STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Michael 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Chapman ▶ 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) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County ___ County of _ School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/___ December 31, 2017. (Check one) O The period covered is January 1, 2017, through the date of The period covered is ____ leaving office. December 31, 2017. O The period covered is ______, through Assuming Office: Date assumed _____/__ the date of leaving office. Candidate: Date of Election _ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: __ Schedules attached 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 Chucu E-MAIL ADDRESS (530) 680-8895 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is 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.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Your Position ▶ 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 Multi-County County of Other City of _ Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/___ December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of The period covered is _ leaving office. December 31, 2017. O The period covered is ___ Assuming Office: Date assumed ____ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election ___

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Schedule A-2 - Investments – schedule attached Schedule D - Inc.	nome, Loans, & Business Positions – schedule attached nome – Gifts – schedule attached nome – Gifts – Travel Payments – schedule attached

CITY

5./Verification

MAILING ADDRESS

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

197 Cohossel hore # 6

Chow

STATE ZIP CODE

95926

DAYTIME TELEPHONE NUMBER

1- 3000

E-MAIL ADDRESS

co Chicord or

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

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

Date Signed 1/23/2018 (month, day, year)

Signature

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

Please type or print in ink.		#I	
NAME OF FILER (LAST)	(FIRST)	9 9	(MIDDLE)
Benz	Mele		Lea
1. Office, Agency, or Court	*		
Agency Name (Do not use acronyms)			
Chico Unified School	District	Principal Your Position	
Division, Board, Department, District, if applicable	9	Your Position	
Sierra View Eleme	ntary	9	
▶ If filing for multiple positions, list below or on		se acronyms)	
Agency:		Position:	
Agonoy.			
2. Jurisdiction of Office (Check at least	one box)		
☐ State		☐ Judge or Court Commissione	r (Statewide Jurisdiction)
☐ Multi-County		County of	
City of		Wother Public S	ichool District
City of		Other	
3. Type of Statement (Check at least one	box)	1	
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Assuming Office: Date assumed/_		 Or- The period covered is the date of leaving office 	, through
Candidate: Date of Election			
Candidate: Date of Election	and onice sough	t, ii dillerent than Fart 1.	
4. Schedule Summary (must comple	te) ▶ Total numbe	r of pages including this cover	r page: _ ->
Schedules attached			
Schedule A-1 - Investments – schedule		Schedule C - Income, Loans, & Bus	
Schedule A-2 - Investments – schedule	11.000 PM	Schedule D - Income - Gifts - sche	
Schedule B - Real Property – schedule	attached [Schedule E - Income - Gifts - Trave	el Payments – schedule attached
-or- /	V 2004 No. 100	Ĩ	
None - No reportable interests on a	any schedule		
5. Verification	(6)	g ^(∎)	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE	ZIP CODE
1598 Hooker Oak.	1 . /	co, CA 95924	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(530) 891 - 3117		mbenz (a chic	Control of the Contro
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have revi d complete. I acknowledge	ewed this statement and to the best of n e this is a public document.	ny knowledge the information contained
I certify under penalty of perjury under the la	ws of the State of California	rnia that the foregoing is true and co	rrect.
Date Signed 2 1 1 8		Signature Ql. Be	2nz/
(month, day, year)			statement with your filing official.)



Ple	ase type or print in ink.			
NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Вє	esnard	Bruce		R
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Shasta Elementary		Principal	
	▶ If filing for multiple positions, list below or on an attachn	nent. (Do not use acre	onyms)	
	Agency:		Position:	
2	Jurisdiction of Office (Check at least one box)		1 100	
۷.	\$855500 (20)		П	tauda luriadistian)
	State		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
	Multi-County		County of	
	City of	<u></u>	★ Other School	
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	Schedule A-2 - Investments – schedule attached	☐ Sc	hedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property – schedule attached	☐ Sc	hedule E - Income – Gifts – Travel Pay	ments - schedule attached
=(or-			
	None - No reportable interests on any scheen	edule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	1163 E. 7th Street	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER		AIL ADDRESS	
	(530) 891-3141		esnard@chicousd.org	
	I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete	e. I acknowledge this	is a public document.	
	I certify under penalty of perjury under the laws of the	State of California t	hat the foregoing-is true and correct.	
	Date Signed02/06/18	Signa	ture	
	(month, day, year)		(File the originally signed statem	ent with your filing official.)

Date Initial Filing Received
Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Plea	ase type or print in ink.	T _A		
NAM	E OF FILER (LAST)	(FIRST)		(MIDDLE)
Ве	ttencourt	Jo Ann		F
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	,
	Rosedale Elementary School		Principal	
	▶ If filing for multiple positions, list below or on an attach	ment. (Do not use acro	nyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
	Multi-County		County of	
	City of			
			Othor	319 SON WOMEN
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	December 31, 2017.	, unougn	leaving office.	
	Assuming Office: Date assumed/		The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office sought, if dif	erent than Part 1:	
4.	Schedule Summary (must complete)	Total number of p	ages including this cover pa	ge:
	Schedules attached	_		
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	Schedule A-2 - Investments – schedule attached	0.000	edule D - Income - Gifts - schedule	
	Schedule B - Real Property – schedule attached	 ☐ Scl	nedule E - Income – Gifts – Travel Pa	yments - schedule attached
-0	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
	1163 E. 7th Street	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	E-M/	IL ADDRESS	
	(530) 891-3104		400 V V V V V V V V V V V V V V V V V V	
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple	ement, I have reviewed te. I acknowledge this i	his statement and to the best of my kn s a public document.	owledge the information contained
	I certify under penalty of perjury under the laws of the	e State of California th	at the foregoing is true and correct	
	01/23/2018		Marchan Ba	Hon and
	Date Signed (month, day, year)	_ Signat	(File the originally signed statem	nent with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

00 SSION

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Chico Turf Plus, LLC	
Name	Name
3030 Thorntree Drive, STE 3	Address (Decision Address Assertable)
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
Chemical Lawn Care	
FAIR MARKET VALUE \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Partnership	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Vice President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> 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	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	■ 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	None or Names listed below
▶ 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	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 ACQUIRED DISPOSED Over \$1,000,000 Over \$
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:__

Ple	ease type or print in ink.			
NAI	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
	Bevers	Gloria		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Personnel Commission		Commissioner	
	▶ If filing for multiple positions, list below or on an	attachment. (Do not us	e acronyms)	
	Agency:		Position:	
	5,			
2.	Jurisdiction of Office (Check at least on	box)		
	State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
	Multi-County		County of	
	City of			
_				
3.	Type of Statement (Check at least one bo	x)		
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	Assuming Office: Date assumed/		O The period covered is the date of leaving office.	_/, through
	Candidate: Date of Election	and office sought	, if different than Part 1:	
4.	Schedule Summary (must complete) ► Total number	of pages including this cover p	age:
	Schedules attached			
	Schedule A-1 - Investments - schedule att		Schedule C - Income, Loans, & Busines	
	□ Schedule A-2 - Investments – schedule attention		Schedule D - Income - Gifts - schedule	
	□ Schedule B - Real Property – schedule attended in the schedu	ached [Schedule E - Income – Gifts – Travel F	Payments – schedule attached
٠	or-			
	None - No reportable interests on an	y schedule		
5.	. Verification		OTITE	ZIP CODE
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document,	CITY	STATE	ZIP CODE
	1163 E. 7th Street	Chico		95928
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
	(530) 891-3000			
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and the schedules in t	complete. I acknowledge	e this is a public document.	
	I certify under penalty of perjury under the law	of the State of Califo	rnia that the foregoing is true and corre	ct.
	Date Signed Yulu B	vers :	Signature $\frac{2}{20}/8$	
	(month, day, year)		(File the driginally signed state	ement with your tiling official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Educational Services Director If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State	NAME OF F	ILER (LAST)	(FIRST)			(MIDDLE)
Chico Unified School District Distion, Board, Department, District, if applicable Educational Services ▶ If filing for multiple positions, list below or on an attachment. (Do not use acranyms) Agency: Position: Position:	Bohanr	non	John			
Chico Unified School District Distion, Board, Department, District, if applicable Educational Services ▶ If filing for multiple positions, list below or on an attachment. (Do not use acranyms) Agency: Position: Position:	1. Offic	e, Agency, or Court				
Chico Unified School District Distion, Board, Department, District, if applicable Educational Services ▶ If filing for multiple positions, list below or on an attachment. (Do not use acranyms) Agency: Position: Position:	Agend	cy Name (Do not use acronyms)			50	***************************************
Educational Services Director If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	1000 miles					
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	Divisio	on, Board, Department, District, if applicable		Your Position	on	
Position:	Edu	cational Services		Director		
State	► If t	filing for multiple positions, list below or on an attachi	ment. (Do not use	e acronyms)		
State	Agen	cy:		Position: _		
State	2. Juri	sdiction of Office (Check at least one box)				
Multi-County City of Other		*		□ Judge or	Court Commissioner (Sta	tewide Jurisdiction)
City of Other	(8-3-3)			The state of the s		
3. Type of Statement (Check at least one box)		170				
Annual: The period covered is January 1, 2017, through December 31, 2017. The period covered is/, through December 31, 2017. Assuming Office: Date assumed/, through December 31, 2017. The period covered is/, through December 31, 2017. The period covered is/, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period covered is January 1, 2017, through the date of December 31, 2017. The period cov	∐ Ci	ity of		Other		
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The period covered is		Annual: The period covered is January 1, 2017, thro	ugh			J
Assuming Office: Date assumed		The period covered is/	, through	leavir		1, 2017, through the date of
4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments – schedule attached Schedule D- 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 None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street DAYTIME TELEPHONE NUMBER (530) 891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information container herein and in any attached schedules is true and complete. I acknowledge this is 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 Signature	☐ A	Assuming Office: Date assumed		O The p		, through
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I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is 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 O2/20/2018 Signature				E-MAIL ADDRESS	0/1	
herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/20/2018 Signature	(53	30)891-3000		jbohannon@c	hicousd.org	
Date Signed 02/20/2018 Signature						owledge the information contained
Date Signed Signature Signature	I cert	ify under penalty of perjury under the laws of the	State of Californ	nia that the forego	ing is true and correct.	
		02/20/2018		41	18	
					(File the originally signed stateme	ent with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. (MIDDLE) (FIRST) NAME OF FILER (LAST) Brian Boyer 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: _ 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, 2017, through December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of The period covered is ______, through leaving office. December 31, 2017. O The period covered is _______, through Assuming Office: Date assumed _____/_ the date of leaving office. and office sought, if different than Part 1: _ Candidate: Date of Election ____ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: ___ Schedules attached Schedule A-1 - Investments - schedule attached Schedule 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 -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 95926 CA 901 Esplanade Chico DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530)891-3026 bboyer@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature (File the originally signed statement was fhyour filing official \ (month, day, year)

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)
Bultema	Kevin		James
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Position	l	
Business Services	Assistant	Superintendent, B	susiness Services
\blacktriangleright If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least of	one box)		
☐ State	☐ Judge or C	Court Commissioner (Stat	tewide Jurisdiction)
Multi-County	County of		
		blic School District	
City of	X Other		
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, 2 December 31, 2017.	2017, through Leaving C (Check on	Office: Date Left ne)	<u> </u>
-or- The period covered is/ December 31, 2017.	/, through O The peleaving		1, 2017, through the date of
Assuming Office: Date assumed	O The pe	eriod covered is/_ te of leaving office.	, through
Candidate: Date of Election	and office sought, if different than Part	t 1:	
4. Schedule Summary (must comple	te) Total number of pages include	ling this cover pag	re:
Schedules attached		mig and core pag	·
Schedule A-1 - Investments - schedule	attached Schedule C - Inco	ome, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedule	attached Schedule D - Inco	ome – Gifts – schedule a	attached
Schedule B - Real Property − schedule	attached Schedule E - Inco	me – Gifts – Travel Pay	ments - schedule attached
-or-			
☐ None - No reportable interests on a	any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY ent)	STATE	ZIP CODE
1163 East Seventh Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(530) 891-3000	kbultema@chi		
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have reviewed this statement a d complete. I acknowledge this is a public docu	and to the best of my kno ament.	wledge the information contained
I certify under penalty of perjury under the la	ws of the State of California that the foregoing	ng is true and correct.	
Date Signed 2 - 27-18	Signature	lan). But	
(month, day, year)		(File the originally signed stateme	nt with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kevin J. Bultema

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 548 W. 4th Avenue	➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000 Over \$1,	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 Other	Leasehold 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
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.
* You are not required to report loans from commercial 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
loans received not in a lender's regular course of busi	
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	Guarantor, if applicable
Comments:	11

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL 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	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 X \$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.)	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	
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	
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to
regular course of business must be disclosed as follows	
regular course of business must be disclosed as follow:	
NAME OF LENDER*	s:
	S: INTEREST RATE TERM (Months/Years) %
NAME OF LENDER* ADDRESS (Business Address Acceptable)	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER*	S: INTEREST RATE TERM (Months/Years) %
NAME OF LENDER* ADDRESS (Business Address Acceptable)	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable)	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	S: INTEREST RATE TERM (Months/Years)
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	S: INTEREST RATE TERM (Months/Years) —
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	S: INTEREST RATE TERM (Months/Years) —
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	INTEREST RATE TERM (Months/Years)

California Form 700: Kevin J. Bultema

Statement of Economic Interests 2017

Item 1: Attachment

Agency	Position
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

C INTERESTS 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		Altamirano
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Positio	on	
Chico Junior	Principal	ļ	
▶ If filing for multiple positions, list below or on an atta	achment. (Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one bo) (x)		
☐ State		Court Commissioner (Sta	
Multi-County	County of	Butte	
⊠ City of Chico	The second secon		
En only or			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, t		Office: Date Left	<u></u>
December 31, 2017.	(Check o	· ·	
The period covered is	, unough	period covered is January ng office.	1, 2017, through the date of
Assuming Office: Date assumed		period covered isate of leaving office.	, through
Candidate: Date of Election	and office sought, if different than Par	rt 1:	
## 174 H	► Total number of pages inclu	ding this cover pag	ge:2
Schedules attached			
Schedule A-1 - Investments - schedule attache	ed Schedule C - Inc	ome, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedule attache	ed Schedule D - Inc	ome - Gifts - schedule	attached
Schedule B - Real Property - schedule attache	ed Schedule E - Inc	ome – Gifts – Travel Pa	yments - schedule attached
-or-			
☐ None - No reportable interests on any set	chedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
280 Memorial Way	Chico	CA	95926
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(530) 891-3066	pcaldera@chi		
I have used all reasonable diligence in preparing this standard herein and in any attached schedules is true and compared to the compared to t			owledge the information contained
I certify under penalty of perjury under the laws of	the State of California that the forego	ing is true and correct.	0
Date Signed 2/26/18	Signature	Ma & M.	1
(month, day, year)		(File the originally signed statem	ent with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	
Name	
Pedro A Caldera	

➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 2272 Holly Avenue	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Chico	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	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 Yrs. remaining 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 ☐ \$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} Keri Smith	None
* You are not required to report loans from commercial libusiness on terms available to members of the public loans received not in a lender's regular course of business.	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 \$1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	II

