

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
ΑI	len	Michael	Anthony
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
			Principal
	▶ If filing for multiple positions, list below or on an attack	ment. (Do not u	use acronyms)
		. Processor and a second	,,
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)		
	State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
			(Statewide Jurisdiction)
	Multi-County		County of
	City of		⊠ Other Public School District
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2019, three	ouah	Leaving Office: Date Left/
	December 31, 2019.	9	(Check one circle.)
	The period covered is/	, through	 The period covered is January 1, 2019, 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	nt, if different than Part 1:
4	Schedule Summary (must complete) ▶	Total numbe	er of pages including this source pages
	Schedules attached	rotal numbe	r of pages including this cover page:
	Schedule A-1 - Investments - schedule attached	1	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	Ì	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule attached	_	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	r- ⊠ None - No reportable interests on any s	schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	2060 Oak Park Ave	Chico	CA 95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(530) 891-3100		MAllen@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 revi e. I acknowledge	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 laws of the	State of Califo	rnia that the foregoing is true and correct.
	Date Signed 02/21/2020		Signature William All
	(month, day, year)		Signature(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)		(FIRST)	(MIDDLE)
В	Benz	Mele	Lea
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
			Principal
	▶ If filing for multiple positions, list below or on an attach	ment. (Do no	t use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)		
	State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		Nother Public School District Public School District
3.	Type of Statement (Check at least one box)		
	★ Annual: The period covered is January 1, 2019, thro	uah	Leaving Office: Date Left/
	December 31, 2019.		(Check one circle.)
	The period covered is/	, throug	The period covered is January 1, 2019, 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 sou	ght, if different than Part 1:
ı.	Schedule Summary (must complete)	Total numb	per of pages including this cover page:
	Schedules attached		pagor ———
	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	or- ⊠ None - No reportable interests on any s	chedule	
-	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		EMAIL ADDRESS
	(530) 891-3000		mbenz@chicousd.org
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete.	ent. I have re	eviewed this statement and to the best of my knowledge the information contained ge this is a public document.
	I certify under penalty of perjury under the laws of the	State of Calif	ornia that the foregoing is true and correct.
	Date Signed January 10, 2020		Signature
_	The state of the s		The state of the s



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Besnard	Bruce	Robert
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	е	Your Position
		Principal
▶ If filing for multiple positions, list below or on	an attachment. (Do not u	ise acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one hox)	
	one boxy	
☐ State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		⊠ Other Public School District
3. Type of Statement (Check at least one	box)	
★ Annual: The period covered is January 1,	2019. through	Leaving Office: Date Left/
December 31, 2019.		(Check one circle.)
The period covered is/_ December 31, 2019.		 The period covered is January 1, 2019, 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 sough	nt, if different than Part 1:
4. Schedule Summary (must comple	te) ► Total numbe	r of pages including this cover page:
Schedules attached	, , , , , , , , , , , , , , , , , , ,	or pages moraling the sever page.
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 of the state of th	on any schedule	
MAILING ADDRESS STREET	OLTV	OTHER THE COPY
(Business or Agency Address Recommended - Public Docume	ent) CITY	STATE ZIP CODE
1173 E. 7th Street	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3141		bbesnard@chicousd.org
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	lewed this statement and to the best of my knowledge the information contained at this is a public document.
I certify under penalty of perjury under the la	ws of the State of Califo	rnia that the foregoing is true and correct.
Date Signed		Signature
(month, day, year)		Signature(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

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A PUBLIC DOCUMENT Please type or print in ink

Trease type or print in link.		BEIG BOCOINEITI
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bettencourt	Jo Ann	F
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applic	cable	Your Position
Rosedale Elementary School		Principal
▶ If filing for multiple positions, list below or	on an attachment. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at lea	ast one box)	
☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		_ County of
City of		_ Nther Public School District
3. Type of Statement (Check at least of	one box)	
Annual: The period covered is January December 31, 2019.	1, 2019, through	Leaving Office: Date Left//
The period covered is/_ December 31, 2019.	, through	 The period covered is January 1, 2019, 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 soug	ht, if different than Part 1:
4. Schedule Summary (must comp	olete) ► Total numb	er of pages including this cover page:
Schedules attached		, , , , , , , , , , , , , , , , , , ,
Cabadula A.4. Impostments - asked	de attack ad	Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule A-1 - Investments - schedule A-2 - Investment - schedul		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedu		Schedule E - Income – Gifts – Travel Payments – schedule attached
Golfsdalid B Froda Froporty Golfsdal	are attached	
-or- ☐ None - No reportable interes	ts on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doo	CITY current)	STATE ZIP CODE
1163 E. 7th Street	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3104		
I have used all reasonable diligence in prepari herein and in any attached schedules is true	ing this statement. I have re- and complete. I acknowledge	viewed this statement and to the best of my knowledge the information contained ge this is a public document,
I certify under penalty of perjury under the	a laws of the State of California	ornia that the foregoing is true and correct.
Date Signed 020/4/2020		Signature & aun Betten court
(month, day, year)		(File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	700
Name	

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Chico Turf Plus	
Name	Name
3030 Thorntree Dr. Ste 3	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
☐ 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	
Chemical Lawn Care	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 J_19 J_19 J_19 J_19 J_19 J_19 J_19 J
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ☒ LLC Other	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 TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) X 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
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
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
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:_

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIDOT)	Author C
tor man	(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
Business Services		Assistant Superintendent
▶ If filing for multiple positions, list below or on a	n attachment. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least on	ne box)	
☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Public School District
3. Type of Statement (Check at least one b	ox)	
Annual: The period covered is January 1, 20 December 31, 2019.		Leaving Office: Date Left/(Check one circle.)
The period covered is/	J, through	
Assuming Office: Date assumed/	<i>J.</i>	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office soug	ht, if different than Part 1:
I. Schedule Summary (must complete) Total number	er of pages including this cover page:
Schedules attached	/ Protarnambe	er or pages including this cover page
Schedule A-1 - Investments - schedule att	ached	Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments – schedule att	ached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property − schedule att	ached	Schedule E - Income - Gifts - Travel Payments - schedule attached
		_
-or- 🗆 None - No reportable interests on	any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
1163 E. 7th Street	Chico	CA 95928
DAYTIME TELEPHONE NUMBER	Offico	EMAIL ADDRESS
(530) 891-3000		kbultema@chicousd.org
Control of the contro	s statement. I have rev	viewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws		Reset - Special Control 27 & Control 27 Cont
Date Signed 2-11-20		Signature The But
(month, day, year)		Signature

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
Chico	CITY
CHICO	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	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
▼ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
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.
X None	None
	
	8
	I lending institution 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)
%	%
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
Comments:	·

California Form 700: Kevin J. Bultema

Statement of Economic Interests 2019

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
Butte County Consolidated Oversight Board	Board Member



