ul>
☐ Assuming Offic	e: Date assumed		The period covered is, through the date of leaving office.
Candidate: Ele	ction year and	office sought, if	different than Part 1:
4. Schedule Sum	mary (must complete) 🕨	Total number	of pages including this cover page:
Schedules att	ached		
Schedule A-	I - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2	2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached
Schedule B	Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-			
None - No re  No	eportable interests on any sched	dule	
5. Verification			
MAILING ADDRESS (Business or Agency Addre	STREET ess Recommended - Public Document)	CITY	STATE ZIP CODE
1163 East Seve	enth Street	Chico	CA 95928
DAYTIME TELEPHONE N	JMBER		E-MAIL ADDRESS
( 530 ) 891-30			tsulliva@chicousd.org
	nable diligence in preparing this statem ached schedules is true and complete.		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under pena	Ity of perjury under the laws of the	State of Califorr	nia that the foregoing is true and correct.
Data Signed	03/18/2017	6:	ignature of all
Date Signed	(month, day, year)	3	ignature

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please typ	e or print in ink.								
NAME OF FILER (LAST)		(FIRST)		(MIDDLE)					
Tadeo	e a	Rachel	Ж —	Ann					
1. Office	, Agency, or Court								
Agency	Name (Do not use acronyms)								
150	Unified School District								
1	, Board, Department, District, if applicable		Your Position						
	s Avenue Elementary School		Principal						
▶ If fili	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)								
Agono	<i>I</i> :	Position:	Position:						
Agency	·		r ostaon.						
2. Juris	diction of Office (Check at least one box	;)		9.90					
☐ Sta	te		☐ Judge or Court Commissioner	(Statewide Jurisdiction)					
	ti-County		County of						
				trict					
☐ City	of		X Other						
3. Type	of Statement (Check at least one box)		+ 1						
• • •	nual: The period covered is January 1, 2016, th	rough	Leaving Office: Date Left _	1 1					
	December 31, 2016.	rougn	(Check one)						
	-or- The period covered is/	through	O The period covered is Jar	nuary 1, 2016, through the date of					
	December 31, 2016.	, anough	leaving office.						
☐ As	suming Office: Date assumed								
	Candidate: Election year and office sought, if different than Part 1:								
∐ Ca	ndidate: Election year a	and office sought, if al	nerent than Part 1:						
4. Sche	dule Summary (must complete)	► Total number of	of pages including this cover	page:					
Sche	dules attached								
	Cabadula A.4. Investments - cabadula attachas	. –	Schedule C - Income, Loans, & Busi	noce Positions schodule attached					
님	Schedule A-1 - Investments - schedule attached	000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Schedule D = Income, Loans, & Busin Schedule D = Income – Gifts – sched						
片	Schedule A-2 - Investments – schedule attached       Schedule D - Income – Gifts – schedule attached         Schedule B - Real Property – schedule attached       Schedule E - Income – Gifts – Travel Payments – schedule attached								
-or-	ochedule b - Mear Froporty – schedule attached		Outcome E moome one mare	Traymome Constant and the					
2202	one - No reportable interests on any sc	hodulo							
5. Verifi		Todato							
_	ADDRESS STREET	CITY	STATE	ZIP CODE					
(Busines	s or Agency Address Recommended - Public Document)								
	E. 7th St.	Chico	CA	95926					
	E TELEPHONE NUMBER		E-MAIL ADDRESS						
_	(530) 891-3107								
herein	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 certif	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
	02/07/2017		Dyal le	hatas					
Date S	igned(month, day, year)	_ Sig	nature ////////////////////////////////////	tatement with your filing official.)					

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Pleas	e type or print in ink.								
NAME OF FILER (LAST)		(FIRST)			(MIDDLE)				
Vinc	cent	John			Е				
1. 01	ffice, Agency, or Court								
Ag	gency Name (Do not use acronyms)	#10g/x1171							
C	Chico Unified School District								
Di	vision, Board, Department, District, if applicable		Your Pos	sition	#				
<u>lr</u>	nformation Services		Directo	or					
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)									
Ą	ncy: Position:								
2. Jurisdiction of Office (Check at least one box)									
	State		☐ Judge (	or Court Commissioner (S	Statewide Jurisdiction)				
	Multi-County		☐ County	of	A company of the comp				
	City of		The second second second	Public School Distri					
	Gotty of	-	E-J Othor -						
3. T	ype of Statement (Check at least one box)								
Annual: The period covered is January 1, 2016, through									
	The period covered is/	, through	14	e period covered is Janua ving office.	ary 1, 2016, through the date of				
	Assuming Office: Date assumed/, through the date of leaving office.								
	Candidate: Election year and office sought, if different than Part 1:								
4. S	chedule Summary (must complete)	Total number	of pages inc	luding this cover p	age:				
S	chedules attached				-				
Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule									
	Schedule A-2 - Investments – schedule attached	=	Schedule D - Income - Gifts - schedule attached						
	Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached								
-or-			=-						
×	None - No reportable interests on any schedule								
5. Ve	erification								
	AILING ADDRESS STREET usiness or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE				
1	163 East Seventh Street	Chico		CA	95928				
	AYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	75					
- 22	( 530 ) 891-3000   jvincent@chicousd.org								
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.								
Ιd	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
	02/08/2017	9264		AA)					
Da	ate Signed(month, day, year)	S	ignature	File the originally signed state	ement with your filing official.)				
	(			111 -					

02/28/2017

(month, day, year)

Date Signed \_

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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**COVER PAGE** Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Whittaker Damon Andrew 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Assistant Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: \_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of \_ Multi-County \_\_\_ Nother Public School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_ (Check one) December 31, 2016. -or-O The period covered is January 1, 2016, through the date of The period covered is \_\_\_\_/\_\_\_ leaving office. December 31, 2016. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_ the date of leaving office. Candidate: Election year \_\_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) CA 95926 1475 Fast Ave Chico DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530)891-3050 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Signature

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