Please type or print in link.					
NAME OF FILER (LAST)	(FIF	RST)			(MIDDLE)
Capen	Je	essica			Thais
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Chico Unified School District					
Division, Board, Department, District, if ap	plicable		Your Position		
CUSD			Assistant Principal		
► If filing for multiple positions, list below	or on an attachment	/Do not use	acronymel		
I ming for multiple positions, not below	or on an attachment	100 1101 400 1	ioronymoj		
Agency:			Position:		
. Jurisdiction of Office (Check at	least one box)				
☐ State			☐ Judge or Court Commis	sioner (Stat	ewide Jurisdiction)
☐ Multi-County			D (1		
City of			<u>124 - 18</u>		
City or			U Otner		
3. Type of Statement (Check at leas	st one box)				
★ Annual: The period covered is January	ary 1, 2017, through		Leaving Office: Date	Left	J
December 31, 2017.			(Check one)		
-or- The period covered is07	<u>,</u> 01 _, 2017	_, through		is January	1, 2017, through the date of
December 31, 2017.			leaving office.		
Assuming Office: Date assumed			 The period covered the date of leaving 		, through
Candidate: Date of Election	and o	office sought, if	different than Part 1:		
l. Schedule Summary (must cor	mplete) ▶ Tota	al number o	f pages including this c	over pag	e:
Schedules attached					
Schedule A-1 - Investments – sch	edule attached	П	Schedule C - Income, Loans, &	Rusinass	Positions — schadula attached
Schedule A-2 - Investments – sch			Schedule D - Income – Gifts –		
Schedule B - Real Property – sch			Schedule E - Income - Gifts -		
·or-	00010 011001100	Щ.			none constant anathra
None - No reportable interests	s on any schedule	1			
. Verification		Windows I like			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	Document)	CITY	ST	ATE	ZIP CODE
280 Memorial Way	W.	Chico	C	A	95926
DAYTIME TELEPHONE NUMBER		- noovembers no	-MAIL ADDRESS		
(530)891-3066		jo	capen@chicousd.org		
I have used all reasonable diligence in prepherein and in any attached schedules is tr				t of my know	wledge the information contained
I certify under penalty of perjury under	the laws of the State	e of California	that the foregoing is true an	d correct.	
Pata Signal 2/20/18					
Date Signed	())	Sign	nature	cianad ctalana	t with your filing official.)
(month, day, year)			(File the originally	nation ofocutell	i min your ming 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.			
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
С	ariss -	Timothy		Andrew
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	275 411 27 17 17	Your Position	
			Director	
	▶ If filing for multiple positions, list below or on an attachmen	nt. (Do not use acr	onyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court Commissioner (State	tewide Jurisdiction)
	-		County of	
	Multi-County		<u> </u>	
	City of		Other	
3.	Type of Statement (Check at least one box)			
	★ Annual: The period covered is January 1, 2017, through	n	Leaving Office: Date Left	<u></u>
	December 31, 2017.		(Check one)	
	-or- The period covered is 6 1/4 201	Z. through	O The period covered is January	1, 2017, through the date of
	December 31, 2017.		leaving office.	
	Assuming Office: Date assumed		O The period covered is	, through
	Candidate: Date of Election and	d office sought, if dif	ferent than Part 1:	
4	Schedule Summary (must complete) ► To	ntal number of i	pages including this cover pag	le:
**	Schedules attached	nar mannocr or p	sages molacing and vovor pag	y. <u> </u>
	Schedule A-1 - Investments - schedule attached	☐ Scf	nedule C - Income, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	☐ Scf	nedule D - Income - Gifts - schedule a	attached
	Schedule B - Real Property - schedule attached	☐ Sc!	nedule E - Income – Gifts – Travel Pay	ments - schedule attached
-(or-			
	None - No reportable interests on any schedule.	ıle		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	1163 East Seventh St.	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	119900000	AIL ADDRESS	
	(530) 891-3000		riss@chicousd.org	
	I have used all reasonable diligence in preparing this statemer herein and in any attached schedules is true and complete.			wledge the information contained
	I certify under penalty of perjury under the laws of the St	tate of California th	nat the foregoing is true and correct.	
	2 4 0: 4 1/23/18		1=	
	Date Signed	Signat	(File the originally signed stateme	nt with your filing official.)

Ple	ase type or print in ink.			
NAM	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 Position	
			Director Maintenance/Opera	tions/Transportation
	▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use acro	onyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	☐ State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
	Multi-County		County of	
	With the second		☑ Other Public School District	
	City of		Other	
3.	Type of Statement (Check at least one box)			
	X Annual: The period covered is January 1, 2017, throu	ıgh	Leaving Office: Date Left/.	
	December 31, 2017.	######################################	(Check one)	
	The period covered is//	, through	 The period covered is January leaving office. -or- 	1, 2017, through the date of
	Assuming Office: Date assumed/		O The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election	and office sought, if dif	ferent than Part 1:	
4.	Schedule Summary (must complete)	Total number of p	pages including this cover page	e:1
	Schedules attached	•		
	Schedule A-1 - Investments – schedule attached	☐ Sc!	hedule C - Income, Loans, & Business I	Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		hedule D - Income - Gifts - schedule at	
	Schedule B - Real Property – schedule attached	☐ Scl	hedule E - Income – Gifts – Travel Payr	ments - schedule attached
-	or-			
	None - No reportable interests on any sche	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	10000000	AIL ADDRESS	
	(530) 624-7411		rver@chicousd.org	
	I have used all reasonable diligence in preparing this staten herein and in any attached schedules is true and complete	e. I acknowledge this	is a public document.	wledge the information contained
	I certify under penalty of perjury under the laws of the	State of California th	nat the foregoing is true and correct.	1
	Date Signed 2-20-20/8	Signa		ar
	(month, day, year)		(File the originally signed statement	nt with your filing official.)

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)
Copper	Dustin		Todd
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Your	Position	
Maintenance	Sup	pervisor	
▶ If filing for multiple positions, list below or on an atta	chment. (Do not use acronyms)		
Agency:	Posi	tion:	
2. Jurisdiction of Office (Check at least one bo	x)		
☐ State	☐ Jud	ge or Court Commissioner (State	ewide Jurisdiction)
☐ Multi-County	ПСо	unty of	Seese th
The second section of the sect			
City of	Uth	er	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, t December 31, 2017.		aving Office: Date Left	<u></u>
The period covered is/	, through O	The period covered is January leaving office.	1, 2017, through the date of
Assuming Office: Date assumed		The period covered is	, through
Candidate: Date of Election	and office sought, if different the	nan Part 1:	
4. Schedule Summary (must complete)	► Total number of names	including this cover pag	e· 1
Schedules attached	P Total namber of pages	moraumy and cover pag	·
Schedule A-1 - Investments – schedule attache	ed Schedule	C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule attache	ed Schedule	D - Income - Gifts - schedule a	ttached
Schedule B - Real Property – schedule attache	ed Schedule	E - Income – Gifts – Travel Pay	ments - schedule attached
-or-			
None - No reportable interests on any set	chedule		
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 ADDR	ESS	
(530) 864-3247		@chicousd.org	
I have used all reasonable diligence in preparing this standard in any attached schedules is true and compared to the compared	atement. I have reviewed this stat blete. I acknowledge this is a pub	ement and to the best of my kno olic document.	wledge the information contained
I certify under penalty of perjury under the laws of	the State of California that the	foregoing is true and correct.	
Date Signed 2-20-2018	Signature	X len	
(month, day, year)	,-	(File the originally signed statement	nt with your filing official.)

Date Initial Filing Received Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Plea	se type or print in ink.			
NAME	OF FILER (LAST)	(FIRST)		(MIDDLE)
Del	Bock	Laurie		E
1. 0	Office, Agency, or Court			
Ā	Agency Name (Do not use acronyms)			
	Chico Unified School District			
Ī	Division, Board, Department, District, if applicable		Your Position	
	Bidwell Jr. High School		Assistant Principal	
1	▶ If filing for multiple positions, list below or on an attact	nment. (Do not use acre	onyms)	
į	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	□ State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
			County of	
	Multi-County			
[City of		Other Public School District	
3.	Type of Statement (Check at least one box)	- Acceptance		
	★ Annual: The period covered is January 1, 2017, thr	ough	Leaving Office: Date Left	
L	December 31, 2017.	ougn	(Check one)	
	The period covered is	, through	 The period covered is Januar leaving office. -or- 	ry 1, 2017, through the date of
	Assuming Office: Date assumed		The period covered is the date of leaving office.	, through
	Candidate: Date of Election	and office sought, if di	fferent than Part 1:	
4	Schedule Summary (must complete)	Total number of	pages including this cover pa	aae:
	Schedules attached	Total Hamber of	ougoo moraamig and outer pa	30.
	Schedule A-1 - Investments - schedule attached	⊠ Sc	hedule C - Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - Investments – schedule attached		hedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property - schedule attached	☐ Sc	hedule E - Income – Gifts – Travel Pa	ayments - schedule attached
-0				
[☐ None - No reportable interests on any sch	redule		
5. \	/erification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	2376 North Ave.	chico	Ca	95926
-	DAYTIME TELEPHONE NUMBER	5/(300)	AIL ADDRESS	
l)	(530) 891-3080		ebock@chicousd.org	
1	have used all reasonable diligence in preparing this state nerein and in any attached schedules is true and comple	ement. I have reviewed ete. I acknowledge this	this statement and to the best of my ki is a public document.	nowledge the information contained
1	certify under penalty of perjury under the laws of the	ie State of California t	hat the foregoing is true and correc	t.
	4.00.40		40	11/20
	Date Signed	Signa		mont with your filing office
	(month, day, year)	1	(File the originally signed states	nen wan your ming oncide;

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1030 Broadway	➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1286 & 1290 Wanderer Ln.		
CITY	CITY		
Chico	Chico, Ca 95973		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10001 - \$1,000,000 Over \$1,000,000		
NATURE OF INTEREST	NATURE OF INTEREST		
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust Easement		
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			
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. 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. None Joe Tierno, Jim Tierno, Jessica Bergem		
* 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 business.	lending 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 \$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		
Comments:			

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
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	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.)	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
(Describe)	(Describe)
Other	Other
(Describe)	(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)
	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
THE NAME OF A COUNTY OF A NAME OF A PARTY OF	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
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received Official Use Only

A PUBLIC DOCUMENT Please type or print in ink.

NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
	olan	Jane		(
1.	Office, Agency, or Court			
15151	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	Υ	our Position	
	Personnel Commission		Commissioner	
	▶ If filing for multiple positions, list below or on an attachme	nt. (Do not use acronyn	ns)	
	Agency:	F	Position:	
2.	Jurisdiction of Office (Check at least one box)			
	☐ State		Judge or Court Commissioner (Sta	atewide Jurisdiction)
	Multi-County	-	County of	
	City of		Other School District	
		\text{\tint{\text{\tin}\text{\texi}\text{\text{\text{\text{\text{\text{\tex{\tex	Other	The second secon
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, throug December 31, 2017.	h 🗵		<u> </u>
	-Or-		(Check one)	. 4. 0047 (h
	The period covered is//	3	 The period covered is January leaving office. or- 	71, 2017, through the date of
	Assuming Office: Date assumed/		The period covered is the date of leaving office.	, through
	Candidate: Date of Election and	d office sought, if differer	nt than Part 1:	
4.	Schedule Summary (must complete) ▶ 76	otal number of page	es including this cover page	ze:
	Schedules attached	, ,		
	Schedule A-1 - Investments – schedule attached	♥ Cahadu	la C Incomo I cono 8 Ducinoso	Docklone schools attached
	Schedule A-2 - Investments – schedule attached	A CONTRACTOR OF THE PROPERTY O	le C - Income, Loans, & Business le D - Income – Gifts – schedule :	
	Schedule B - Real Property – schedule attached	-	le E - Income – Gifts – Travel Pay	
-(or-		,	
	☐ None - No reportable interests on any schedu	ıle		
5.	Verification			The second secon
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	1051 Adlar Court	Chico	CA	95926
	DAYTIME TELEPHONE NUMBER	E-MAIL AD	DRESS	A THE STATE OF THE
	(530) 342-4295		@sbcglobal.net	
	I have used all reasonable diligence in preparing this statemer herein and in any attached schedules is true and complete.	nt. I have reviewed this s I acknowledge this is a p	statement and to the best of my kno public document.	wledge the information contained
	I certify under penalty of perjury under the laws of the St	(5)		
	Date Signed North 8, 2018	Clanat	En .	
	(month, day, year)	Signature _	(File the originally signed stateme	nt with your filing official.)

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jane Dolan

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Jane Dolan, Probate Referee	
Name	Name
389 Connors Ct. Suite A Chico CA 95926	
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
Service - The desirable of the control of the contr	☐ 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:
\$0 - \$1,999	\$0 - \$1,999
X \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship Other
	Office
YOUR BUSINESS POSITION OWner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 × \$10,001 - \$100,000	\$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or X Names listed below	☐ None or ☐ Names listed below
Joy Shifflett Trust	
9	
▶ 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 Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ 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 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$10,001 - \$100,000
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	
Yrs. remaining Check how if additional schedules reporting investments or real preparty.	Yrs. remaining 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 FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jane Dolan

706 Bidwell Drive
Chico CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST
Ownership/Deed of Trust Easement
Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$\overline{\mathbf{x}}\\$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
X None
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:
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*
without regard to your official status. Personal loans and ness must be disclosed as follows:
without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
without regard to your official status. Personal loans and ness must be disclosed as follows: 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 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 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) % 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) ———————————————————————————————————

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jane Dolan

ASSESSOR'S PA		R OR STREET ADDRE	ESS	Þ	ASSESSOR'S PARCEL NUMBE	R OR STREET ADDRESS
Chico CA				П		
FAIR MARKET V. \$2,000 - \$10, \$10,001 - \$10 X \$100,001 - \$10 Over \$1,000,00	000 00,000 1,000,000 000	IF APPLICABLE, LIS	T DATE:		FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	IF APPLICABLE, LIST DATE:
NATURE OF INT Ownership/De		☐ Easement		П	NATURE OF INTEREST	П г
Leasehold	Yrs. remaining	× spouse	ownership		Ownership/Deed of Trust Leasehold Yrs. remaining	Easement Other
IE DENTAL DOO		INCOME RECEIVED		П	9	
X \$0 - \$499	\$500 - \$1		- \$10,000	Ш	IF RENTAL PROPERTY, GROSS ☐ \$0 - \$499 ☐ \$500 - \$	
\$10,001 - \$10	(1)	OVER \$100,000	410,000	Ш	\$10,001 - \$100,000	OVER \$100,000
SOURCES OF Rinterest, list the income of \$10,0	name of each	: If you own a 10% tenant that is a si	or greater ngle source of		SOURCES OF RENTAL INCOM	E: If you own a 10% or greater ch tenant that is a single source of
business on	terms availa	able to members	of the public	witho	ng institutions made in the out regard to your official must be disclosed as fo	ne lender's regular course of I status. Personal loans and Ilows:
NAME OF LENDE	R*				NAME OF LENDER*	
ADDRESS (Busin	ess Address Acc	reptable)			ADDRESS (Business Address A	Acceptable)
BUSINESS ACTIV	TTY, IF ANY, OF	LENDER			BUSINESS ACTIVITY, IF ANY,	OF LENDER
INTEREST RATE		TERM (Months/)	'ears)		INTEREST RATE	TERM (Months/Years)
%	None	S			%	
HIGHEST BALAN	CE DURING RE	PORTING PERIOD			HIGHEST BALANCE DURING	REPORTING PERIOD
\$500 - \$1,000		61,001 - \$10,000			\$500 - \$1,000	\$1,001 - \$10,000
S10,001 - \$100	0,000	OVER \$100,000		\parallel	\$10,001 - \$100,000	OVER \$100,000
Guarantor, if a	pplicable				Guarantor, if applicable	
`ommonto:				П		