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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 Position
Chico Junior High School		Principal
70		
▶ If filing for multiple positions, list below or on an at	achment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one b	ox)	,
State	/	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
State		(Statewide Jurisdiction)
Multi-County		County of
City of		☑ Other Public School District
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2019, December 31, 2019.	through	Leaving Office: Date Left
The period covered is	, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed/	ı	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:2
	► Total number	of pages including this cover page:2
Schedules attached		
Schedule A-1 - Investments – schedule attach	<u></u>	Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments – schedule attach		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property − schedule attach	ed [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable interests on ar	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
15 Cosmo Ct.	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3066		pcaldera@chicousd.org
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of	the State of Californ	nia that the foregoing is true and correct.
a restriction in Subsect Color in attraction and in the subsect in the subsection of the restriction of the subsections and		(// ///
Date Signed 2/21/2002	s	ignature 1000
(month, day, year)		(File the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Pedro Altamirano Caldera

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 2272 Holly Avenue	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
Chico	78000-61
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
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust
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	None
Kerrie Smith	£
	lending institution made in the lender's regular course of without regard to your official status. Personal loans and less must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.	A PU	BLIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Capen	Jessica	Thais
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Ohico Jugac High	School	Assistant Principal
▶ If filing for multiple positions, list below or on a		
Agency:	- Company of the Comp	Position:
2. Jurisdiction of Office (Check at least of	ne box)	
☐ State	es 3 10 2	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	201111111111111111111111111111111111111	County of
City of		
3. Type of Statement (Check at least one l	oox)	
Annual: The period covered is January 1, 2 December 31, 2019.	019, through	Leaving Office: Date Left/(Check one circle.)
The period covered is/	_/, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed		O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	nt, if different than Part 1:
4. Schedule Summary (must complete	e) ► Total numbe	r of pages including this cover page:
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	or pages moraling and sorer pager
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Schedule A-2 - Investments - schedule at	tached [Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule at	tached [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⋈ None - No reportable interests of	n anv schedule	
5. Verification	r any concade	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Documen	53	
280 Memorial Way DAYTIME TELEPHONE NUMBER	Chico	CA 95926
(530) 8913066		EMAIL ADDRESS
A 1000-0000 A 1000-000 NO. COLUMN	So atatam == 1 . L	jcapen@chicousd.org
herein and in any attached schedules is true and		ewed 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 law	s of the State of Califo	rnia that the foregoing is true and correct.
Date Signed <u>2/24/2020</u>		Signature
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

Please type or print in link.	717 0	BEIO BOOMEITI
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cariss	Timothy	Andrew
1. Office, Agency, or	Court	
Agency Name (Do not us	e acronyms)	
Chico Unified School	ol District	
Division, Board, Departmen	nt, District, if applicable	Your Position
		Director
▶ If filing for multiple posi	tions, list below or on an attachment. (Do not	use acronyms)
Agency:	11.0	Position:
Agency.		1000011
2. Jurisdiction of Off	ice (Check at least one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		_ County of
		Nother Public School District
3. Type of Statement	(Check at least one box)	
December 3	covered is January 1, 2019, through 31, 2019.	Leaving Office: Date Left//(Check one circle.)
-or- The period December 3	covered is, through 31, 2019.	The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: D	ate assumed/	O The period covered is
Candidate: Date of	Election and office souç	ght, if different than Part 1:
4. Schedule Summar	y (must complete) ► Total numb	er of pages including this cover page:1
Schedules attach	17 P	
Cabadula A.4. In	vootmente - sehadule etteehed	Schedule C - Income, Loans, & Business Positions - schedule attached
_	vestments – schedule attached vestments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Il Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
concuate b //oc	Tropony conceder andones	
-or- ⊠ None - No re	eportable interests on any schedule	
5. Verification		
MAILING ADDRESS	STREET CITY	STATE ZIP CODE
(Business or Agency Address Re 1163 East Seventh		CA 95926
DAYTIME TELEPHONE NUMBE		EMAIL ADDRESS
(530)891-3000		tcariss@chicousd.org
I have used all reasonable		eviewed this statement and to the best of my knowledge the information contained lige this is a public document.
		fornia that the foregoing is true and correct.
		1. (
Date Signed <u>2/21/20</u>		Signature
	(month, day, year)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Carver	John	Wayne
1. Office, Agency, or Court	·	a a constant of the constant o
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
		Director Maintenance/Operations/Transportation
▶ If filing for multiple positions, list below or on an	attachment. (Do not u	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least on	e box)	
☐ State	,	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		
2 Type of Statement (Check at least one h	- wi	
 Type of Statement (Check at least one b Annual: The period covered is January 1, 20 		Leaving Office: Date Left/
December 31, 2019.	719, tillough	(Check one circle.)
The period covered is/	_/, through	 The period covered is January 1, 2019, 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	ht, if different than Part 1:
4. Schedule Summary (must complete	e) ► Total numbe	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - schedule at	tached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule at	tached	Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property – schedule at	tached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests or	n anv schedule	
5. Verification	a special section of the special control of t	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE ZIP CODE
2455 Carmichael Dr.	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 624-7411		jcarver@chicousd.org
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and		viewed this statement and to the best of my knowledge the information contained the this is a public document.
I certify under penalty of perjury under the law	s of the State of Califo	ornia that the foregoing is true and correct.
Date Signed 01/13/2020		Signature Land alarma and
(month, day, year)		(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAN	E OF FILER (LAST)	(FIRST)		(MIDDLE)
Ch	nairez	Sydney		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Nutrition Services		Nutrition Specialist	
	▶ If filing for multiple positions, list below or on an attact	nment. (Do not use	acronyms)	
	Agency:		Position:	
2	Jurisdiction of Office (Check at least one box))	Mengania da III.	
	State		☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
	City of		Nother Public School Distr	ict
			Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2019, the December 31, 2019.	ough	Leaving Office: Date Left (Check of	ne circle.)
	The period covered is/	, through	 The period covered is Janu leaving office. -or- 	ary 1, 2019, through the date of
	Assuming Office: Date assumed	. 		/, through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
A	Schedule Summary (must complete)	Tatal mumban	of names including this saver	SAMA!
4.	Schedules attached	Total number (of pages including this cover p	aye
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Busine	ess Positions - schedule attached
	☐ Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule	le attached
	Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel I	Payments – schedule attached
-(or- 🗵 None - No reportable interests on any	schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	2455 Carmichael Drive	Chici	CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3000		schairez@chicousd.org	
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple			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.
	Date Signed 2 3 2020 (nlonth, day, year)	_ Si	gnature (File the originally signed paper s	Statement with your filing official)