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

CALIFORNIA FORM	700
Name	
Jane Dolan	

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CSU, Chico Research Foundation	Bob Mulholland
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
25 Main Street Chico	1051 Adlar Ct Chico CA 95926
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit educational corporation	Political Consultatn
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Project Co-Director	NA
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \qquad \qquad \$1,001 - \$10,000	☐ \$500 - \$1,000
▼ \$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.) Loan repayment	(Real property, car, boat, etc.)
	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 PERIOD You are not required to report loans from commercial len retail installment or credit card transaction, made in the limembers of the public without regard to your official stat 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
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
, ,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	_
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
	(Dodding)
Comments:	

Date Signed 01/23/18

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT **COVER PAGE** 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 applicable Your Position **BUYER** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ Position: _ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County — ☐ County of _ ☑ Other PUBLIC SCHOOL DISTRICT 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/____ December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of The period covered is ____/____ leaving office. December 31, 2017. Assuming Office: Date assumed ____/___/ O The period covered is ____ the date of leaving office. and office sought, if different than Part 1: ___ Candidate: Date of Election ____ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule 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 STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 EAST 7th STREET CHICO CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (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

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Enserro	Vince		Р
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Your F	Position	
Child Nutrition	Dire	ctor of Nutrition	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use acronyms)		
Agency:	Posit	ion:	
2. Jurisdiction of Office (Check at least of	ne box)		
☐ State	☐ Judg	ge or Court Commissioner (State	ewide Jurisdiction)
Multi-County	Псои	nty of	0.000 March 19.000 March 19.00
		Public School District	
City of	<u>[A]</u> OIRE	al	
3. Type of Statement (Check at least one b	nox)		
Annual: The period covered is January 1, 20 December 31, 2017.		aving Office: Date Left	
The period covered is/ December 31, 2017.	, though	The period covered is January leaving office.	1, 2017, through the date of
Assuming Office: Date assumed/		The period covered is	, through
Candidate: Date of Election	and office sought, if different th	an Part 1:	
4. Schedule Summary (must complete	e) ► Total number of pages i	including this cover pag	e:
Schedules attached	THE STANDARD REPORT WAS ASSESSED TO SECURE AND A SECURE ASSESSED TO		
Schedule A-1 - Investments - schedule a	ttached Schedule (: - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule a		- Income - Gifts - schedule a	
Schedule B - Real Property – schedule a		- Income – Gifts – Travel Payı	
-or-			
None - No reportable interests on an analysis of the second se	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE	ZIP CODE
2455 Carmichael Dr	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRE	75772	
(530)8913021	venserro(@chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	his statement. I have reviewed this state	ement and to the best of my know	wledge the information contained
I certify under penalty of perjury under the lav		. /	
Date Signed	Signature	1	
(month, day, year)		(File the originally signed statemen	t with your filing official.)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
German	Eric		Johan
I. Office, Agency, or Court			5
Agency Name (Do not use acronyms)			t
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Position	on	
Maintenance/Operations	Supervi		
Maintenance/Operations	Gupervi	301	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use acronyms)		
Agency:	Position: -		
, goloj.			
2. Jurisdiction of Office (Check at least o	ne box)		
☐ State	☐ Judge or	Court Commissioner (State	ewide Jurisdiction)
Multi-County	County o	of	
City of		ublic School District	
City of			
3. Type of Statement (Check at least one l	oox)		
Annual: The period covered is January 1, 2	017, through	Office: Date Left	
December 31, 2017.	(Check		
-or- The period covered is/	, though		1, 2017, through the date of
December 31, 2017.	leavi	ing office.	
Assuming Office: Date assumed/_		period covered is/_ date of leaving office.	, through
Candidate: Date of Election	and office sought, if different than P	art 1:	
4. Schedule Summary (must complet	e) ► Total number of pages incl	uding this cover pag	re;1
Schedules attached	, , , , , , , , , , , , , , , , , , , ,		
Schedule A-1 - Investments – schedule a	ottochod Schedule C - In	ocome Loans & Rusiness	Positions – schedule attached
Schedule A-2 - Investments - schedule a		ncome – Gifts – schedule a	
Schedule B - Real Property - schedule a			ments – schedule attached
-or-	macrica	2.00	
None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE	ZIP CODE
2455 Carmichael Dr.	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(530) 891-3095	egerman@cl	nicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have reviewed this statement complete. I acknowledge this is a public do	t and to the best of my kno ocument.	wledge the information contained
I certify under penalty of perjury under the la			
		2 . //	
Date Signed 3/2/18	Signature	w Vern	<u> </u>
(month, day, year)		(File the originally signed stateme	nt with your filing official.)

Ple	ase type or print in ink.				
NAM	ME OF FILER (LAST) (FIRST)	0	(MIDDLE)		
_	Govan Regina	(R	Bruce		
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Division, Board, Department, District, if applicable Chica High School	Your Position Assistant	Pernerpal		
	▶ 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		District		
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left (Check one)	6,30,2017		
	The period covered is/, throug December 31, 2017.	h O The period covered is Jan leaving office.	uary 1, 2017, through the date of		
	Assuming Office: Date assumed	O The period covered is the date of leaving office.	, through		
	Candidate: Date of Election and office sou	ght, if different than Part 1:			
4.	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, & Busin	ness Positions - schedule attached		
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - sched			
	☐ Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel	Payments – schedule attached		
-	-Or-				
5	Verification				
J,	MAILING ADDRESS STREET CITY	STATE	ZIP CODE		
	(Business or Agency Address Recommended - Public Document) 901 The Esplanale	chico CA	95928		
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
	(5)0) 891-3261	rgovan Q ch	ico usd. org		
	I have used all reasonable diligence in preparing this statement. I have reherein and in any attached schedules is true and complete. I acknowle	eviewed this statement and to the best of my	knowledge the information contained		
	I certify under penalty of perjury under the laws of the State of Cal	ifornia that the foregoing is true and corn	rect.		
	Date Signed 3 ~ / ~ Z \circ / \otimes	Signature Coo	a-		
	(month, day, year)		tatement with your filing official.)		

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAN	THE OF FILER (LAST) 6 CT SFIN (FIRST) E	Tizabeth	(MIDDLE)	
1.	Office, Agency, or Court		Ann	
		ed School Distr	ict	
	Division, Board, Department, District, if applicable	Your Position		
	Board of Education	Trus	tee	
	▶ If filing for multiple positions, list below or on an attachment. (Do no	ot 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 S	chool District	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left		
	-or- The period covered is/, throu	4	nuary 1, 2017, through the date of	
	December 31, 2017.	leaving office.		
	Assuming Office: Date assumed	 The period covered is the date of leaving office. 	/, through	
	Candidate: Date of Election and office so	ught, if different than Part 1:	Exercise Action (1997)	
4.	Schedule Summary (must complete) ► Total num	ber of pages including this cover	page: 4	
	Schedules attached			
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Busin	ness Positions - schedule attached	
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - sched		
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Trave	I Payments - schedule attached	
-(○r- ☐ None - No reportable interests on any schedule			
<u></u>		01.	000: -	
J.	MAILING ADDRESS STREET CITY	Chico, CA	75 92.8 ZIP CODE	
	(Business or Agency Address Recommended - Public Document)			
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	•	
	(530) 864-0549	egriffin od		
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.			
	I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and cor	rect.	
	Date Signed 2-19-18	Simoture Slin a lot	Luffin	
	Date Signed	Signature The originally signed s	tatement with your filing official.)	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Griffin Elizabeth

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
B. L. Griffin Co., Inc.	
B. L. Griffin Co., Inc. Name 2225 Fair St., Chico, CA	Name 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
fueling system service/repair	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: ☐ \$0 - \$1,999
\$0 - \$1,999 \$2,000 - \$10,000	\$2,000 - \$10,000///
\$10,001 - \$100,000 ACQUIRED DISPOSED \$1,000,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Corporation Other	Partnership Sole Proprietorship Cother
YOUR BUSINESS POSITION Spouse of 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	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000
▶ 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.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 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: INVESTMENT REAL PROPERTY	Check one box: 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 or 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	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000 NATURE OF INTEREST	L Over \$1,000,000 NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining 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
	FPPC Form 700 (2017/2018) Sch. A-2
Comments:	EPPC Advice Email: advice@fnnc.ca.gov

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Griffin, Elizabeth

100	▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
603 Sycamore St.	620 Sycamore St.
Chico, CA	Chico, CA
FAIR MARKET VALUE S2,000 - \$10,000 S10,001 - \$100,000 J_17 J_17 \$\text{S100,001} \cdot \\$1,000,000 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 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 \$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. None Personal residence	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
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	vithout regard to your official status. Personal loans and
business on terms available to members of the public v	vithout regard to your official status. Personal loans and
loans received not in a lender's regular course of busin	
business on terms available to members of the public v loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable)	vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public v loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	vithout regard to your official status. Personal loans and ess must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public v loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	vithout regard to your official status. Personal loans and ess 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 v 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 ess 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 v 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 ess 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 v 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) HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and ess 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 FAIR POLITICAL PRACTICES COMMISSION
Name
Griffin, Elizabeth

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1427	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY FAIR MARKET VALUE
Glenn Rush Madelin Cox	None
* 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 business.	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) % None	INTEREST RATE TERM (Months/Years)% \None
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable
Comments-	

Ple	ase type or print in ink.			
NAN	IE OF FILER (LAST)	(FIRST)		(MIDDLE)
Ha	anlon III	James		T
1.	Office, Agency, or Court		i	3
	Agency Name (Do not use acronyms)			***************************************
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
			Assistant Superintendent	
	▶ If filing for multiple positions, list below or on an attachn	nent. <i>(Do not use ac</i>	ronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	☐ State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
			County of	
	Multi-County		✓ Other Chico Unified School	
	City of		✓ Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, through	ugh	Leaving Office: Date Left	
	December 31, 2017.		(Check one)	
	The period covered is//	, through	 The period covered is Janual leaving office. -or- 	ry 1, 2017, through the date of
	Assuming Office: Date assumed		O The period covered is the date of leaving office.	, through
	Candidate: Date of Election	and office sought, if o	lifferent than Part 1:	
4.	Schedule Summary (must complete)	Total number of	pages including this cover pages	age:
	Schedules attached		, ,	
	Schedule A-1 - Investments - schedule attached	□s	chedule C - Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	□s	chedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property - schedule attached	□s	<mark>chedule E -</mark> Income – Gifts – Travel Pa	ayments - schedule attached
=(or-			
	⋈ None - No reportable interests on any schell	edule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	15 Carol Lee Court	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	la	MAIL ADDRESS	
	(530) 891-3000 ext. 143		anlon@chicousd.org	-
	I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete	nent. I have reviewe e. I acknowledge this	d this statement and to the best of my kas is a public 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 correct	it.
	P-4- Si 2/20/18	Cian	ature James T.	Hanlon
	Date Signed	Sign	(File the originally signed state	ment with your filing official.)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Hartman	Marie		Wagner
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Position	on	
	Director	, Fiscal Services	
▶ If filing for multiple positions, list below or on ar	attachment. (Do not use acronyms)		
Agency:	Position: _		_
2. Jurisdiction of Office (Check at least on	e box)		
State	☐ Judge or	Court Commissioner (Stat	ewide Jurisdiction)
Multi-County	☐ County o	f	
City of			
City of		2012	
3. Type of Statement (Check at least one be	ox)		
Annual: The period covered is January 1, 20 December 31, 2017.	17, through Leaving (Check of	Office: Date Left	l
-or- The period covered is/ December 31, 2017.		period covered is January ng office.	1, 2017, through the date of
Assuming Office: Date assumed/	O The	period covered is/_ date of leaving office.	, through
Candidate: Date of Election	and office sought, if different than Pa	art 1:	
4. Schedule Summary (must complete	e) ► Total number of pages inclu	uding this cover pag	'e':
Schedules attached	,		
Schedule A-1 - Investments – schedule at	tached Schedule C - In	come. Loans. & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule at	A SA	come – Gifts – schedule a	
Schedule B - Real Property – schedule at			ments - schedule attached
-or-			
None - No reportable interests on ar None - No reportable interests on a reportable interests on a reportable interest on a r	ny schedule		Security State Control of the Contro
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document 1163 East 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		300000000000000000000000000000000000000
(530) 891-3000 x141	mhartman@d	chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	is statement. I have reviewed this statement complete. I acknowledge this is a public do	t and to the best of my kno cument.	wledge the information contained
I certify under penalty of perjury under the law			
Date Signed 1 23 18	Signature	varie How	man
(month, day, year)		(File the originally signed stateme	nt with your filing official.)

Date Initial Filing Received

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

	E OF FILER (LAST)	(FIRST)		(MIDDLE)
		Shawnees	se .	Cunningham
-	ath	Onamico		
	Office, Agency, or Court			
	Agency Name (Do not use acronyms)		Flamenton, Dringing	
	Chico Unified School District		Elementary Principal	
	Division, Board, Department, District, if app	licable	Your Position	-
2	▶ If filing for multiple positions, list below	or on an attachment. (Do not i	use acronyms)	
	Agency:	ž	Position:	
2.	Jurisdiction of Office (Check at	least one box)	8	
	State		☐ Judge or Court Commissioner (Statewi	
	Multi-County		County of	
	City of		▼ Other Public School District	
	City of			
3.	Type of Statement (Check at leas	t one box)		
	Annual: The period covered is Janua		Leaving Office: Date Left/_	
	December 31, 2017.	•	(Check one)	
	-or- The period covered is	_/, through	The period covered is January 1,	2017, through the date of
	December 31, 2017.		-or-	16 Mag 92
	Assuming Office: Date assumed		O The period covered is the date of leaving office.	, through
	Candidate: Date of Election	and office souç	ght, if different than Part 1:	
Δ	Schedule Summary (must co	mplete) > Total numb	er of pages including this cover page:	
т.	Schedules attached	, , , , , , , , , , , , , , , , , , , ,		
	Schedule A-1 - Investments - sch	nedule attached	Schedule C - Income, Loans, & Business Po	sitions - schedule attached
	Schedule A-2 - Investments – sch		Schedule D - Income - Gifts - schedule atta	
	Schedule B - Real Property - sch		Schedule E - Income - Gifts - Travel Payme	ents – schedule attached
۱.,	or-			
	■ None - No reportable interest	s on any schedule		
5	Verification			
01	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY : Document)	STATE	ZIP CODE
	2446 Marigold Avenue Chico,	California 95926		
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
	(530) 891-3121		sheath@chicousd.org	
	herein and in any attached schedules is	true and complete. I acknowled		edge the information contained
			ifornia that the foregoing is true and correct.	
			Slag	Hart
	Date Signed February 12, 2018		Signature (File the originally signed statement	with your filing official.)
	(month, day, year	Ü	(File the originally alghed statement	, , , , , , , , , , , , , , , , , , , ,

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
AME OF FILER (LAST)	(FIRST)		(MIDDLE)
Holderman	Brian		Scott
. Office, Agency, or Court			
Agency Name (Do not use acronyms)		×	
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Position		
Hooker Oak School	Principal		
▶ If filing for multiple positions, list below or on an attachn	nent. (Do not use acronyms)		
Agency:	Position:		
2. Jurisdiction of Office (Check at least one box)			
State	☐ Judge or Co	ourt Commissioner (State	wide Jurisdiction)
	County of		
Multi-County	Dub	olic School District	
City of		MIO CONTOCT BIOLITOR	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, thro	ugh Leaving O	ffice: Date Left/_	
December 31, 2017.	(Check one		
The period covered is// December 31, 2017.	, through		1, 2017, through the date of
Assuming Office: Date assumed/	O The per	riod covered is/_ e of leaving office.	, through
Candidate: Date of Election	and office sought, if different than Part	1:	
4. Schedule Summary (must complete)	Total number of pages includ	ling this cover page	o:
Schedules attached	, •		
Schedule A-1 - Investments - schedule attached	Schedule C - Incor	me, Loans, & Business F	Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Incor	me - Gifts - schedule at	tached
Schedule B - Real Property – schedule attached	Schedule E - Incor	me – Gifts – Travel Payn	nents - schedule attached
-or-			
✓ None - No reportable interests on any sche	edule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 East Seventh St.	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(530) 891-3119	bholderm@chic	CHILD DE LINE TO THE REAL PROPERTY OF THE PERTY OF THE PE	
I have used all reasonable diligence in preparing this states herein and in any attached schedules is true and complete	ment. I have reviewed this statement are. I acknowledge this is a public docur	nd to the best of my know ment.	wledge the information contained
I certify under penalty of perjury under the laws of the	e State of California that the foregoir	ng is true and correct.	
Date Signed 2/20/18	Signature	A H	M
(month, day, year)		(File the originally signed statemen	t with your filing official.)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Holen Deanna 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) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____

-or-	, ,			
The period covered is	, through O The period covered is leaving office.	January 1, 2017, through the date of		
Assuming Office: Date assumed	The period covered is the date of leaving office	ce. , through		
Candidate: Date of Election and	office sought, if different than Part 1:			
Schedule Summary (must complete) ► To	tal number of pages including this cov	er page:		
Schedules attached				
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & B.	usiness Positions - schedule attached		
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - scl			
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Tra			
The state of the s	Ochedule E moonto Sino me	voi r dymonio sonodalo dilabilod		
)r-				
	34			
None - No reportable interests on any schedule.	ıle			
None - No reportable interests on any schedule verification ■ None - No reportable interests on any schedule verification	ile			
Verification MAILING ADDRESS STREET	CITY STATE	ZIP CODE		
Verification		ZIP CODE 95926		
Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1415 East Ave DAYTIME TELEPHONE NUMBER	CITY STATE Chico CA Te-Mail Address	95926		
Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1475 East Ave	CITY STATE Chico CA	95926		
Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1475 East Ave DAYTIME TELEPHONE NUMBER (630) 891 - 3050	Chico CA E-MAIL ADDRESS Cholen@chicou	95926 sd.org		
Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1415 East Ave DAYTIME TELEPHONE NUMBER	Chico E-MAIL ADDRESS Aholen@chicou It. I have reviewed this statement and to the best of	95926 sd.org		
Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1475 East Ave DAYTIME TELEPHONE NUMBER (630)891-3050 I have used all reasonable diligence in preparing this statement	E-MAIL ADDRESS Abolen@chicou It. I have reviewed this statement and to the best of acknowledge this is a public document.	95926 sd.org my knowledge the information contained		

(month, day, year)

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)
HOVEY	LINDA		A
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CHICO UNIFIED SCHOOL DISTRICT			
Division, Board, Department, District, if applicable	You	r Position	
	ВС	DARD TRUSTEE	
▶ If filing for multiple positions, list below or on an attach	nment. (Do not use acronyms)	
Agency:	Po	sition:	
3-1-1			
2. Jurisdiction of Office (Check at least one box)			
☐ State	☐ Ju	udge or Court Commissioner (Stat	ewide Jurisdiction)
☐ Multi-County		ounty of	450
The territory is consisted that the second s		ther CHICO UNIFIED SCH	HOOL DISTRICT
City of	<u>N</u> U	tner	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, thr December 31, 2017.		eaving Office: Date Left Check one)	JJ
The period covered is//	, unough	The period covered is January leaving office.	1, 2017, through the date of
Assuming Office: Date assumed//	100	The period covered is/_ the date of leaving office.	, through
Candidate: Date of Election	and office sought, if different	than Part 1:	
4. Schedule Summary (must complete)	Total number of page	s including this cover pag	e. 1
Schedules attached	Total number of page.	s molading this cover pag	V
□ Schedule A-1 - Investments – schedule attached	Schedule	C - Income, Loans, & Business	Positions - schedule attached
□ Schedule A-2 - Investments - schedule attached		D - Income - Gifts - schedule a	
☐ Schedule B - Real Property – schedule attached	Schedule	E - Income - Gifts - Travel Pay	ments - 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
1163 E. 7th ST.	CHICO	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADD		
(530) 891-3000	lhovey@	chicousd.org	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple			wledge the information contained
I certify under penalty of perjury under the laws of th	e State of California that the	e foregoing is true and correct.	2011
Date Signed 2/26/2018	Signature _	Mason	niew)
(month, day, year)		(File the originally signed statemen	nt with your filing official.)

PΙε	ase type or print in ink.	
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	HOWELL JuliAN	Smith
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
	CHICO UNIFIED SCHOOL !	ISTRICT
	Division, Board, Department, District, if applicable	Your Position
		Assistant PRINCIPAL
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
	Agency:	Position:
l.	, igono),	
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	☐ City of	Mother Public School District
_		
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/(Check one)
	The period covered is/, through December 31, 2017.	 The period covered is January 1, 2017, through the date of leaving office.
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sought, i	70 V-
_	Candidate. Date of Election and office sought,	Talliorone alan Fare Tr
4.	Schedule Summary (must complete) ► Total number of	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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	2253 Humboldt Rd CH.	E-MAIL ADDRESS
	(530) 895-4109	JHowell@ 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 the	red this statement and to the best of my knowledge the information contained his is a public document.
	I certify under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct.
	Date Signed	gnature(File the originally signed statement with your filing official.)

		r print in ink.	2520-0000	-				(MIDDLE)
12	OF FILER	(LAST)	(FIRS					P
Jone	es		500	π.				
1. 0	ffice, A	gency, or Court						
Ac	gency Na	me (Do not use acron	yms)					
00000		nified School Dist						
Di	vision, Bo	oard, Department, Distr	ict, if applicable		Your	Position		
		nel Commission			Cor	nmissioner		
-		AND THE STATE OF THE SAME OF THE STATE OF TH		(Da nat uas	caranumal			
	If filing	for multiple positions, lis	st below or on an attachment.	(Do not use	acronyms)			
А	gency: _				Posi	tion:	· · · · · · · · · · · · · · · · · · ·	
2 1	luriedia	ction of Office (C	heck at least one box)					-
		Clion of Office (c	Heck at least one boxy			ge or Court Commiss	ioner (Statewide	Jurisdiction)
	State				(<u>1) </u>			
	Multi-C	ounty						
	City of				✓ Oth	er School Distric	il	
		. 01. 1 1						
3. 1		Statement (Chec			П.	aving Office: Date L	off /	ĵ.
>	< Annua	al: The period covered December 31, 2017	is January 1, 2017, through			aving Office: Date L heck one)	.en	
	-0	V					is January 1, 20	017, through the date of
			is/	, through		leaving office.		
		December 31, 2017			-or	•	is /	_/, through
	Assur	ming Office: Date ass	umed/		O	the date of leaving of		,
	□ Candi	idate: Date of Election	and of	fice sought,	if different th	nan Part 1:		
	J Cana	dute. Date of Election						
4. 9	Schedu	ıle Summary (mı	ust complete) ► Tota	l number	of pages	including this co	over page: _	
5	Schedi	ules attached						
	□ Sc	hedule A-1 - Investme	nts - schedule attached	Г	Schedule	C - Income, Loans, &	Business Posit	ions - schedule attached
			nts - schedule attached			D - Income - Gifts -		
			erty – schedule attached		Schedule	E - Income - Gifts -	Travel Payment	s - schedule attached
-or			•					
_		e - No reportable i	interests on any schedule					
5. V	erifica	tion						
N.	MAILING AD	DRESS STRE	ET led - Public Document)	CITY		STA	ATE	ZIP CODE
		. 7th Street		Chico			A	95928
		ELEPHONE NUMBER	-		E-MAIL ADDR		,	
(530) 891-3000			baj	an 20126	YAHOD.	Com
- I h	have use nerein and	ed all reasonable diligen d in any attached sched	ice in preparing this statement. Idules is true and complete. I a	I have review cknowledge	wed this stat this is a pub	tement and to the bes plic document.	t of my knowled	ge the information contained
			ry under the laws of the State				d correct.	
	2	February 20, 2	2018	01	lanatura	of con	Toues	
	Date Sign	red	h, day, year)	51	ignature	(File the originally	signed statement with	your filing official.)

Plea	se type or print in ink.	
NAME	OF FILER (LAST) (FIRST)	(MIDDLE)
	BAISER KAthleen	dizabeth
1. (Office, Agency, or Court	
	Agency Name (Do not use acronyms) Clizo Unified School Division, Board, Department, District, if applicable	Your Position
-	▶ If filing for multiple positions, list below or on an attachment. (Do not use	e acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
7	State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
1	Multi-County	County of Butte
	City of	County of Butte Wother Public School District
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/(Check one)
	The period covered is/, through December 31, 2017.	 The period covered is January 1, 2017, through the date of leaving office. -or-
	Assuming Office: Date assumed	The period covered is, through the date of leaving office.
	Candidate: Date of Election and office sought	, if different than Part 1:
	Schedule Summary (must complete) ▶ Total number Schedules attached	r of pages including this cover page:
		Schedule C - Income, Loans, & Business Positions - schedule attached
	gonouno / L	Schedule D - Income - Gifts - schedule attached
		Schedule E - Income - Gifts - Travel Payments - schedule attached
100	or- None - No reportable interests on any schedule	
		01- 14 0000
Э.	Werification / 3 8 Man Ave Commended - Public Document) MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER (530) 228 -0 / 50	E-MAIL ADDRESS KKaiser Ochicousbiorg
		ewed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the laws of the State of Californ	
	Date Signed June 23 20 18	Signature (File the originally signed statement with your filing official.)

SCHEDULE B

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Interests in Real Property (Including Rental Income)

NAME OF THE PARTY		
CITY		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000		
NATURE OF INTEREST		
Ownership/Deed of Trust Easement		
Leasehold Other		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000		
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.		
l lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:		
NAME OF LENDER*		
ADDDECO (Durings Address Assessable)		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER		
BUSINESS ACTIVITY, IF ANY, OF LENDER		
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)		
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) %		
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)		
(

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Kathleen & KAise

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1838 Palm Are CITY Chico FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1333 MAY TAN AYC CITY CITY FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST Connership/Deed of Trust Easement	
Leasehold Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED	Leasehold Other 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. 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. None
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 LENGTH
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	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Commenter	

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Kamph Jessica	Ann
1.	Office, Agency, or Court	25 10
	Agency Name (Do not use acronyms)	· DASSISTANT
	Chico Unified School DS	strict through
	Division, Board, Department, District, if applicable	Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not use ac	cronyms)
	Agency:	Position:
_	Ludadistan of Office on	
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	☐ City of	Wother School Pistrict
2	Time of Statement (a) - 1 - 1 - 1 - 1	
ა.	Type of Statement (Check at least one box)	Leaving Office: Date Left 6,30,2017
	Annual: The period covered is January 1, 2017, through December 31, 2017.	(Check one)
	-or- The period covered is/, through	O The period covered is January 1, 2017, through the date of
	December 31, 2017.	leaving office.
	Assuming Office: Date assumed/	O The period covered is 24, through
		the date of leaving office.
	☐ Candidate: Date of Election and office sought, if of	lifferent than Part 1:
4	Schedule Summary (must complete) ► Total number of	pages including this cover page:
••	Schedules attached	pages melading this cover page.
		to the Order of State
		chedule C - Income, Loans, & Business Positions – schedule attached chedule D - Income – Gifts – schedule attached
		chedule 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
	3183 Southers Recommended Frank December 1 no. 1	Third CA 95973
	DAYTIME TELEPHONE NUMBER	MAIL ADDRESS
	(530) 895-4109	Kampha Chico USCI. Ora
	I have used all reasonable diligence in preparing this statement. I have reviewed	
	herein and in any attached schedules is true and complete. I acknowledge this	
	I certify under penalty of perjury under the laws of the State of California	mat the foregoing is true and correct.
	Date Signed 2/20 1 8 Signs	ature / Mul
_	(month, day, year)	(File the originally signed suffement with your filing official.)
		EDDC Form 700 (2017 /2019)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE A PUBLIC DOCUMENT Please type or print in ink.

NAI	ME OF FILER (LAST) (FIRST)		(MIDDLE)
and the same of	Kamph Lessic	a e	Ann
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)	D ' ' - 4	(100 S
	Chico Unitied School Distri		
	Division, Board, Department, District, if applicable	Your Position	
	▶ If filling for multiple positions, list below or on an attachment. (Do not use ac	eronyms)	
	Agency:	Position:	
2	Jurio diation of Office (Observed least are head		
۷.	Jurisdiction of Office (Check at least one box)	Unidae or Court Commissioner (Statewide I	uriadiation)
	☐ State	Judge or Court Commissioner (Statewide J	urisdiction)
	Multi-County	Ucounty of	District
	City of	Fother 1000 to 507 to 1	- 101110
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2017, through	Leaving Office: Date Left	
	December 31, 2017. -or- The period covered is/, through	(Check one) ○ The period covered is January 1, 2017	through the date of
	December 31, 2017.	leaving office.	, through the date of
	Assuming Office: Date assumed/	O The period covered is	, through
		the date of leaving office.	
	Candidate: Date of Election and office sought, if d	ifferent than Part 1:	
4.	Schedule Summary (must complete) ► Total number of	pages including this cover page:	
	Schedules attached		
	☐ Schedule A-1 - Investments – schedule attached ☐ Sc	chedule C - Income, Loans, & Business Positions	s - schedule attached
		chedule D - Income - Gifts - schedule attached	
2	The Control of the Co	chedule E - Income - Gifts - Travel Payments -	schedule attached
- 10-	r- ☑ None - No reportable interests on any schedule		
	Verification		
	MAILING ADDRESS STREET CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)	CA	15973
c	and time read state state at	IAIL ADDRESS	1
	(630) 895-4109	Kamphalchilou	saidra
	I have used all reasonable diligence in preparing this statement. I have revie \we d herein and in any attached schedules is true and complete. I acknowledge this		he information contained
	I certify under penalty of perjury under the laws of the State of California t		
	olanle v	America A	_
	Date Signed (month, day, year) Signa	ture (File the originally signed (latement with your	filing official.)
_	100,000		

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	<u>, </u>
		Principal	
► If filing for multiple positions, list below	or on an attachment. (Do not us	se acronyms)	
Agency:		Position:	
/ gonoy.			
2. Jurisdiction of Office (Check at)	least one box)		
☐ State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
☐ Multi-County		County of	
		Nother Public School Distric	t
		M Other	
3. Type of Statement (Check at leas	t one box)		Ä
Annual: The period covered is Janua	ry 1, 2017, through	★ Leaving Office: Date Left	302017
December 31, 2017.		(Check one)	
The period covered is December 31, 2017.	_/, through	 The period covered is Januar leaving office. -or- 	y 1, 2017, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought	, if different than Part 1:	
4. Schedule Summary (must con	nnlete) > Total number	of pages including this cover pa	ao'
Schedules attached	ipioto, Piotai number	or pages including this cover pa	ye
Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – sche	edule attached	Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property - sche	edule attached	Schedule E - Income – Gifts – Travel Pa	yments - schedule attached
-or-			
⋈ None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	CITY Document)	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(530) 891-3000		jkassel@chicousd.org	
I have used all reasonable diligence in prep herein and in any attached schedules is tru		ewed this statement and to the best of my kn this is a public document.	owledge the information contained
I certify under penalty of perjury under t	the laws of the State of Californ	nia that the foregoing is true and correct	0
Date Signed 3/1/18	c	ignature //	
(month, day, year)		(File the originally signed statem	ent with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Keene	Kristine		Diane	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)			3	
Chico Unified School District				
Division, Board, Department, District, if applicable	Your Position	on		
	Principa	n[
► If filing for multiple positions, list below or on an at	tachment. (Do not use acronyms)			
Agency:	Position: _		9	
2. Jurisdiction of Office (Check at least one b	ox)			
State	☐ Judge or	Court Commissioner (Sta	ewide Jurisdiction)	
Multi-County	County of	f		
A CONTRACTOR OF THE CONTRACTOR	D.	ublic School District	,	
City of	<u>X</u> Otner		()	
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2017, December 31, 2017.	through Leaving (Check of	Office: Date Left	<i></i>	
-or- The period covered is	12 minutes (1997)	#2/	1, 2017, through the date of	
December 31, 2017.	, unougn	ng office.		
Assuming Office: Date assumed	O The	period covered is/. date of leaving office.	, through	
Candidate: Date of Election	_ and office sought, if different than Pa	art 1:		
. Schedule Summary (must complete) ► Total number of pages including this cover page:				
Schedules attached				
Schedule A-1 - Investments – schedule attact	ned Schedule C - Inc	come, Loans, & Business	Positions – schedule attached	
Schedule A-2 - Investments – schedule attacl	ned Schedule D - Inc	come – Gifts – schedule a	ittached	
Schedule B - Real Property – schedule attact	ned Schedule E - Ind	come – Gifts – Travel Pay	ments - schedule attached	
-or-				
None - No reportable interests on any states.	schedule			
5. Verification	The state of the s			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
1163 E 7th Street	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(530) 891-3100	kkeene@chic			
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com	tatement. I have reviewed this statement plete. I acknowledge this is a public doo	and to the best of my kno cument.	wledge the information contained	
I certify under penalty of perjury under the laws o	f the State of California that the forego	oing is true and correct.		
Date Signed	Signature XV19	hne hiere		
Date Signed(month, day, year)	Oignature	(File the originally signed stateme	nt with your filing official.)	