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	A CONTRACTOR OF THE PARTY OF TH	(MIDDLE)
Connelly	Courtny	Christi	ne
1. Office, Agency, or Court			-
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable)	Your Position	4
Emma Wilson/Shasta Elementary		Assistant Principal	
▶ If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)	
Agency:		_ Position:	
2. Jurisdiction of Office (Check at least of	one box)		
☐ State	,	☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of		☑ Other Public School Distri	
35			
3. Type of Statement (Check at least one		_	
Annual: The period covered is January 1, 2 December 31, 2019.	2019, through	Leaving Office: Date Left (Check or	e circle.)
The period covered is/ December 31, 2019.	/, through	 The period covered is Janu leaving office. 	ary 1, 2019, 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:	
4. Schedule Summary (must complet	te) ► Total number	of pages including this cover p	age:
Schedules attached			
Schedule A-1 - Investments - schedule	attached -	Schedule C - Income, Loans, & Busine	ss Positions - schedule attached
Schedule A-2 - Investments – schedule	Nector of the second of the se	Schedule D - Income - Gifts - schedul	e attached
☐ Schedule B - Real Property – schedule a	10M684761761	Schedule E - Income – Gifts – Travel F	Payments – schedule attached
	_		
-or- ⊠ None - No reportable interests of	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY ent)	STATE	ZIP CODE
169 Leora Ct.	Chico	CA	95973
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530)891-3141		cconnelly@chicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and			knowledge the information contained
I certify under penalty of perjury under the la	ws of the State of Californ	ia that the foregoing is true and corre	ct.
Date Signed 2/4/20	S	ignature	es
(month, day, year)		(File the originally signed paper s	tatement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME O	F FILER (LAST)	(FIRST)	(MIDDLE)
Copp	er	Dustin	Todd
1. Off	ice, Agency, or Court		
Age	ency Name (Do not use acronyms)		
0.000	nico Unified School District		
Divi	sion, Board, Department, District, if applicable		Your Position
M	&O		M&O Manager
▶	f filing for multiple positions, list below or on an attach	ment. (Do not ι	ise acronyms)
Age	ency:		Position:
2. Ju	risdiction of Office (Check at least one box)		
	State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		X Other Public School District
3 Tv	pe of Statement (Check at least one box)		
J. 1y	•		□ 1 - 1 - 0 /// - 5 - 1 - 6
X	Annual: The period covered is January 1, 2019, through December 31, 2019.	ougn	Leaving Office: Date Left/(Check one circle.)
	-or- The period covered is/	through	The period covered is January 1, 2019, through the date of
	December 31, 2019.	, unougn	leaving office.
	Assuming Office: Date assumed//		The period covered is
	Candidate: Date of Election	and office sough	at, if different than Part 1:
4. Sc	hedule Summary (must complete)	Total numbe	r of pages including this cover page:
	hedules attached		er pages moraling the cover page.
1	Schedule A-1 - Investments – schedule attached	1	Schedule C - Income, Loans, & Business Positions - schedule attached
i	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
Ī	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	■ None - No reportable interests on any section in the sectio	schedule	
5. Ver	ification		
	ING ADDRESS STREET iness or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	55 Carmichael Drive	Chico	CA 95928
	TIME TELEPHONE NUMBER		EMAIL ADDRESS
-	530)891-3095		dcopper@chicousd.org
l ha here	ve used all reasonable diligence in preparing this stater in and in any attached schedules is true and complete	nent. I have revi e. I acknowledge	ewed this statement and to the best of my knowledge the information contained e this is a public document.
I ce	rtify under penalty of perjury under the laws of the	State of Califo	rnia that the foregoing is true and correct.
Date	Signed 2/10/2020	7	Signatura
Dalt	(month, day, year)		Signature / JPIIe the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
DeBock	Laurie	E
1. Office, Agency, or Co	ourt	
Agency Name (Do not use a	cronyms)	
Chico Unified School I	District	
Division, Board, Department,	District, if applicable	Your Position
Bidwell Jr. High School	ol	Assistant Principal
▶ If filing for multiple position	ns, list below or on an attachment. (Do no	t use acronyms)
Agency:		Position:
2. Jurisdiction of Office	(Check at least one box)	
☐ State	-	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
E		Public School District
	A STATE BURNESS CONTROL OF THE STATE OF THE	
3. Type of Statement (C		
Annual: The period coverage December 31, 2	ered is January 1, 2019, through	Leaving Office: Date Left/(Check one circle.)
-or-		
December 31, 2	ered is, throug 2019.	th O The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date	assumed	The period covered is/, through the date of leaving office.
Candidate: Date of Elec	etion and office sou	ight, if different than Part 1:
4. Schedule Summary (must complete) ► Total numi	ber of pages including this cover page:
Schedules attached		, ,
☐ Schedule A-1 - Invest	ments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	ments – schedule attached	Schedule D - Income - Gifts - schedule attached
	operty – schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
	Printing Participation of the state of the s	
-or- None - No repor	table interests on any schedule	
5. Verification		
MAILING ADDRESS S (Business or Agency Address Recomm	TREET CITY nended - Public Document)	STATE ZIP CODE
2376 North Ave.	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3080		ldebock@chicousd.org
	gence in preparing this statement. I have re hedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
I certify under penalty of pe	rjury under the laws of the State of Cali	ifornia that the foregoing is true and correct.
1_13_20		Jan 1 10 Re
Date Signed 1-13-20	nonth, day, year)	Signature (File the originally signed peper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1286 & 1290 Wanderer Ln.	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$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 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	\$10,001 - \$100,000 OVER \$100,000
sources of Rental Income: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None 1290 Wanderer Ln Joe Tierno, Jim Tierno 1286 Wanderer Ln Jenefer Traynor	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.
	
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and inness must be disclosed as follows:
business on terms available to members of the public	
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and inness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and inness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone None	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*

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

CALIFORNIA FORM	
Name	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Enloe Medical Center	e e
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 \$1,000
\$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (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(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to tus. 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
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
WALEST BALLAGE BURNE BESCHWARDS BESCHWARDS	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
enserro	vince	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		Ψ.
Division, Board, Department, District, if applicable		Your Position
Nutrition Services		Director
► If filing for multiple positions, list below or on a	an attachment. (Do not us	ne acronyms)
Agency:		Position:
Jurisdiction of Office (Check at least of the control of t	ne box)	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		■ Other Public School District
3. Type of Statement (Check at least one	box)	11.7
Annual: The period covered is January 1, 2 December 31, 2019.	5	Leaving Office: Date Left/(Check one circle.)
The period covered is/ December 31, 2019.	_/, through	O The period covered is January 1, 2019, through the date of -or-
Assuming Office: Date assumed		O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	, if different than Part 1:
4. Schedule Summary (must complete	A) > Total number	of pages including this cover page:
Schedules attached	o Protai number	or pages including this cover page
Schedule A-1 - Investments - schedule a	ttached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule a	ttached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule a	ttached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☑ None - No reportable interests o	n any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY	STATE ZIP CODE
2455 carmichael dr	chico	ca 95928
DAYTIME TELEPHONE NUMBER	011100	EMAIL ADDRESS
(530)8913000		venserro@chicousd.org
I have used all reasonable diligence in preparing therein and in any attached schedules is true and		ewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the law	Constitution of the Constitution	_ //
Date Signed 7 470	ç	signature
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
French Marcus Edward		Edward	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
		Buyer	
▶ If filing for multiple positions, list below or on an a	ttachment. (Do not u	ise acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one l	oox)	- Comment of the Comm	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of	
City of			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2019 December 31, 2019.	through	Leaving Office: Date Left	
O.F.	2019	(Check one circle.)	
The period covered is 12 / 02 / December 31, 2019.	, through	 The period covered is January 1, 2019, through the date of leaving office. 	
Assuming Office: Date assumed/	J	The period covered is/, through the date of leaving office.	
Candidate: Date of Election	_ and office sough	nt, if different than Part 1:	
. Schedule Summary (must complete) ► Total number of pages including this cover page:			
Schedules attached	r Total Hallio	or pages moraling the cover page.	
Schedule A-1 - Investments – schedule attach	ned I	Schedule C - Income, Loans, & Business Positions – schedule attached	
☐ Schedule A-2 - Investments – schedule attact	ned [Schedule D - Income - Gifts - schedule attached	
☐ Schedule B - Real Property - schedule attach	ned [Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or- None - No reportable interests on a	ny schedule	:	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE	
1163 East Seventh Street	Chico	CA 95928	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530)891-3000		mfrench@chicousd.org	
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com		ewed 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 laws o	f the State of Califo	rnia that the foregoing is true and correct.	
Data Signed 2/10/2020 Signature			
Date Signed 2/10/2020 (month, day, year)		(File the originally signed paper statement with your filing official.)	