Ple	ease type or print in ink.				
NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)
K	essler	Brandon			Kyle
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Chico Unified School District				
	Division, Board, Department, District, if applicable		Your Position		
			Assistant Principal		
	▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use a	acronyms)		
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least one box)				
	State		☐ Judge or Court Commiss	ioner (Statewide	e Jurisdiction)
	Multi-County		County of	200	***
	City of		Other		
	City of		Other		
3.	Type of Statement (Check at least one box)				
	★ Annual: The period covered is January 1, 2017, through	ıgh	☐ Leaving Office: Date L	.eft/	
	December 31, 2017.		(Check one)		A
	The period covered is/	, through	The period covered leaving office.		
	Assuming Office: Date assumed/	<u> </u>	The period covered the date of leaving of		_/, through
	Candidate: Date of Election a	and office sought, if	different than Part 1:		-
4.	Schedule Summary (must complete)	Total number o	f pages including this co	over page: _	
	Schedules attached		, jung te merumig ame	, ,	
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, &	Business Posit	ions – schedule attached
	☐ Schedule A-2 - Investments – schedule attached		Schedule D • Income – Gifts –		
	☐ Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts -	Travel Payment	s – schedule attached
-	or-	7F. K.			
_	None ⋅ No reportable interests on any sche	dule			
5.	Verification				70,0005
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STA	ME	ZIP CODE
	1418 Scottsdale Ct	Chico		Α	95926
	DAYTIME TELEPHONE NUMBER	1000	-MAIL ADDRESS		
	(530) 518-7412		okessler@chicousd.org	of my lenguilode	as the information contained
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete	. I acknowledge thi	is is a public document.		ye the information contained
	I certify under penalty of perjury under the laws of the	State of California	that the foregoing is true an	d correct.	
	Date Signed 2-28-18	Sign	nature		
	(month, day, year)		(File the originally	signed statement with	your ming official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Plea	ase type or print in ink.			
NAM	E OF FILER (LAST)	(FIRST)		(MIDDLE)
KIS	STLE	JULIA		MARIE
1. (Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	CHICO UNIFIED SCHOOL DISTRICT			
	Division, Board, Department, District, if applicable		Your Position	***
	FACILITIES DEPARTMENT		DIRECTOR	
·	▶ If filing for multiple positions, list below or on an attachr	ment. (Do not use ad	cronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	☐ State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
	Multi-County		County of	
			Other PUBLIC SCHOOL DIS	STRICT
	City of		X Other	*
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, thro December 31, 2017.	ugh	Leaving Office: Date Left/. (Check one)	
	The period covered is//	, through	O The period covered is January leaving office.	1, 2017, through the date of
	Assuming Office: Date assumed		 The period covered is/_ the date of leaving office. 	, through
	Candidate: Date of Election	and office sought, if	different than Part 1:	
	Schedule Summary (must complete) ► Schedules attached	Total number of	pages including this cover page	e:
	Schedule A-1 - Investments – schedule attached	□s	chedule C - Income, Loans, & Business I	Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		chedule D - Income - Gifts - schedule at	
	☐ Schedule B - Real Property – schedule attached	s	chedule E - Income - Gifts - Travel Payr	nents - schedule attached
-0	or-			
	☐ None - No reportable interests on any sche	edule		
5.	Verification			
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document) 2455 CARMICHAEL DRIVE	CHICO	CA	95928
	DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
	(530)891-3140	JI	KISTLE@CHICOUSD.ORG	
	I have used all reasonable diligence in preparing this states herein and in any attached schedules is true and complete	ment. I have reviewe	d this statement and to the best of my known is a public document.	wledge the information contained
	I certify under penalty of perjury under the laws of the			
	Date Signed	Sian	ature Julia M. /	Kustle
	(month, day, year)	•	(File the originally signed statement	t with your filing official.)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE (streit Tracing from Authority	
UNITED BUILDING CONTRA	ACTORS	AMERICAN MO	DULAR SYS	TEMS
ADDRESS (Business Address Acceptable)		ADDRESS (Business A		
275 FAIRCHILD AVENUE, S				MANTECA, CA 95336
BUSINESS ACTIVITY, IF ANY, OF SOUR CONSTRUCTION COMPAN		BUSINESS ACTIVITY, MODULAR BUI		
	DESCRIPTION OF GIFT(S)	· · · · · · · · · · · · · · · · · · ·	/ALUE	DESCRIPTION OF GIFT(S)
<u>1</u> , <u>10</u> , <u>17</u> \$ 80.00	2 crab feed tickets	10 <u>22 , 17</u> \$	100.00	Football Game Ticket
7 24 17 \$ 150.00	2 baseball tickets	\$	S	
8 , 22 , 17	2 baseball tickets		5	
► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE (Not an Acronym)	
Darden Architects				
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business A	Address Acceptable	e)
6790 N West Ave. Fresno, C	A 93711			
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVITY,	IF ANY, OF SOUR	RCE
C.A.S.H. Conference				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) \	/ALUE	DESCRIPTION OF GIFT(S)
02,21,17 \$ 50.00	meal		B	
\$			S	
		/ \$	5	
▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE ('Not an Acronym)	
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business /	Address Acceptabl	e)
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVITY,	IF ANY, OF SOUR	RCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	, , , , , , , , , , , , , , , , , ,	/ALUE	DESCRIPTION OF GIFT(S)
\$			5	
		\$	\$	
\$			\$	·
Comments:				

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Koll	David		W
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	The second secon		*
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	######################################
		Executive Director Human F	Resources
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use acr	onyms)	
Agency:	4	Position:	
2. Jurisdiction of Office (Check at least or	ie box)		
☐ State		☐ Judge or Court Commissioner (State	ewide Jurisdiction)
☐ Multi-County		County of	
☐ City of		Nother Public School District	
Gity of		M Other	
3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20 December 31, 2017.	117, through	Leaving Office: Date Left(Check one)	
The period covered is/	_/, through	 The period covered is January leaving office. 	1, 2017, through the date of
Assuming Office: Date assumed/_		 The period covered is/_ the date of leaving office. 	, through
Candidate: Date of Election	and office sought, if di	ferent than Part 1:	
Schedule Summary (must complete Schedules attached) ► Total number of p	pages including this cover pag	e:
Schedule A-1 - Investments - schedule at	tached Sc	nedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule at		nedule D - Income - Gifts - schedule a	
☐ Schedule B - Real Property – schedule at	tached X Sc	nedule E - Income – Gifts – Travel Pay	ments - schedule attached
-or-			
☐ None - No reportable interests on ar	ıy schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document	***************************************	0.4	05000
1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico	CA AIL ADDRESS	95993
(530) 891-3000		oll@chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and the schedules in the schedul	is statement. I have reviewed	this statement and to the best of my know	wledge the information contained
I certify under penalty of perjury under the law			
Date Signed	Signat	ure W	
(month day year)		(File the originally signed statement	t with your filing official)

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

CALIFORNIA FORM 70	
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
Rancho 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
DATE(S): 09 / 12 / 17 - 09 / 15 / 17 AMT: \$ 400	DATE(S): 09 / 12 / 17 - 09 / 15 / 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	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym) Hanna & Brophy	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2868 Prospect Park Drive, Suite 200	
CITY AND STATE	CITY AND STATE
Rancho Cordova, CA 95970	
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): 12 / 5 / 17 - 12 / 8 / 17 AMT: \$ 100	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	▶ If Gift, Provide Travel Destination
	11
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Kruger Jaclyn	Please type or print in ink.				
1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Position	AME OF FILER (LAST) (FIRST) (MIDDLE)				
Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Schedule Att- Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached	Kruger Jaclyn				
Chico Unified School District Division, Board, Department, District, if applicable Business Manager If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: State Multi-County City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through December 31, 2017. The period covered is, through December 31, 2017. Assuming Office: Date assumed Assuming Office: Date assumed Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (must complete) Found Interval Position Your Position Business Manager Position: Your Position Business Manager Your Position Business Manager Position: Position: Judge or Court Commissioner (Statewide Jurisdiction) County of County of Decumber Schedule Statewide Jurisdiction) Leaving Office: Date Left (Check one) One period covered is January 1, 2017, through the date of leaving office. One period covered is January 1, 2017, through the date of leaving office. Port of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions – schedule attached	1. Office, Agency, or Court				
Division, Board, Department, District, if applicable State	Agency Name (Do not use acronyms)				
Business Manager ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:	Chico Unified School District				
Agency:	Division, Board, Department, District, if applicable	Your Position			
Agency:		Business Manager			
2. Jurisdiction of Office (Check at least one box) State Multi-County City of Annual: The period covered is January 1, 2017, through December 31, 2017. The period covered is J. J. J. J. Hrough December 31, 2017. The period covered is J. J. J. J. Hrough December 31, 2017. The period covered is J. J. J. J. Hrough December 31, 2017. Assuming Office: Date assumed J. J. The period covered is January 1, 2017, through December 31, 2017. Assuming Office: Date assumed J. J. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through December 31, 2017. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date of leaving office. The period covered is January 1, 2017, through the date	▶ If filing for multiple positions, list below or on an attach	hment. (Do not use acronyms)			
State	Agency:	Position:			
Multi-County County of Public School District	2. Jurisdiction of Office (Check at least one box))			
Multi-County County of Nother Public School District	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)			
City of Other Public School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through December 31, 2017. The period covered is/, through December 31, 2017. Assuming Office: Date assumed/, through December 31, 2017. Assuming Office: Date assumed/, through December 31, 2017. Assuming Office: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached		County of			
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Assuming Office: Date assumed	The period covered is/	leaving office.			
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	Assuming Office: Date assumed/	O The period covered is/, through			
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Schedules attached Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached	4. Schedule Summary (must complete)	Total number of pages including this cover page:			
		The state of the s			
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached			
	☐ Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached			
☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule attached	Schedule B - Real Property - schedule attached	☐ Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or-	-or-				
☑ None - No reportable interests on any schedule	None - No reportable interests on any sch	nedule			
5. Verification	5. Verification				
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)		CITY STATE ZIP CODE			
1163 E. Seventh Street Chico CA 95928	1163 E. Seventh Street	Chico CA 95928			
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS					
(530) 891-3000 ext. 131 jkruger@chicousd.org					
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.	herein and in any attached schedules is true and complet	ete. I acknowledge this is a public document.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	I certify under penalty of perjury under the laws of the	ne State of California that the foregoing is true and correct.			
01/26/2018 Hackin Kign	01/26/2018	Hachen Kron			
Date Signed 01/26/2018 Signature (File the originally signed statement with your filing official.)	Date Signed (month, day, year)				

Ple	ease type or print in ink.			
NAI	ME OF FILER (LAST)	(FIRST)		(IMIDDLE)
Li	ndstrom	Scott		Curtis
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)		A CONTRACTOR OF THE PROPERTY O	
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Educational Services		Student Support Coordina	ntor
	▶ If filing for multiple positions, list below or on an attachme	ent. (Do not use	астопута)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
				,
	Multi-County		County of	ct
	City of		M Other Public School Distri	
3	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, through	nh.	X Leaving Office: Date Left06	3 , 30 , 2017
	December 31, 2017.	je e	(Check one)	
	The period covered is/	through	The period covered is Janua	ary 1, 2017, through the date of
	December 31, 2017.	, dirvagii	leaving office.	
	Assuming Office: Date assumed//		The period covered is the date of leaving office.	, through
	Candidate: Date of Election ar	nd office sought, if	different than Part 1:	
4.	Schedule Summary (must complete) > 7	otal number c	f pages including this cover page	age:1
	Schedules attached		, haden mendanig and sever po	
	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 - Giffs - Travel P	ayments - schedule attached
	or-			
	X None - No reportable interests on any sched	ule		
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	Į F	E-MAIL ADDRESS	
	(530) 891-3000	9	slindstr@chicousd.org	
	I have used all reasonable diligence in preparing this stateme herein and in any attached schedules is true and complete.			nowledge the information contained
	I certify under penalty of perjury under the laws of the S	itate of California	that the foregoing is true and correct	4,
	Puta Signal 1/23/2018		Math	
	Date algrica	Sig	nature (File the originally signed state)	ment with your films official?
Name of Street	(month, day, year)		V (Frie the originally signed state)	men wan your awy oneset)