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FI	LER (LAST) (FIRST)	(MIDDLE)
	Gallaty Joe	Velson
1. Offic	e, Agency, or Court	
Agenc	y Name (Do not use acronyms)	
Chic	o Unified School District	
Divisio	n, Board, Department, District, if applicable	Your Position
		Asst. Principal
▶ If fi	ling for multiple positions, list below or on an attachment. (Do not a	use acronyms)
Agenc	y:	Position:
2. Juris	sdiction of Office (Check at least one box)	
☐ Sta		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
□Mu	llti-County	County of
	y of	Dublic Cohool District
	- Control of the Cont	
3. Туре	e of Statement (Check at least one box)	
☐ Ai	nnual: The period covered is January 1, 2019, through	Leaving Office: Date Left/
	December 31, 2019.	(Check one circle.)
	The period covered is	leaving office.
☐ As	ssuming Office: Date assumed/	The period covered is/, through the date of leaving office.
☐ Ca	andidate: Date of Election and office soug	ht, if different than Part 1:
4. Sche	edule Summary (must complete) ► Total numbe	er of pages including this cover page:
Sche	edules attached	
П	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. Verifi	cation	
	G ADDRESS STREET CITY ss or Agency Address Recommended - Public Document)	STATE ZIP CODE
14°	75 East Avenue Chico ETELEPHONE NUMBER	EMAIL ADDRESS
(53	0 1891-3050	agellahy Cchicousd. org
I have		viewed this statement and to the best of my knowledge the information contained
I certif	fy under penalty of perjury under the laws of the State of Califo	ornia that the foregoing is true and correct.
Date S		Signature 900
	(month, day, year)	(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

AME OF FILER (LAST)	(FIRST)	(MIDDLE)
Gernan E	ric	
. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Maintenance and Operations		M&O Manager
▶ If filling for multiple positions, list below or on an attachm	ent. (Do not use	acronyms)
Agency:		Position:
. Jurisdiction of Office (Check at least one box)		The state of the s
☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		⊠ Other Public School District
. Type of Statement (Check at least one box)	بآب	Thereion Officer Databath
Annual: The period covered is January 1, 2019, throu December 31, 2019.	gn	Leaving Office: Date Left/
-or- The period covered is/	through	The period covered is January 1, 2019, through the date of
December 31, 2019.	, tillough	leaving office.
Assuming Office: Date assumed		The period covered is
Candidate: Date of Election a	nd office sought,	if different than Part 1:
Schedule Summary (must complete) ▶ 7	otal 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 so	hedule	
. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
1163 East 11th St	Chico	Ca 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 894-3000		Egerman@chicousd.org
I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete.		wed this statement and to the best of my knowledge the information contain this is a public document.
I certify under penalty of perjury under the laws of the	State of Californ	ia that the foregoing is true and correct.
Data Signad 2/10/2020	1-20 August - 1-	
Date Signed 2/10/2020 (month, day, year)	Si	gnature (File the originally signed paper statement with your filing official.)
(month, day, year)		in the angulary organize popul statement with your ming official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

13/11/11/11/01/	John	4//
1. Office, Agency, or Court	JOHN	Allen
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicab	ole \	our Position
Alternative Education		4 P
▶ If filing for multiple positions, list below or on	n an attachment. (Do not use acrony	ms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one box)	
☐ State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of	X	Other Public School District
3. Type of Statement (Check at least one	e box)	
Annual: The period covered is January 1,	, 2019, through	Leaving Office: Date Left/
December 31, 2019.		(Check one circle.)
The period covered is	, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed		O The period covered is/, through
		the date of leaving office. nt than Part 1:
	and office sought, if differen	the date of leaving office. nt than Part 1:
Candidate: Date of Election	and office sought, if differen	the date of leaving office.
Candidate: Date of Election	and office sought, if difference te) ► Total number of pag	the date of leaving office. nt than Part 1:
☐ Candidate: Date of Election 4. Schedule Summary (must completed schedules attached	and office sought, if difference tele) ► Total number of page attached ☐ Schedulattached ☐ Schedulattached ☐ Schedulattached	the date of leaving office. Int than Part 1: The ses including this cover page:
□ Candidate: Date of Election 4. Schedule Summary (must complete Schedules attached Schedule A-1 - Investments – schedule	and office sought, if difference tele) ► Total number of page attached ☐ Schedulattached ☐ Schedulattached ☐ Schedulattached ☐ Schedulattached ☐ Schedulattached ☐ Schedulattached	the date of leaving office. Int than Part 1: es including this cover page: ule C - Income, Loans, & Business Positions – schedule attached
☐ Candidate: Date of Election	and office sought, if difference tele) ► Total number of page attached Schedulattached Schedulattached Schedulattached Schedulattached	the date of leaving office. Int than Part 1: The ses including this cover page: The ses including this cover page:
□ Candidate: Date of Election □ 4. Schedule Summary (must completed Schedules attached □ Schedule A-1 - Investments - schedule □ Schedule A-2 - Investments - schedule □ Schedule B - Real Property - schedule □ Or- □ None - No reportable interests	and office sought, if difference tele) ► Total number of page attached Schedulattached Schedulattached Schedulattached Schedulattached	the date of leaving office. Int than Part 1: The ses including this cover page: The ses including this cover page:
☐ Candidate: Date of Election	and office sought, if difference tele) ► Total number of page attached Schedulattached Schedulattached Schedulattached Schedulattached	the date of leaving office. Int than Part 1: Les including this cover page: Lule C - Income, Loans, & Business Positions – schedule attached Lule D - Income – Gifts – schedule attached Lule E - Income – Gifts – Travel Payments – schedule attached
□ Candidate: Date of Election □ 4. Schedule Summary (must complete Schedules attached □ Schedule A-1 - Investments - schedule □ Schedule A-2 - Investments - schedule □ Schedule B - Real Property - schedule □ Or- □ None - No reportable interests 5. Verification	and office sought, if difference tele) ► Total number of page attached Schedule Schedule	the date of leaving office. Int than Part 1:
Candidate: Date of Election 4. Schedule Summary (must complete Schedules attached Schedule A-1 - Investments - schedule Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule Or- None - No reportable interests 5. Verification MAILING ADDRESS STREET	and office sought, if difference tele) ► Total number of page attached Schedule Schedule	the date of leaving office. Int than Part 1: Les including this cover page: Lule C - Income, Loans, & Business Positions – schedule attached ule D - Income – Gifts – schedule attached ule E - Income – Gifts – Travel Payments – schedule attached STATE ZIP CODE CA 95928
Candidate: Date of Election 4. Schedule Summary (must complete Schedules attached Schedule A-1 - Investments - schedule Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule Or- None - No reportable interests 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documents) 983 E- 7th Sheet	and office sought, if difference to the page of the p	the date of leaving office. Int than Part 1: Les including this cover page: Lule C - Income, Loans, & Business Positions – schedule attached ule D - Income – Gifts – schedule attached ule E - Income – Gifts – Travel Payments – schedule attached STATE ZIP CODE CA 95928
Candidate: Date of Election 4. Schedule Summary (must completed Schedules attached Schedule A-1 - Investments - schedule Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule Or- None - No reportable interests 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document Schedules) DAYTIME TELEPHONE NUMBER (702) 379 - 5973	and office sought, if difference tele) ► Total number of page attached Schedule Schedule CITY CITY Contact Schedule Schedule CITY Chico EMAIL AD This statement. I have reviewed this	the date of leaving office. Int than Part 1:
Candidate: Date of Election 4. Schedule Summary (must completed Schedules attached Schedule A-1 - Investments - schedule Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule Or- None - No reportable interests 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document Schedules) DAYTIME TELEPHONE NUMBER (702) 379 - 5973 I have used all reasonable diligence in preparing	and office sought, if difference to the page of the p	the date of leaving office. Int than Part 1:
Candidate: Date of Election 4. Schedule Summary (must complete Schedules attached Schedules A-1 - Investments - schedule Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule Or- None - No reportable interests 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document Schedules) DAYTIME TELEPHONE NUMBER (702) 379 - 5973 I have used all reasonable diligence in preparing herein and in any attached schedules is true and the schedules is true	and office sought, if difference to the page of the p	the date of leaving office. Int than Part 1:

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

COVER PAGE

Please type or print in ink.

ALA .	AE OF FILED (LACT) - C. (FIDET)		(MIDDLE)
NAI	ME OF FILER (LAST) (FIRST) (FIRST) E/12	Labeth	Ann
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable	Your Position	
	Board of Education	Trustee	
	▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)	
	Agency:	Position:	
2.	Jurisdiction of Office (Check at least one box)		
	☐ State	 Judge, Retired Judge, Pro Tem Judge, or C (Statewide Jurisdiction) 	ourt Commissioner
	Multi-County	County of	The Control of the Co
	City of		
_			
3.	Type of Statement (Check at least one box)	District Officer Data Laff	
	Annual: The period covered is January 1, 2019, through December 31, 2019.	Leaving Office: Date Left/	
	-or- The period covered is/, throug	h O The period covered is January 1, 2019	, through the date of
	December 31, 2019.	leaving office.	
	Assuming Office: Date assumed//	The period covered is	, through
	Candidate: Date of Election and office sou	ght, if different than Part 1:	
4.	Schedule Summary (must complete) ► Total numb	er of pages including this cover page:	
	Schedules attached		
	Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions	s - 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
-6	2 ℘35- O r- □ None - No reportable interests on any schedule		
novem	Verification		
v.	MAILING ADDRESS STREET CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)	CA 90	5928
	605 Sycamore St., Chico,	EMAIL ADDRESS . Enicous egriffin @ chicous	, , , ,
	(530) 864-0549	egrittina chicou	isd.org
	I have used all reasonable diligence in preparing this statement. I have reherein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge t	
	I certify under penalty of perjury under the laws of the State of Cali	fornia that the foregoing is true and correct.	7.0
	Date Signed 2 - Y- 20	Signature Masabeth Sz	ffin
	(month, day, year)	(File the originally signed paper statement with yo	ningconicial.)

SCHEDULE A-2 of Business Entities/Trusts

Griffing Elizabeth

CALIFORNIA FORM 7

FAIR POLITICAL PRACTICES COMMISSION

Investments, Income, and Assets (Ownership Interest is 10% or Greater)

► 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
2225 Fair St., Chico, CA	
Address (Business Address Acceptable) ' Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
fueling systems repair & service	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 / / 19 / /19
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
NATURE OF INVESTMENT Partnership Sole Proprietorship V Consoration Other YOUR BUSINESS POSITION Spouse of Owner	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 TO THE ENTITY/TRUST)
\$10,001 - \$100,000	\$0 - \$499
\$500 - \$1,000	\$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.)	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	► 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:
	The investment of the investme
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//19//19	\$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	Over \$1,000,000 NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

Comments:_

SCHEDULE B

Interests in Real Property (Including Rental Income)



605 Sycamore St. CITY Chico, CA FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$100,000 \$10,000 \$	
CITY Chico, CA FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 CITY Chico, CA FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000	i:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE \$2,000 - \$10,000 \$2,000 - \$10,000 \$10,001 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,000 - \$10,000 \$10	: :
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000	ì
\$10,001 - \$100,000	
\ \ \ \ \ \ \ \ \ \ \ \	/ 40
\$100,001 - \$1,000,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 ACQUIRED DISPO	
Over \$1,000,000 Over \$1,000,000	
NATURE OF INTEREST NATURE OF INTEREST	
Ownership/Deed of Trust	
Yrs. remaining Other Yrs. remaining Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
\$\begin{array}{cccccccccccccccccccccccccccccccccccc	10
☐ \$10,001 - \$100,000 ☐ OVER \$100,000 ☐ OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the page of each target that is a single source of	
interest, list the name of each tenant that is a single source of income of \$10,000 or more.	irce of
None □ None	
personal residence Michael Polsan	
***	-
* You are not required to report loans from a commercial lending institution made in the lender's regular coubusiness on terms available to members of the public without regard to your official status. Personal loans	
loans received not in a lender's regular course of business must be disclosed as follows:	anu
NAME OF LENDER* NAME OF LENDER*	
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years) INTEREST RATE TERM (Months/Years)	
%	
HIGHEST BALANCE DURING REPORTING PERIOD HIGHEST BALANCE DURING REPORTING PERIOD	
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000 STORE \$100,000 OVER \$100,000	
Guarantor, if applicable	
Comments:	

SCHEDULE B

Interests in Real Property (Including Rental Income)

CAL	.IFOF	RNIA F	ORM	70	00
FAIR Nam		CAL PRA	CTICES	COMMI	ssion
6	rif	fin,	81	izal	beth

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1427 Sunset Ave.	
Chico, CA	CITY
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	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
sources of RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Micah Somarriba Miranda Somarriba	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.
	al lending institution 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	% 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
comments:	II