Date Signed 2-26-18

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) -oustale Gary 1. Office, Agency, or Court Agency Name (Do not use acronyms) Board President ▶ 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 ___ Other City of ___ 3. Type of Statement (Check at least one box) Leaving Office: Date Left _____/____ Annual: The period covered is January 1, 2017, through (Check one) December 31, 2017. O The period covered is January 1, 2017, through the date of The period covered is _____/____ leaving office. December 31, 2017. O The period covered is _______, through Assuming Office: Date assumed _____/___ the date of leaving office. _____ and office sought, if different than Part 1: _ Candidate: Date of Election ____ 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 E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-None - No reportable interests on any schedule 5. Verification ZIP CODE MAILING ADDRESS CITY STREET (Business or Agency Address Recommended - Public Document) Limonsin DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS G-Loustale (530) 228-2510 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is 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.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ase type or print in ink.				
NAM	ME OF FILER (LAST)	(FIRST)			(MIDDLE)
Ma	archant	Jay			Christopher
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Chico Unified School District				
	Division, Board, Department, District, if applicable		Your Position	on	
			Director	of Secondary Educa	ation
	▶ 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)				
	State		☐ Judge or	Court Commissioner (Stat	ewide Jurisdiction)
	Multi-County		County of	•	
				ublic School Distict	
	City of		► Other —		
3.	Type of Statement (Check at least one box)				
	🔀 Annual: The period covered is January 1, 2017, thro	ough		Office: Date Left	J
	December 31, 2017.	117	(Check o		4 0047 through the date of
	The period covered is July 1 20 December 31, 2017.	through	leavii -or-	ng office.	1, 2017, through the date of
	Assuming Office: Date assumed/	. 7		period covered is/_ ate of leaving office.	, through
	Candidate: Date of Election	and office sought, it	f different than Pa	art 1:	
4.	Schedule Summary (must complete) ▶	Total number of	of pages inclu	iding this cover pag	re:
	Schedules attached				
	Schedule A-1 - Investments – schedule attached		Schedule C - Inc	come. Loans. & Business	Positions - schedule attached
	Schedule A-1 - Investments – schedule attached	85-03		come – Gifts – schedule a	
	Schedule B - Real Property – schedule attached				ments - schedule attached
-(or-				
	None - No reportable interests on any sch	edule			
5.	Verification		THE RESERVE AND DESCRIPTIONS		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	1163 E. 7th street	Chico		Ca.	95928
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
	(530) 801-3000		marchan@ch	100 m	
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete	ment. I have review te. I acknowledge the	red this statement nis is a public doo	and to the best of my kno cument.	wledge the information contained
	I certify under penalty of perjury under the laws of th	e State of Californi	a that the forego	oing is true and correct.	
	2/2/b		$\langle \cdot \rangle$	()	
	Date Signed 2/2018 (month, day, year)	. Sig	gnature	(File the originally signed stateme	nt with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Marchant	Jay		Christopher
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Positi	on	
	Principa	ıl	
▶ If filing for multiple positions, list below or on an a	attachment. (Do not use acronyms)		
Agency:	Position: _		
2. Jurisdiction of Office (Check at least one	box)		
		Court Commissioner (State	tewide Jurisdiction)
☐ State	10-10-10-10-10-10-10-10-10-10-10-10-10-1		
Multi-County	D		4
City of	Other L	ublic School Distict	
3. Type of Statement (Check at least one box	d		
Annual: The period covered is January 1, 201	7 through X Leaving	Office: Date Left June	30 , 2017
December 31, 2017.	(Check	one)	
The period covered is	, though	period covered is January ng office.	1, 2017, through the date of
Assuming Office: Date assumed	_/ O The	period covered is	, through
Candidate: Date of Election	and office sought, if different than P.	art 1:	
4. Schedule Summary (must complete)	► Total number of pages incli	uding this cover pag	ve:
Schedules attached	P Total Hambor of pages mon	aumy une core, pag	
Schedule A-1 - Investments - schedule atta	ched Schedule C - In	come, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - schedule atta	epinoria de la companya del la companya de la compa	come - Gifts - schedule a	
Schedule B - Real Property – schedule atta	ched Schedule E - In	come – Gifts – Travel Pay	ments - schedule attached
-or-			
None - No reportable interests on any	schedule	on market successful finished in the control of the	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 E. 7th street	Chico	Ca.	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	5 23 84	
(530) 801-3000	jmarchan@cl	THE RESERVE OF THE PROPERTY OF THE PARTY.	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	s statement. I have reviewed this statemen omplete. I acknowledge this is a public do	t and to the best of my kno cument.	owledge the information contained
I certify under penalty of perjury under the laws	of the State of California that the foreg	oing is true and correct.	
7/20/2018	A	///	
Date Signed 2/20/8	Signature	(File the originally signed statem	ant with your filing official)
(rhonth, day, year)		(i lie the originally signed statem	in waii your ming omeras)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) UNIFIED Division, Board, Department, District, if applicable BIDWELL JUNIOR ▶ 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 _ Other City of ___ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/___ December 31, 2017. (Check one) O The period covered is January 1, 2017, through the date of The period covered is 7/1/17, through leaving office. December 31, 2017. O The period covered is ____ Assuming Office: Date assumed ____/__ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule 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 -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 95926 E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER (530) 891-3080 DMCKAYO CHICOUSD. ORL I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is 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 . (month, day, year)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ease type or print in ink.	
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Mc KAY DAVID	STEPHEN
1.	Office, Agency, or Court	/
	Agency Name (Do not use acronyms)	
	CHICO UNIFIED SCALL Division, Board, Department, District, if applicable	DISTRICT
	Division, Board, Department, District, if applicable	
	Division, Board, Department, District, if applicable EDUCATIONAL SERVICES	DIRECTOR
	▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	The Anthrough the State Section of Section (Section Section Se
	City of	
		_ Other
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2017, through	∠ Leaving Office: Date Left ∠ 6 / 3 ≥ / 17
	December 31, 2017.	(Check one)
	The period covered is/, through December 31, 2017.	h Mark The period covered is January 1, 2017, through the date of leaving office.
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sough	ght, if different than Part 1:
4.	Schedule Summary (must complete) ► Total numb	per 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 (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	2376 North Ave Ch	HICO CA 95926
	(530) 891-3080	DMCKAY @ CHICOUD. ORG
		eviewed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
	1.1.	/> /
	Date Signed //24/18 (month, day, year)	Signature
k	function and Land	Transcense Anna Company and Anna Company and Company and Company and Company

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

AME OF FILER (LAST)	(FIRST)	(MIDDLE)
McLaughlin	Holle	
. Office, Agency, or Court	v	
Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable	School	District Principal Your Position
▶ If filing for multiple positions, list below or on a	an attachment. (Do not us	se acronyms)
Agency:		Position:
. Jurisdiction of Office (Check at least of	one box)	
☐ State	**	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Mother School District
. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, 2	2017, through	Leaving Office: Date Left Old J 12017
December 31, 2017.		(Check one) The period covered is January 1, 2017, through the date of
The period covered is/ December 31, 2017.	/, through	leaving office.
Assuming Office: Date assumed		 The period covered is
Candidate: Date of Election	and office sough	t, if different than Part 1:
l. Schedule Summary (must complete	te) ► Total numbe	r 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		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 a	any schedule	
i. Verification	01774	STATE ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	city ent)	STATE ZIF GODE
1163 E. 7th St.	Chi	CO CA 93928
DAYTIME TELEPHONE NUMBER (530) $898 - 3000$		hmclaudlin@pottervalleyschoo
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have revi	iewed this statement and to the best of my knowledge the information contained e this is a public document.
I certify under penalty of perjury under the la		
2/1/201	Q	Simology M. M. La
Date Signed (month, day, year)		Signature (File the originally signed statement with your filing official.)

160	ізе туре от ріпіт пі пік.					
MAI	E OF FILER (LAST)	(FIRST)			(MIDDLE)	
Mc	II	Andrew			James	
1 (Office, Agency, or Court					
9	Agency Name (Do not use acronyms)					
	Chico Unified School District		Your Po	eition		
	Division, Board, Department, District, if applicable					
3	Alternative Education		Princi	pai		
	▶ If filing for multiple positions, list below or on an attachm	ent. (Do not use	e acronyms)			
	Agency:		_ Position	n:		
2.	Jurisdiction of Office (Check at least one box)					
	☐ State		☐ Judge	or Court Commissioner (St	atewide Jurisdiction)	
	Multi-County		☐ Count	v of		
				Public School Distric		
	City of		[X] Other			-
3.	Type of Statement (Check at least one box)					
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	December 31, 2017.	igii		ck one)		
	-or- The period covered is//	through	O TI	he period covered is Januar	y 1, 2017, through the date of	f
	December 31, 2017.	, tillough	-or-	eaving office.		
	Assuming Office: Date assumed			he period covered is ne date of leaving office.	<i>]</i> , through	
	Candidate: Date of Election a	and office sought,	if different than	n Part 1:		
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	Schedule A-1 - Investments – schedule attached				s Positions – schedule attache	ď
	Schedule A-2 - Investments – schedule attached	L		Income – Gifts – schedule		
	Schedule B - Real Property – schedule attached		Schedule E -	- Income – Gitts – Travel Pa	syments - schedule attached	
-C						
	None - No reportable interests on any scheen	dule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	290 East Ave	Chico		CA	95926	
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS			
	(530) 891-3092		amoll@chi		26 320 00 00 00 00 00 00 00 00 00 00 00 00 0	
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete	nent. I have revie . I acknowledge	ewed this statem this is a public	nent and to the best of my kr document.	nowledge the information contain	ined
	I certify under penalty of perjury under the laws of the	State of Californ	nia that the for	regoing is true and correc		
	2 12 2 12 2 12			1		
	Date Signed 2/22/2018	S	Signature	40		
	(month, day, year)			(File the originally signed states	nent with your filing official.)	

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Morris	Michael		Joseph
1. Office, Agency, or Court		***************************************	
Agency Name (Do not use acronyms)			The second secon
Chico Unified School District			
Division, Board, Department, District, if applicable	Your Pos	sition	
Educational Services	Direct	or	
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acronyms)	*	
Agency:	Position	·	
0 1 1 11 11 11 11 11			
2. Jurisdiction of Office (Check at least one	box)		
☐ State	☐ Judge	or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County	County	of	
City of	X Other .	Public School District	
3. Type of Statement (Check at least one box	()	40	
Annual: The period covered is January 1, 201 December 31, 2017.		ng Office: Date Left06	<u>,</u> 30 <u>,</u> 2017
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Assuming Office: Date assumed/	O Th	e period covered is date of leaving office.	, through
Candidate: Date of Election			
A Sahadula Summany (must camplete)			1
4. Schedule Summary (must complete) Schedules attached	► Total number of pages inc	cluding this cover pag	/e:
Schedule A-1 - Investments - schedule atta	ched Schedule C -	Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments - schedule atta	ched Schedule D -	Income - Gifts - schedule a	attached
Schedule B - Real Property - schedule atta	ched Schedule E -	Income – Gifts – Travel Pay	ments - schedule attached
-or-			
✓ None - No reportable interests on any	schedule		
5. Verification	A CONTRACTOR OF THE PARTY OF TH	, , , , , , , , , , , , , , , , , , , ,	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS		
(530) 891-3000	mmorris@c	hicousd.org	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			wledge the information contained
I certify under penalty of perjury under the laws	of the State of California that the fore	going is true and correct.	1
Date Signed 01/31/2018	Signatura	11 Charll	Volon
(month, day, year)	Signature	(File the originally signed steleme	nt with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Murgia	David		Michael
1. Office, Agency, or Court	353		
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	Y	our Position	
Neal Dow Elementary	j	Principal	
▶ If filing for multiple positions, list below or on an attack	nment. (Do not use acronyr	ns)	* a
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box)		8	
☐ State	П	Judge or Court Commissioner (Stat	ewide Jurisdiction)
_	_	County of	II.
Multi-County			
⊠ City of Chico	[X]	Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, thr	ouah \square	Leaving Office: Date Left	<u> </u>
December 31, 2017.	_	(Check one)	
The period covered is	, through	O The period covered is January leaving office.	1, 2017, through the date of
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Candidate: Date of Election	and office sought, if differe	nt than Part 1:	
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Schedule A-2 - Investments – schedule attached	☐ Sched	ule D - Income - Gifts - schedule a	ittached
☐ Schedule B - Real Property – schedule attached	☐ Sched	ule E - Income – Gifts – Travel Pay	ments - schedule attached
-or-			
None - No reportable interests on any sch	redule	Y-1	*
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 East Seventh St	Chico	CA	95928-5999
DAYTIME TELEPHONE NUMBER	E-MAIL A	DDRESS	S 8
(530)891-3110		gia@chicousd.org	1887 V
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple	ement. I have reviewed this etc. I acknowledge this is a	statement and to the best of my kno public document.	wledge the information contained
I certify under penalty of perjury under the laws of the	e State of California that	he foregoing is true and correct.	
Date Signed	_ Signature	DMuraca	
(month, day, year)	_ Oignature	(File the originally signed stateme	nt with your filing official.)

Date Initial Filing Received

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

PΙε	ease type or print in ink.			
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
0	lsen	Diane		Louise
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)	31	E 150	at at a state of the state of t
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
			Director, Student Support S	Services
	▶ If filing for multiple positions, list below or on an atta	chment. (Do not use	acronyms)	
	Agency:		Position:	
	, igo.ioj.		100 American Application (177)	
2.	Jurisdiction of Office (Check at least one bo	x)		
	State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
	Multi-County	5	County of	
	City of		☑ Other Public School Distric	
	City of		Zi Ottiel	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, t December 31, 2017.	nrough	Leaving Office: Date Left (Check one)	
	The period covered is	2018 , through	O The period covered is January leaving office.	y 1, 2017, through the date of
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	Candidate: Date of Election	and office sought, if	f different than Part 1:	
4.	Schedule Summary (must complete)	► Total number of	of pages including this cover page	ge:
	Schedules attached	, , , , , , , , , , , , , , , , , , , ,	7	•
	☐ Schedule A-1 - Investments - schedule attache	:d 🔲	Schedule C - Income, Loans, & Business	Positions - schedule attached
	☐ Schedule A-2 - Investments – schedule attache		Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property - schedule attache	d	Schedule E - Income - Gifts - Travel Pa	yments – schedule attached
-	or-	0 6 7		
	None - No reportable interests on any set	hedule	22	
5.	Verification		10°	
	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	i i
	(530) 891-3000		dolsen@chicousd.org	
	I have used all reasonable diligence in preparing this statement and in any attached schedules is true and compared to the com	itement. I have review lete. I acknowledge th	red this statement and to the best of my kn nis is a public document.	owledge the information contained
	I certify under penalty of perjury under the laws of	the State of Californi	a that the foregoing is true and correct	
	Date Signed	Siç	gnature Maye Vic	
	(month, day, year)		(File the originally signed statem	ent with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)				(MIDDLE)
Ontiveros	Richard	i			Robert
1. Office, Agency, or Court					
Agency Name (Do not use acronym	s)				
Chico Unified School Distric	et e				
Division, Board, Department, District,	if applicable		Your Position		
Transportation			Transportation S	upervisor	
▶ If filing for multiple positions, list	pelow or on an attachment. (Do n	not use a	cronyms)		
Agency:			Position:		
2. Jurisdiction of Office (Che	ck at least one box)				
☐ State			☐ Judge or Court Comr	nissioner (State)	vide Jurisdiction)
☐ Multi-County					
			☑ Other School Dis		
City of	2280		X Other		
3. Type of Statement (Check a	t least one box)				
★ Annual: The period covered is			Leaving Office: Da	ite Left/_	
December 31, 2017.			(Check one)		
-or- The period covered is	, thro	ugh	100	red is January 1	, 2017, through the date of
December 31, 2017.			leaving officeor-		
Assuming Office: Date assum	ed/		O The period cover the date of leaving		, through
Candidate: Date of Election _	and office s	ought, if	different than Part 1:		5.00
4. Schedule Summary (mus	t complete) ► Total nui	mber o	f pages including this	cover page	
Schedules attached			7 0	, ,	
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☐ Schedule B - Real Property			Schedule E - Income - Gifts		
-or-	onodalo dilatina				
None - No reportable int No reportable int None - No reportable int No reportable int	erests on any schedule				
5. Verification			100000000000000000000000000000000000000		
MAILING ADDRESS STREET (Business or Agency Address Recommended		TY		STATE	ZIP CODE
2455 Carmichael Dr.	C	hico		Ca.	95928
DAYTIME TELEPHONE NUMBER		189	-MAIL ADDRESS		
(530) 891-3097	# 155 V V V 0 20		ontiveros@chicousd.	K=00	
I have used all reasonable diligence herein and in any attached schedul	in preparing this statement. I have es is true and complete. I acknow	e reviewe vledge th	ed this statement and to the is is a public document.	best of my know	leage the information contained
I certify under penalty of perjury	under the laws of the State of C	California	that the foregoing is true	and correct.	
_ , a, , 02/20/2018			Mee	ee/	
Date Signed	av vear)	Sig	nature (File the origi	nally signed statement	with your filing official.)
(monui, u	.j, jou.j		(, ong.	,	9.45.45 ± 5.94.15 (1017) ₩3.15 (105.95 (1€)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ase type or print in ink.			
NAN	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Pa	arsley	Joanne		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
			Assistant Superintendent	
	▶ If filing for multiple positions, list below or on an attachr	ment. (Do not use ac	ronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
	. 		County of	
	Multi-County		✓ Other Public School District	ot .
	City of		X Other	**************************************
3.	Type of Statement (Check at least one box)			
	★ Annual: The period covered is January 1, 2017, thro	ough	Leaving Office: Date Left	
	December 31, 2017.		(Check one)	
	The period covered is	, through	 The period covered is Januar leaving office. -or- 	ry 1, 2017, through the date of
	Assuming Office: Date assumed		 The period covered is the date of leaving office. 	J, through
	Candidate: Date of Election	and office sought, if d		
	- Canadactor Bate of Election	.		
4.	Schedule Summary (must complete)	Total number of	pages including this cover pa	ge:
	Schedules attached			
	Schedule A-1 - Investments - schedule attached	⊠ Se	chedule C - Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	□ S	chedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property – schedule attached	☐ Se	chedule E - Income – Gifts – Travel Pa	ayments – schedule attached
-(or-			
	■ None - No reportable interests on any sche	edule		
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	22. 7	MAIL ADDRESS	
	(530) 891-3000		arsley@chicousd.org	
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet	ment. I have reviewed e. I acknowledge this	I this statement and to the best of my kr is a public document.	nowledge the information contained
	I certify under penalty of perjury under the laws of the	e State of California	that the foregoing is true and correc	t.
	0/0/40		Car La	
	Date Signed 3/2/18	_ Sign	ature	ment with your filing official \
	(month, day, year)		/ (File the originally signed state)	non man your ming omorally