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)		(FIRST)	(MIDDLE)
Hanlon III	,	James	Terrence
1. Office, Agency,	or Court		
Agency Name (Do no	ot use acronyms)		
Chico Unified Sc	5		
Division, Board, Depar	tment, District, if applicable	10-10-1-1-1-1-1	Your Position
Human Resourc	es Department		Assistant Superintendent
► If filing for multiple	positions, list below or on an attachm	nent. (Do not i	use acronyms)
Agency:			Position:
2. Jurisdiction of	Office (Check at least one box)		
☐ State	,		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County			County of
S232			Nother Public School District
3. Type of Statem	ent (Check at least one box)		A STATE OF THE STA
Annual: The per	iod covered is January 1, 2019, throuser 31, 2019.	ıgh	Leaving Office: Date Left/
	iod covered is/	, through	O The period covered is January 1, 2019, through the date of leaving office.
☐ Assuming Office	: Date assumed		O The period covered is
☐ Candidate: Date	of Election a	and office soug	ht, if different than Part 1:
4. Schedule Sumn	nary (must complete)	Total numbe	er of pages including this cover page:
Schedules atta			, ,
Calcadula A.4	- Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
	- Investments – schedule attached		Schedule D - Income – Gifts – schedule attached
	Real Property – schedule attached		Schedule E - Income – Gifts – Travel Payments – schedule attached
concaute b	rical Property Goriodale allacined		The second of the second seco
-or- None - No	reportable interests on any se	chedule	
5. Verification			
MAILING ADDRESS	STREET ss Recommended - Public Document)	CITY	STATE ZIP CODE
1163 East Seve		Chico	Ca 95928
DAYTIME TELEPHONE NU	AND STATES OF THE STATES OF TH	100000000000000000000000000000000000000	EMAIL ADDRESS
(530)891-300	00		jhanlon@chicousd.org
	able diligence in preparing this statem ched schedules is true and complete.		viewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under penals	y of perjury under the laws of the	State of Califo	ornia that the foregoing is true and correct.
Date Signed	1/14/20		Signature James T. Hanlow III
<u>-</u>	(month, day, year)		(File the originally signed paper statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

James Hanlon

▶ NAME OF SOURCE (Not an Acronym) RTM Business Group	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 260 W. 39th Street, Suite 801 New York, NY 10018	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Consulting	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
9 , 21 , 19	
	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
Comments:	



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Service Section Control Contro	the second secon	A CONTRACTOR OF THE CONTRACTOR
Haselton	Karen	Gaye
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Nutrition Department		Nutrition Supervisor
▶ If filing for multiple positions, list below or on an at	tachment. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one k	oox)	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2019, December 31, 2019.		Leaving Office: Date Left/(Check one circle.)
The period covered is/	, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed/_	J	O The period covered is/, through the date of leaving office.
Candidate: Date of Election	_ and office soug	ht, if different than Part 1:
4 Schedule Summary (must complete)	► Total number	er of pages including this cover page:
Schedules attached	P Total number	or pages including this cover page,
Schedule A-1 - Investments - schedule attach	ied	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attach	ed	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attach	ned	Schedule E - Income - Gifts - Travel Payments - schedule attached
an III Name v	7	
-or- None - No reportable interests on a	ny schedule	
5. Verification	OID/	ONLY NO CORE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
2455 Carmichael Dr.	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000 ex. 20705		khaselto@chicousd.org
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com		viewed this statement and to the best of my knowledge the information contained pe this is a public document.
I certify under penalty of perjury under the laws o	f the State of Califo	ornia that the foregoing is true and correct.
Date Signed 2/4/2026		Signature Lan Haselfon
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.	A PUE	BLIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hartman	Marie	Wagner
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Business Services		Director
▶ If filing for multiple positions, list below or on an	attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least on	ne box)	
☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		
0 T (0) (*	
3. Type of Statement (Check at least one b	520	_
Annual: The period covered is January 1, 20 December 31, 2019.	i19, through	Leaving Office: Date Left/(Check one circle.)
The period covered is/	J, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	, if different than Part 1:
4. Schedule Summary (must complete	Total number	of pages including this cover page:
Schedules attached	, Protar number	or pages including and cover page.
Schedule A-1 - Investments – schedule at	tached \(\Gamma\)	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule at	tached [Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule att	ached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests or	any schedule	
5. Verification MAILING ADDRESS STREET	CITY	CTATE ZID CODE
(Business or Agency Address Recommended - Public Document		STATE ZIP CODE
1163 East Seventh St	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000		mhartman@chicousd.org
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and or		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the law	s of the State of Californ	nia that the foregoing is true and correct.
Date Signed 2/4/20	\$	Signature VVVVV
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Heath	Shawneese	Cunni	ngham
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if appl	icable	Your Position	
Marigold Elementary School		Principal	
▶ If filing for multiple positions, list below o	r on an attachment. (Do not use ac	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at le	east one box)		
☐ State		☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
☐ City of		➤ Other Public School Distr	rict
3. Type of Statement (Check at least	V MARK .		
Annual: The period covered is Januar December 31, 2019.	y 1, 2019, through	Leaving Office: Date Left	ne circle.)
-Or-	/, through	(5	lary 1, 2019, through the date of
December 31, 2019.	/, tilougii	leaving office.	ally 1, 2019, through the date ()
Assuming Office: Date assumed		 The period covered is the date of leaving office. 	, through
Candidate: Date of Election	and office sought, if o	different than Part 1:	
l. Schedule Summary (must com	plete) ► Total number of	pages including this cover p	page:
Schedules attached			
Schedule A-1 - Investments - sched	lule attached S	chedule C - Income, Loans, & Busine	ess Positions - schedule attached
Schedule A-2 - Investments - sched	lule attached S	chedule D - Income - Gifts - schedu	le attached
Schedule B - Real Property - sched	lule attached S	chedule E - Income – Gifts – Travel I	Payments – schedule attached
-or- ⊠ None - No reportable interes	oto on any ashadula		
5. Verification	sis on any sonedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public De	ocument)		
2446 Marigold Avenue DAYTIME TELEPHONE NUMBER	Chico	AIL ADDRESS	95926
(530)891-3121		eath@chicousd.org	
I have used all reasonable diligence in prepa herein and in any attached schedules is true	ring this statement. I have reviewed	this statement and to the best of my l	knowledge the information contained
I certify under penalty of perjury under th		The state of the s	ct.
January 40, 2000		91	11 -0
Date Signed January 16, 2020	Signa		a Heall
(month, day, year)		(File the originally signed paper s	talement with your filing official.)



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Holen	Deanna	Lynn
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
		Assistant Principal
▶ If filing for multiple positions, list below or on an	attachment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one	box)	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		⊠ Other Public School District
2 Town of Chatamant in		
3. Type of Statement (Check at least one bo		□ Louis Office Pote Left
Annual: The period covered is January 1, 201 December 31, 2019.	19, through	Leaving Office: Date Left//(Check one circle.)
The period covered is	/, through	The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed/		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought	, if different than Part 1:
1. Schedule Summary (must complete)	► Total number	of pages including this cover page:
Schedules attached		The Transfer state of the State
Schedule A-1 - Investments – schedule atta	oched F	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule atta		Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property – schedule atta	iched [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests on	any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
1475 East Avenue	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000		dholen@chicousd.org
herein and in any attached schedules is true and co	omplete. I acknowledge	***
I certify under penalty of perjury under the laws	of the State of Califor	nia that the foregoing is true and correct.
Date Signed	c	Standard Holly
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

COVER PAGE

Please type or print in ink.

NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
H	OVEY	LINDA	A
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
			BOARD MEMBER
	▶ If filing for multiple positions, list below or on an attachn	nent. <i>(Do not u</i>	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)		
	State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		⊠ Other Public School District
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2019, throud December 31, 2019.	ugh	Leaving Office: Date Left/(Check one circle.)
	The period covered is	, through	 The period covered is January 1, 2019, through the date of leaving office.
	Assuming Office: Date assumed	 j	The period covered is/, through the date of leaving office.
	Candidate: Date of Election a	and office sough	ht, if different than Part 1:
1.	Schedule Summary (must complete)	Total numbe	er of pages including this cover page:
202	Schedules attached	rotar mannoc	a of pages molating this cover page.
	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
	constant b rearrisporty constant and machine		
-0	or- None - No reportable interests on any s	chedule	
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		EMAIL ADDRESS
	(530)891-3000		lhovey@chicousd.org
	I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete		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 laws of the	State of Califo	ornia that the foregoing is true and correct.
	January 13, 2020		
	Date Signed January 13, 2020 (month, day, year)		Signature (File the originally signed paper statement with your filing official.)
			ALL COLOR DE LA CO

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
True North Housing Alliance dba Torres Shelter	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
101 Silver Dollar Way Chico, CA 95928	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Homeless Shelter	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Accountant	
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	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
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.)
- 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
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 P	ERIOD
* You are not required to report loans from a commercial	lending institution, or any indebtedness created as part of
a retail installment or credit card transaction, made in the	ne lender's regular course of business on terms available to
	itus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	5:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	OFGURITY FOR LOAM
DUOLNEGO ACTIVITY IS ANY OF LEVIDED	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	
Comments.	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Jones	Scott		3 0
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicab		Position	
Personner Commiss	(ON)		
▶ If filing for multiple positions, list below or on	an attachment. (Do not use acronyms)		
Agency:	Position	on: MEMBER	
2. Jurisdiction of Office (Check at least	one box)		
☐ State	☐ Judge	e, Retired Judge, Pro Tem Ju wide Jurisdiction)	udge, or Court Commissioner
Multi-County	Coun	ty of	
City of			t
3. Type of Statement (Check at least one			
Annual: The period covered is January 1, December 31, 2019.		ving Office: Date Left (Check one	
The period covered is/ December 31, 2019.	/, through		y 1, 2019, through the date of
Assuming Office: Date assumed/_			/, through
Candidate: Date of Election		5	
4. Schedule Summary (must comple		1,100 100	
Schedules attached	Town number of pages in	cidding this cover pag	Je
Schedule A-1 - Investments - schedule	attached Schedule C	Income Loans & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule		Income - Gifts - schedule	
Schedule B - Real Property - schedule a	-		ments – schedule attached
-or- None - No reportable interests of	on any schedule		
5. Verification	any conough		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docume 4	Chico	00	95926
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	CA	10 126
(530) 781-2339		2012@ yaho	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	his statement. I have reviewed this statement complete. I acknowledge this is a public	ent and to the best of my kno document.	wledge the information contained
I certify under penalty of perjury under the law	vs of the State of California that the fore	egoing is true and correct.	
Date Signed 1/13/2020 (month, day, year)	Signature	fort gore	
(monus, vear)		(File the originally signed paper states	ment with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

N/	NAME OF FILER (LAST) A 152 R KARLLEEN	El Zabeth
1.	1. Office, Agency, or Court	
	Agency Name (Do not use acronyms)	1.7
	Chico Unified School District	rd Trustee- Vice Presiden
	Division, Board, Department, District, if applicable	Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acros	nyms)
	Agency:	Position:
2.	2. Jurisdiction of Office (Check at least one box)	
	☐ State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
		County of
	City of	☑ Other Public School District
3.	3. Type of Statement (Check at least one box)	T AND IN THE STATE OF THE STATE
	Annual: The period covered is January 1, 2019, through	Leaving Office: Date Left/
	December 31, 2019.	(Check one circle.)
	The period covered is/, through December 31, 2019.	 The period covered is January 1, 2019, through the date of leaving office.
	Assuming Office: Date assumed/	O The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sought, if diffe	erent than Part 1:
4.	4. Schedule Summary (must complete) ► Total number of pa	nges including this cover page:
	Schedules attached	, ,
	Schedule A-1 - Investments – schedule attached	dule C - Income, Loans, & Business Positions - schedule attached
		dule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	dule E - Income - Gifts - Travel Payments - schedule attached
-(-or- ☐ None - No reportable interests on any schedule	
5.	5. Verification 1163 E. 7th ST. Ch	ico CA 95928
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	936 33 33 13	
	DAYTIME TELEPHONE NUMBER EMAIL	ADDRESS
	I have used all reasonable diligence in preparing this statement. I have reviewed this	contament 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	t the foregoing is true and correct.
	Date Signed Jan 31, 2020 Signatur	e 22 Laiser
	(month, day, year)	(File the originally signed paper statement with your filing official.)

Instructions Cover Page

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

Part 1. Office, Agency, or Court

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

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

Example:

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

Part 2. Jurisdiction of Office

 Check the box indicating the jurisdiction of your agency and, if applicable, identify the jurisdiction. Judges, judicial candidates, and court commissioners have statewide jurisdiction. All other filers should review the Reference Pamphlet, page 13, to determine their jurisdiction.

- If your agency is a multi-county office, list each county in which your agency has jurisdiction.
- If your agency is not a state office, court, county office, city
 office, or multi-county office (e.g., school districts, special
 districts and JPAs), check the "other" box and enter the
 county or city in which the agency has jurisdiction.

Example:

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

1. Office, Agency, or Court	
Agency Name (Do not use ecronyms) Feather River Irrigation District	
Division, Board, Department, District, if applicable	Your Position
N/A	Board Member
► If fling for multiple positions, list below or on an attachment. Agency: N/A	Loo not use scronyms) Position:
2. Jurisdiction of Office (Check at least one box) State Muss County Yuba & Sutter Counties Only of	□ Judge or Court Commissioner (Statewide Jurisdiction) □ County of □ □ Other

Part 3. Type of Statement

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

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

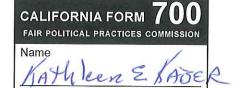
Part 4. Schedule Summary

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

Part 5. Verification

Complete the verification by signing the statement and entering the date signed. All statements must have an original "wet" signature or be duly authorized by your filing officer to file electronically under Government Code Section 87500.2. When you sign your statement, you are stating, under penalty of perjury, that it is true and correct. Only the filer has authority to sign the statement. An unsigned statement is not considered filed and you may be subject to late filing penalties.