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Joanne Parsley	

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Parsley Farms	
Name	Name
6280 Bennett Road, Chico, CA 95926	
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
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 S100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship 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 <u>TO</u> 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 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 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	
Anderson Shelling \$1,000,000	
▶ 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
6280 Bennett Road	
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	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$10,001 - \$1,000,000 ACQUIRED DISPOSED X Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
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
	EDDC 5 700 /2017 /2018) 5-h A 2

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Joanne Parsley

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5928 Anita Road
CITY
Chico, CA 95926
Office, OA 33320
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED
▼ Over \$1,000,000
NATURE OF INTEREST
X Ownership/Deed of Trust Easement
Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
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.
11 —
│
None
∐ None
None
∐ None
□ None
lending institutions made in the lender's regular course of
lending institutions made in the lender's regular course of without regard to your official status. Personal loans and
lending institutions made in the lender's regular course of
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:
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*
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:
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)
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*
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)
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 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* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone
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 INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD
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*
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 INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD
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 INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000
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	
Joanne Parsley	

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 \$500 - \$1,000 \$1,001 - \$10,000 \$100,001 - \$100,000 X 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.)	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.)	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.)	(Real property, car, boat, etc.)
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	Commission of Remai mounte, list each source of \$10,000 of more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
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 eatus. Personal loans and loans received not in a lender's
	% None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	Other
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Поч
GVER \$100,000	Other(Describe)
Comments:	FPPC Form 700 (2017/2018) Sch

Date Initial Filing Received
Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ease type or print in ink.			
NAM	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Pa	asillas	Sara		Michelle
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Chico High School		Assistant Principal	
	▶ If filing for multiple positions, list below or on an attack	ment /Do not use	acronyms)	
	I ming for multiple positions, not book of on an according	anona (po not aco		
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
	Multi-County		County of	
			Nother Public School Distriction	ct
	City of	<u> </u>	Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, thr	ough	Leaving Office: Date Left	
	December 31, 2017.		(Check one)	
	The period covered is	, through	 The period covered is Janual leaving office. 	ary 1, 2017, through the date of
	Assuming Office: Date assumed		O The period covered is the date of leaving office.	_/, through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
4.	Schedule Summary (must complete)	Total number	of pages including this cover p	age:
1555	Schedules attached		,	
	Schedule A-1 - Investments – schedule attached	П	Schedule C - Income, Loans, & Busines	ss Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property - schedule attached] Schedule E - Income – Gifts – Travel F	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	STATE	ZIP CODE
	901 Esplanade	Chico	CA	95926
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
	(530) 891-3026 x119		spasillas@chicousd.org	
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete	ement. I have revie te. I acknowledge	wed this statement and to the best of my kithis is a public document.	knowledge the information contained
	I certify under penalty of perjury under the laws of the	e State of Californ	ia that the foregoing is true and corre	ct/
	2/20/48		CANON N N	'
	Date Signed 2/20/18	S	gnature (File the originally signed state	ement with your filing official.)
	(month, day, year)		It no are originary signed state	,g s

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Peyton.	Jeana	Lea		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms) Chico Unified Sc Division, Board, Department, District, if applicable	had DISTIC	Assistant Principa		
Loma Vista Spec	ial Education	n Assistant Prince		
▶ 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)		0 10 10 10 10 10 10 10 10 10 10 10 10 10		
State Butte		or Court Commissioner (Statewide Jurisdiction)		
Multi-County		of		
City of CVC	Other _			
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2017, thro	ugh Leavin	g Office: Date Left/		
December 31, 2017.	(Check	one)		
The period covered is 07 101 70	through O The	e period covered is January 1, 2017, through the date of ving office.		
Assuming Office: Date assumed/		e period covered is/, through date of leaving office.		
Candidate: Date of Election	and office sought, if different than F	Part 1:		
l. Schedule Summary (must complete) ► Total number of pages including this cover page:				
Schedules attached	Joan Hamasi e. pages men	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Schedule A-1 - Investments – schedule attached	Schedule C - /	ncome, Loans, & Business Positions – schedule attached		
Schedule A-1 - Investments – schedule attached	100-3 0200 0200 020 - 104 - 02	ncome – Gifts – schedule attached		
Schedule B - Real Property – schedule attached		ncome - Gifts - Travel Payments - schedule attached		
-or-				
✓ None - No reportable interests on any sche	edule			
5. Verification	- Aller - Alle			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
368 Dicholine Wa	4 Chico	OA 95928		
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(530) 879-7400	14	one chicousd org		
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 statemer e. I acknowledge this is a public de	nt and to the best of my knowledge the information-eontains ocument.		
I certify under penalty of perjury under the laws of the				
Date Signed 2/20/18	Signature	In Park		
(month, day, year)	//	(File the originally signed statement with your filing official.)		

Ple	ase type or print in ink.	
NAN	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Robinson, Eileen Lynette	
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms) Chico Uni Fien School District District I applicable	
	Division, Board, Department, District, if applicable	Your Position
	BOARD of Trustees	Member
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	NO Other Unifico School District
name to		
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left/
	The period covered is/, through December 31, 2017.	 The period covered is January 1, 2017, through the date of leaving office. -or-
	Assuming Office: Date assumed	The period covered is, through the date of leaving office.
	Candidate: Date of Election and office sought,	if different than Part 1:
4.	Schedule Summary (must complete) ► Total number Schedules attached	of pages including this cover page:
	Schedule A-1 - Investments – schedule attached	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-	
	■ None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	1163 East Seventh Street Chico	CA 95928-5999
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS erobinson@chicousd. ORg
	(530) 891-3000	
	herein and in any attached schedules is true and complete. I acknowledge	(Carrier 1997)
	I certify under penalty of perjury under the laws of the State of Californ	nia that the foregoing is true and correct
	Feb. 27,2018	() I Mannon
	Date Signed Si	ignature (File the originally signed statement with your filing official)

Date Signed _

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

COVER PAGE A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) (FIRST) eanne odders 1. Office, Agency, or Court Agency Name (Do not use acronyms) Division, Board, Department, District, if applicable Your Position Emma Wilson ▶ 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 __ City of _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/_ December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of The period covered is _ leaving office. December 31, 2017. O The period covered is ______, through Assuming Office: Date assumed _ the date of leaving office. and office sought, if different than Part 1: . Candidate: Date of Election 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule 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 -or-None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS CITY STREET (Business or Agency Address Recommended - Public Document) 1530 W. DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is 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

Please type or print in ink.

-	(CID	OT		(MIDDLE)
NA	SAUBERAN (FIR	4RON		THAYER
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms) Chico Winfred School Division, Board, Department, District, if applicable	ol Di	Strict Your Position	Principa !
	▶ If filing for multiple positions, list below or on an attachment.	(Do not use ac	eronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court	ommissioner (Statewide Jurisdiction)
	Multi-County		County of	
	City of	<u> </u>	Other Sch	real district
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, through December 31, 2017.		Leaving Office: (Check one)	Date Left/
	The period covered is	_, through	leaving office	
	Assuming Office: Date assumed//	_	O The period of the date of le	overed is/, through aving office.
	Candidate: Date of Election and o	office sought, if d	lifferent than Part 1:	
4.	Schedule Summary (must complete) ► Total	ıl number of	pages including t	his cover page:
	Schedules attached			
	☐ Schedule A-1 - Investments — schedule attached ☐ Schedule A-2 - Investments — schedule attached	\$		pans, & Business Positions – schedule attached Gifts – schedule attached
	Schedule B - Real Property – schedule attached			Gifts - Travel Payments - schedule attached
-	or-			
	None - No reportable interests on any schedule)		
5.	Verification	OUTO		STATE ZIP CODE
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) AVE DAYTIME TELEPHONE NUMBER	Chi	MAIL ADDRESS	95926 and will we
	have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete.	I have reviewed acknowledge this	this statement and to this is a public document.	
	I certify under penalty of perjury under the laws of the Stat			rue and correct.
	Date Signed 1/24/18		ature adur	originally signed statement with your filing official.)
	(month, day, year)		// lie tile	enginen, eigino distantan mini yeen ming sinatan

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	IE OF FILER (LAST)	(FIRST)		(MIDDLE)
Sc	chrock	Kristen		Joelle
1.	Office, Agency, or Court			*
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
			Principal	
	▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use acr	onyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	☐ State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
	Multi-County		County of	·
	** ***********************************		☑ Other Public School Distric	t
	City of		N Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, throu	ugh	Leaving Office: Date Left	<u></u>
	December 31, 2017.		(Check one)	
	The period covered is/	, through	 The period covered is January leaving office. -or- 	y 1, 2017, through the date of
	Assuming Office: Date assumed/		O The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office sought, if di	fferent than Part 1:	
4.	Schedule Summary (must complete) ▶	Total number of	pages including this cover pages	ge:1
	Schedules attached	•		
	Schedule A-1 - Investments – schedule attached	□sc	hedule C - Income, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		hedule D - Income - Gifts - schedule	
	Schedule B - Real Property - schedule attached	□ Sc	hedule E - Income – Gifts – Travel Pa	yments - schedule attached
-(or-			
	⋈ None - No reportable interests on any schell	dule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	2090 Amanda Way	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	100000	AIL ADDRESS	
	(530) 891-3285		chrock@chicousd.org	
	I have used all reasonable diligence in preparing this staten herein and in any attached schedules is true and complete	nent. I have reviewed e. I acknowledge this	this statement and to the best of my kn is a public document.	owledge the information contained
	I certify under penalty of perjury under the laws of the	State of California t	hat the foregoing is true and correct	92 W
	Date Signed	Signa		nux
	(month, day, year)		(File the originally signed statem	ent 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)	The state of the s	(MIDDLE)
Sł	nepherd	John		Raymond
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Pleasant Valley High School		Principal	
	lacktriangleright If filing for multiple positions, list below or on an attachr	nent. (Do not use acro	nyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	X State	1	Judge or Court Commissioner (St	atewide Jurisdiction)
	Multi-County	ĺ	County of	
	City of		Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, thro	ugh [Leaving Office: Date Left	<u> </u>
	December 31, 2017.		(Check one)	
	The period covered is/	, through	O The period covered is Januar leaving office.	y 1, 2017, through the date of
	Assuming Office: Date assumed		O The period covered is the date of leaving office.	<i>J</i> , through
	Candidate: Date of Election	and office sought, if diffe	erent than Part 1:	
4.	Schedule Summary (must complete)	Total number of p	ages including this cover pa	ae:
	Schedules attached	, can manusco es p	.g.c	9
	Schedule A-1 - Investments - schedule attached	Sch	edule C - Income, Loans, & Business	s Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	☐ Sch	edule D - Income - Gifts - schedule	attached
	Schedule B - Real Property - schedule attached	Scho	edule E - Income – Gifts – Travel Pa	nyments - schedule attached
-(or-			
	■ None - No reportable interests on any sche	dule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	195 Delaney Drive	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	C40400000	ADDRESS	
	(530)774-5429		pherd@chicousd.org	
	I have used all reasonable diligence in preparing this staten herein and in any attached schedules is true and complete	nent. I have reviewed the necknowledge this is	is statement and to the best of my kr a public document.	nowledge the information contained
	I certify under penalty of perjury under the laws of the	State of California tha	t the foregoing is true and correct	
	Data Signad 1/22/18	Signati	ro M	
	Date Signed (month, day, year)	Signatu	(File the originally signed state)	pent with your filing official.)

Date Initial Filing Received

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Sł	neridan	Erica		Lorraine
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Chico High School		Assistant Principal	
	▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use a	cronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
ATT A	State		Judge or Court Commissioner (Stat	tewide Jurisdiction)
			County of	
	Multi-County		✓ Other Public School District	
	City of		X Other Tubile Condet Bistrict	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2017, through	ugh	Leaving Office: Date Left	J
	December 31, 2017.		(Check one)	
	The period covered is//	, through	 The period covered is January leaving office. 	1, 2017, through the date of
	Assuming Office: Date assumed		The period covered is	, through
	Candidate: Date of Election	and office sought, if	different than Part 1:	
4.	Schedule Summary (must complete)	Total number o	f pages including this cover pag	re:
	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 a	attached
	Schedule B - Real Property - schedule attached	□ <i>;</i>	Schedule E - Income – Gifts – Travel Pay	ments - schedule attached
۱.	or-			
	▼ None - No reportable interests on any sche	dule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	901 Esplanade	Chico	CA	95926
	DAYTIME TELEPHONE NUMBER	17	-MAIL ADDRESS	
	(530)891-3026 x115		sherida@chicousd.org	20 M
	I have used all reasonable diligence in preparing this staten herein and in any attached schedules is true and complete	nent. I have reviewe e. I acknowledge th	ed this statement and to the best of my kno is is a public document.	owledge the information contained
	I certify under penalty of perjury under the laws of the	State of California	that the foregoing is true and correct.	U
	2/20/18	O	livica Mi	ridan)
	Date Signed (month, day, year)	Sig	nature(File the originally signed statement	ent 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)
Snedeker	Evic		ω
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		· Administra	la
CHICO Unified	School Diskin	Director o	of Student Sorvice
Division, Board, Department, District, if app	olicable	Your Position	
► If filing for multiple positions, list below	or on an attachment. (Do not use	1700	•
Agency: Curo confied	School DisMet	Position: Directu of Sh	whent Source / Specings
2. Jurisdiction of Office (Check at	least one box)		
State		☐ Judge or Court Commissioner (State	wide Jurisdiction)
Multi-County Botte Coun	Ч	County of	
City ofCItc.s		Other	-
3. Type of Statement (Check at least	it one box)	× 1	21 2017
Annual: The period covered is January	ary 1, 2017, through	Leaving Office: Date Left/_ (Check one)	31 / 2017
December 31, 2017.		The period covered is January 1	2017 through the date of
The period covered is December 31, 2017.	_/, through	leaving office.	i, 2011, anotgi alo dato ol
Assuming Office: Date assumed		 The period covered is	, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must co	mplete) ▶ Total number	of pages including this cover page	o:
Schedules attached			
Schedule A-1 - Investments – sch	nedule attached	Schedule C - Income, Loans, & Business F	Positions - schedule attached
Schedule A-2 - Investments – sch	nedule attached	Schedule D - Income - Gifts - schedule at	
Schedule B - Real Property – sch	edule attached	Schedule E - Income – Gifts – Travel Payn	nents - schedule attached
-or-	4 (4)		
None - No reportable interest	s on any schedule		
5. Verification	OUT)	CTATE	ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public		STATE	
1143 EAST Se	ver1h Speet	ca	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(530) 891-3000 CC	naring this statement. I have revie	ewed this statement and to the best of my know	
herein and in any attached schedules is t	rue and complete. I acknowledge	this is a public document.	go me mannenen ventantea
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correct.	
Date Signed 1/29/2019	9	signature Even Snedch	
(month, day, year)		(File the originally signed statement	t with your filing official.)

TATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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) 1. Office, Agency, or Court Agency Name (Do not use acronyms) 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) Annual: The period covered is January 1, 2017, through Leaving Office: Date Left ____/___ December 31, 2017. (Check one) -or-O The period covered is January 1, 2017, through the date of The period covered is _ leaving office. December 31, 2017. O The period covered is ______, through Assuming Office: Date assumed ___ the date of leaving office. ___ and office sought, if different than Part 1: _ Candidate: Date of Election _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - 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 STATE MAILING ADDRESS (Business or Agency Address Recommended - Public Document) I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is 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

signed statement 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.			
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
S	taley	Kelly		Jan
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	And administration of the state		Superintendent	
	Part I		A CONTRACTOR OF THE CONTRACTOR	
	▶ If filing for multiple positions, list below or on an attach			
	Agency: Fiscal Crisis & Management Assistar	nt Team	Position: Board Member, Adv	risory Board
2.	Jurisdiction of Office (Check at least one box)			
	⊠ State for #2 above]	☐ Judge or Court Commissioner (State	tewide Jurisdiction)
	Multi-County	_	County of	
			Nother Public School District	(#1 above)
	City of		X) Other	Tr. : See 2.27
3.	Type of Statement (Check at least one box)			and the second
#1	Annual: The period covered is January 1, 2017, thro	ough [Leaving Office: Date Left	<u></u>
	December 31, 2017.	_	(Check one)	
	-or- The period covered is//	, through	O The period covered is January	1, 2017, through the date of
	December 31, 2017.		leaving office.	
#2	Assuming Office: Date assumed	2018	O The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election	and office sought, if diffe	rent than Part 1:	
4.	Schedule Summary (must complete)	Total number of pa	ages including this cover pag	re:
15151	Schedules attached	Total Hambor or po	.gee memanig and eere pag	
	Schedule A-1 - Investments – schedule attached	[▼] Sehe	edule C - Income, Loans, & Business	Positions - schedule attached
	Schedule A-1 - Investments – schedule attached		edule D = Income - Gifts - schedule a	
	Schedule B - Real Property – schedule attached	V erel ia	edule E - Income – Gifts – Travel Pay	
-(or-	<u> </u>	Mano I moomo omo marerra,	
2	None - No reportable interests on any sche	edule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	1163 East Seventh Street	Chico	CA	95973
	DAYTIME TELEPHONE NUMBER	The state of the s	ADDRESS	
	(530) 521-3000	ksta	ley@chicousd.org	
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complet			wledge the information contained
	I certify under penalty of perjury under the laws of the	e State of California tha	t the foregoing is true and correct.	
	2/9/19		VXXXVIII	
	Date Signed (month, day, year)	_ Signatu	re(File the originally signed stateme	nt with your filing official \
	(month, day, year)		(i no the originally digited stateme	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM T	100
Name	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 277 Saint Augustine	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Chico, CA 95926	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Cher
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 X \$1,001 - \$10,000	\$500 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$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
Sold to tenants Brian & Kelly Parsons	
in January, 2017.	
	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 \$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	Guarantor, if applicable
Comments:	II

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 7	OO ISSION
Name	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tri Counties Bank	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
63 Constitution Drive	
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 ☐ \$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.)	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, boal, 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
(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 e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's es:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
·	% None
ADDRESS (Business Address Acceptable)	CECURITY FOR LOAM
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Silver dedices
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	* *
Comments:	<u> </u>

SCHEDULE D Income – Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	700 DMMISSION
Name	90

► NAME OF SOURCE	(Not an Acronym) Shinoff, Holtz		► N/	AME OF SOURCE	(Not an Acronym	2)	
ADDRESS (Business Address Acceptable) 2488 Historic Decator Road #200, San Diego			AC	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	Bl	JSINESS ACTIVIT	Y, IF ANY, OF SO	URCE	
Legal Firm							
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DA	ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
12 , 16 , 17	\$	Boxed Candy Sweets			\$		
	\$		-		\$		
	\$		-		\$		
► NAME OF SOURCE	(Not an Acronym)		► N/	AME OF SOURCE	(Not an Acronym	n)	
ADDRESS (Busines	s Address Acceptab	le)	A	DDRESS (Busines	s Address Accepta	able)	
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	Bl	JSINESS ACTIVIT	Y, IF ANY, OF SO	URCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	D/	ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$		-		\$	· ·	
	\$		-	_//	\$	· ·	
	\$	N 	11 -		\$		
► NAME OF SOURCE	E (Not an Acronym)		▶ N	AME OF SOURCE	E (Not an Acronym	1)	
ADDRESS (Busines	s Address Acceptab	le)	At	DDRESS (Busines	s Address Accepte	able)	
BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	BI	JSINESS ACTIVIT	Y, IF ANY, OF SC	DURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	D,	ATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$		-		\$	-	
	\$		<u> </u>		\$		
	\$		II _		\$		
		ift arrives annually and is pl				District staff to enjoy. We	

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)
Association of California School Administrators	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1029 J Street, Suite 500	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 / 01 / 17 - 12 / 31 / 17 AMT: \$ 191.00	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 <u>Superintendent's Council</u> member. Some travel reimbursed.	Other - Provide Description
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	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	▶ If Gift, Provide Travel Destination
Comments:	1 1

Ple	ease type or print in ink.		
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
S	ufuentes	Heather	Watroba
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable	Your Position	
	Parkview Elementary School	Principal	
	▶ If filing for multiple positions, list below or on an attack	nment. (Do not use acronyms)	
	Agency:	Position:	
2.	Jurisdiction of Office (Check at least one box)		
	☐ State	☐ Judge or Court Commission	oner (Statewide Jurisdiction)
	Multi-County	County of	
		Dublic Cohool I	
	City of	Other	
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2017, the December 31, 2017.	ough Leaving Office: Date Le	ft
	The period covered is 07 , 01 , 20 December 31, 2017.		January 1, 2017, through the date of
	Assuming Office: Date assumed		s/, through fice.
	Candidate: Date of Election	and office sought, if different than Part 1:	
Δ	Schedule Summary (must complete)	Total number of pages including this co	ver nage'
7.	Schedules attached	*	vor pagor
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & L	Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - se	
	Schedule B - Real Property - schedule attached	☐ Schedule E - Income - Gifts - Ti	ravel Payments - schedule attached
-	or-		
L	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
	202 ESTATES DR	CHICO CA G	1090 95928
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
	(530) 518-4367		
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple	te. I acknowledge this is a public document.	
	I certify under penalty of perjury under the laws of the	e State of California that the foregoing is true and	correct.
	Date Signed 2/22/18	_ Signature	
	(month, day, year)	// (File the originally sig	gried statement with your filling official.)

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)
Sullivan	Theodore		William
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 Elementary Edu	cation
▶ If filing for multiple positions, list below or o	n an attachment. (Do not use a	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at leas	t one box)		
☐ State		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	
☑ City of Chico		Mother Public Scho	out District
3. Type of Statement (Check at least on	e box)		
Annual: The period covered is January 1 December 31, 2017.	, 2017, through	Leaving Office: Date Left	<i></i>
-or- The period covered is/ December 31, 2017.		 The period covered is January leaving office. -or- 	1, 2017, through the date of
Assuming Office: Date assumed	J	 The period covered is/ the date of leaving office. 	, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must compl	ete) ► Total number of	pages including this cover page	ne:
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	pages meaning and page	, 51
Schedule A-1 - Investments - schedule	e attached S	chedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule		chedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedule	e attached S	chedule E - Income - Gifts - Travel Pay	ments - schedule attached
-or-			
None - No reportable interests on	any schedule		salah ada salah sarah salah saka sa
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu.	CITY ment)	STATE	ZIP CODE
1163 East 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
(530) 891-3000 ext. 137	ts	ulliva@chicousd.org	
I have used all reasonable diligence in preparin herein and in any attached schedules is true a			wledge the information contained
I certify under penalty of perjury under the	laws of the State of California	that the foregoing is true and correct.	
Date Signed 2-26-18	Sign	ature JR	
(month, day, year)		(File the originally signed stateme	nt with your filing official.)

Please type or print in ink.			ă d
NAME OF FILER (LAST)	(FIRST)	7.	(MIDDLE)
Tadeo	Rachel		Ann
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			<u> </u>
Division, Board, Department, District, if applicable		Your Position	
Citrus Elementary School		Principal	0
▶ 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)	· ·	i
☐ State	,	☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County			3
		Mounty of Public S.	chool District
City of		X Other Public Sc	1201 13110
3. Type of Statement (Check at least one box	0		
Annual: The period covered is January 1, 201		Leaving Office: Date Left	<u></u>
December 31, 2017.		(Check one)	
-or- The period covered is	, through	O The period covered is Janu	ary 1, 2017, through the date of
December 31, 2017.		leaving office.	31 32
Assuming Office: Date assumed/		The period covered is the date of leaving office.	
4 8			
Candidate: Date of Election	and office sought,	if different than Part 1:	t= j
4. Schedule Summary (must complete)	► Total number	of pages including this cover p	page:
Schedules attached			
Cahadula A.4. Investments, eshedula atta	ahod –	Schedule C - Income, Loans, & Busine	ses Positions – schedule attached
☐ Schedule A-1 - Investments – schedule atta		Schedule D = Income – Gifts – schedu	
Schedule B - Real Property – schedule atta	-	Schedule E - Income - Gifts - Travel I	
-or-			
None - No reportable interests on any	schedule	A A	· · · · · · · · · · · · · · · · · · ·
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 1163 E. 7th St.	Chico	CA	95926
DAYTIME TELEPHONE NUMBER	Offico	E-MAIL ADDRESS	00020
(530) 891-3107			
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have review	wed this statement and to the best of my this is a public document.	knowledge the information contained
I certify under penalty of perjury under the laws	of the State of Californ	ia that the foregoing is true and corre	ct.
Date Signed 02/20/2018	Si	gnature Muhul Ma	OVO
(month, day, year)	- N O		ement with your filing official.)

Ple	ase type or print in ink.	B			
NAI	ME OF FILER (LAST)	(FIRST)			(MIDDLE)
Vi	ncent	John			E
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Chico Unified School District				
	Division, Board, Department, District, if applicable		Your Position		
	Information Services		Director		
	▶ If filing for multiple positions, list below or on an attachn	nent. (Do not use	acronyms)		
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least one box)				
	State		☐ Judge or Court C	Commissioner (Stat	ewide Jurisdiction)
			-		
	Multi-County		Bublic 9	School District	
	City of		☑ Other Public S	DOTTOO! DISTRICT	4
3.	Type of Statement (Check at least one box)			ll a	
	Annual: The period covered is January 1, 2017, through	uah	☐ Leaving Office:	Date Left	<u> </u>
	December 31, 2017.	2911	(Check one)	Date 2011	
	-or- The period covered is//	through		overed is January	1, 2017, through the date of
	December 31, 2017.	, unougn	leaving office	∍.	
	Assuming Office: Date assumed/		O The period of	covered is/_ eaving office.	, through
	Candidate: Date of Election	and office sought, if			
1	Schedule Summary (must complete) ▶	Total number	of nagos including	thic cover non	/O'
₩.	Schedules attached	Total number t	or pages including	uns cover pay	G
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, L	oans, & Business	Positions - schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income -	Gifts - schedule a	nttached
	Schedule B - Real Property - schedule attached		Schedule E - Income -	Gifts - Travel Pay	ments - schedule attached
-(or-				
	None - No reportable interests on any scheen	dule			
5.	Verification		10000 AN 22200		and the second s
	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	j	vincent@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 Californi	a that the foregoing is	true and correct.	
	04/00/0040		M		
	Date Signed 01/23/2018	Siç	nature		2 22 12
(month, day, year)			(File the	e originally signed stateme	nt with your filing official.)

Date Initial Filing Received Official Use Only

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

	pe or print in ink.				The second second second	(MIDDLE)
NAME OF F	ILER (LAST)	(FIRS				182200 BC
Whittak	er	Dar	non			Andrew
1. Offic	e, Agency, or Court					
Agend	cy Name (Do not use acron	yms)				
Chic	co Unified School Dist	rict				
Division	on, Board, Department, Distr	rict, if applicable		Your Position		
				Assistant Principal		
	filing for multiple positions li	st below or on an attachment.	(Do not use ac	eronyms)		
▶	illing for multiple positions, if	St below of off an attachment.	Do not doo do	, o, i, j, i, o,		
Agen	су:			Position:		
2 Juri	sdiction of Office (6	Check at least one box)				
 □s:	Contraction of the Contract of	,		☐ Judge or Court Commissi	oner (Statewide Ju	risdiction)
				County of	(0)	
				Nother Public School		
□с	ity of			X Other		
3. Тур	e of Statement (Chec	k at least one box)				
X /	Annual: The period covered	l is January 1, 2017, through		Leaving Office: Date Le	eft	-
422	December 31, 2017			(Check one)		
	-or- The period covered	d is	, through	O The period covered is	s January 1, 2017,	through the date of
	December 31, 201	7.		leaving officeor-		AN 1992
	Assuming Office: Date ass	sumed/		O The period covered in the date of leaving of		, through
	Candidate: Date of Election	and of	fice sought, if	different than Part 1:		
4. Sch	nedule Summary (m	ust complete) ► Total	l number of	pages including this co	ver page:	
	nedules attached			Proposition to the contract of		
-				chedule C - Income, Loans, &	Rusiness Positions	- schedule attached
Ļ	☐ Schedule A-1 - Investme ☐ Schedule A-2 - Investme			chedule D - Income - Gifts - s		goriodalo ditaonod
L	Schedule B - Real Prope			chedule E - Income - Gifts - 1		schedule attached
-or-	_ Schedule B - Near Frope	orty Sorioudio attachica			•	
	None - No reportable	interests on any schedule				
	fication					
MAILI	NG ADDRESS STRE	EET	CITY	STA	TE Z	IP CODE
	'5 East Ave.	ded - 1 abile bootinony	Chico	С	a 9	15926
	IME TELEPHONE NUMBER		E-	MAIL ADDRESS		
	30) 891-3050					
I hav	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	AND DOLL TO MAKE A TOWN OF THE PARTY OF THE	ry under the laws of the State			d correct.	j
	1/23/2018		01	OXLA	AL	
Date	Signed 1/23/2018 (mon	th, day, year)	Sigi	nature (File the originally s	signed statement with your	filing official.)