SCHEDULE B Interests in Real Property (Including Rental Income)



FAIR MARKET VALUE F APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,000 \$100,001 - \$100,000 \$100,000 \$100,001 - \$100,000 \$100,001	/ <u>19</u> SED
Ownership/Deed of Trust ☐ Easement ☐ Ownership/Deed of Trust ☐ Easement ☐ Leasehold ☐ Yrs. remaining ☐ Other ☐ IF RENTAL PROPERTY, GROSS INCOME RECEIVED ☐ Sto - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000	
Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED IF RENTAL PROPERTY, GROSS INCOME RECEIVED □ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 □ \$10,001 - \$100,000 □ \$10,001 - \$100,000	
\$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	2
* You are not required to report loans from a commercial lending institution made in the lender's regular countries.	eater rce of
business on terms available to members of the public without regard to your official status. Personal loans loans received not in a lender's regular course of business must be disclosed as follows:	and
NAME OF LENDER* NAME OF LENDER*	
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years) INTEREST RATE TERM (Months/Years)	
HIGHEST BALANCE DURING REPORTING PERIOD HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000 \$1,001 - \$10,000	
\$10,001 - \$100,000	
Guarantor, if applicable	
comments: Grand daughter and great-grand child re	200

Instructions – Schedule B Interests in Real Property

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

Interests in real property include:

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

You are not required to report:

- A residence, such as a home or vacation cabin, used exclusively as a personal residence (However, a residence in which you rent out a room or for which you claim a business deduction may be reportable. If reportable, report the fair market value of the portion claimed as a tax deduction.)
- Some interests in real property held through a blind trust (See Reference Pamphlet, page 16.)
 - Please note: A non-reportable property can still be grounds for a conflict of interest and may be disqualifying.

To Complete Schedule B:

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

Reminders

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

- disclose the number of years remaining on the lease.
- If you received rental income, check the box indicating the gross amount you received.
- If you had a 10% or greater interest in real property and received rental income, list the name of the source(s) if your pro rata share of the gross income from any single tenant was \$10,000 or more during the reporting period. If you received a total of \$10,000 or more from two or more tenants acting in concert (in most cases, this will apply to married couples), disclose the name of each tenant. Otherwise, mark "None."
- Loans from a private lender that total \$500 or more and are secured by real property may be reportable. Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.

When reporting a loan:

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

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

Example:

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

4600 24th Street	ER OR STREET ADDRESS
city Sacramento	
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 INTEREST Ownership Deed of Trust	☐ Easement
Leasehold	- One
IF RENTAL PROPERTY, GROS	SS INCOME RECEIVED
S0 - \$499 S500 -	
× \$10,001 - \$100,000	OVER \$100,000
☐ None Henry Wells	
Henry Wells	Acceptable)
Henry Wells NAME OF LENDER* Sophia Petroillo ADDRESS (Business Address	
Henry Wells NAME OF LENDER* Sophia Petroillo	kway, Sacramento
Henry Wells NAME OF LENDER* Sophia Petroillo ADDRESS (Business Address 2121 Blue Sky Par	kway, Sacramento
HAME OF LENDER* Sophia Petroillo ADDRESS (Businoss Address 2121 Blue Sky Par BUSINESS ACTIVITY, IF ANY,	kway, Sacramento
Henry Wells IMME OF LENDER* Sophia Petroillo ADDRESS (Bud noss Address 2121 Blue Sky Par Business Activity. IF AIV. Restaurant Owner INTEREST RATE 8 14 None	Kway, Sacramento OF LENDER TERM (Months/Years) 15 Years
Henry Wells NAME OF LENGER* Sophia Petroillo ADDRESS (BUSINESS ACHIVITY, IF AITY, RESTAURANT OWNER BUSINESS ACTIVITY, IF AITY, RESTAURANT OWNER BUSINESS AC	Kway, Sacramento OF LENDER TERM (Months/Years) 15 Years
Henry Wells IMME OF LENDER* Sophia Petrolllo ADDRESS (Butross Admoss 2121 Blue Sky Par BUSINESS ACTIVITY IF AIVY. Restaurant Owner NITEREST RATE 8 4 1000 1 5500 - \$1,000 [Kway, Sacramento OF LENDER TERM (Norths/Years) 15 Years REPORTING FERICO

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
Comments:	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NA	AME OF FILER (LAST) (FIRST)	(MIDDLE)
_	Kamph Jessi	ca Ann
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	2
	Chico Unified School District	Principal Marsh Jr. High
	Division, Board, Department, District, if applicable	Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not	t use acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	Scity of Chico	Public School District
3	Type of Statement (Check at least one box)	
×.	Annual: The period covered is January 1, 2019, through	Leaving Office: Date Left
	December 31, 2019.	(Check one circle.)
	-or- The period covered is _ '', throug	h O The period covered is January 1, 2019, through the date of
	December 31, 2019.	-or- leaving office.
	Assuming Office: Date assumed/	The period covered is, through the date of leaving office.
	Candidate: Date of Election and office sou	ght, if different than Part 1:
4.	Schedule Summary (must complete) ► Total numb	ner of pages including this cover page:
	Schedules attached	or or pages metading this cover page.
	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
of division in	or- None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	2263 Hymboldt Rd. Ci	vio CA 95928
	DAYTIME TELÉPHONE NUMBÉR (530) 6015 — HIII	Kampha Chicousd. org
	I have used all reasonable diligence in preparing this statement. I have re	viewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and complete. I acknowled	ge this is a public document.
	I certify under penalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.
	Date Signed 2/13/2020	Signature /
	(month, day, year)	(File the originally stoped paper statement with your filing official)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER		(FIRST)	(MIDDLE)
Ke	ene	Kristine	ر ا
1. Office,	Agency, or Court		
Agency N	ame (Do not use acronyms)		
Chico I	Unified School District		
Division, I	Board, Department, District, if applicable		Your Position
Educat	ion Services		Director, State and Federal Programs
► If filing	for multiple positions, list below or on an a	ttachment. (Do not u	se acronyms)
Agency: _			Position:
2. Jurisdi	ction of Office (Check at least one	box)	
State	*		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-C	County	1.	County of
☐ City of			
3 Type o	f Statement (Check at least one box)		
	 Totalement (Check at least one box) al: The period covered is January 1, 2019 December 31, 2019. 		Leaving Office: Date Left//
-(The period covered is//_ December 31, 2019.	, through	O The period covered is January 1, 2019, through the date of leaving office.
☐ Assu	ming Office: Date assumed/	<i>J</i>	The period covered is/, through the date of leaving office.
☐ Cand	idate: Date of Election	and office sough	t, if different than Part 1:
4. Schedu	le Summary (must complete)	► Total number	of pages including this cover page:
	ıles attached	P Total Hambon	or pages moraling this cover page.
Пс	hedule A-1 - Investments – schedule attact		Schedule C - Income, Loans, & Business Positions - schedule attached
######################################	hedule A-2 - Investments – schedule attact	(a)	Schedule D - Income - Gifts - schedule attached
500	hedule B - Real Property – schedule attach	L Company	Schedule E - Income – Gifts – Travel Payments – schedule attached
25.70		_	,
-or- \	lone - No reportable interests on a	ny schedule	
5. Verificat	tion		
MAILING AD (Business or	DRESS STREET Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
P.O. Bo		Durham	CA 95938
DAYTIME TE	LEPHONE NUMBER	20 Car 10	EMAIL ADDRESS
) 228-1864		kkeene@chicousd.org
herein and	in any attached schedules is true and com	plete. I acknowledge	3/21
I certify u	nder penalty of perjury under the laws o	f the State of Califor	nia that the foregoing is true and correct.
Date Signe	ed 01/10/20 1/10/20		Signature Knishre Keere
	(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

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A PUBLIC DOCUMENT

NAME OF FILES ALONG		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kessler	Brandon	Kyle
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Chico High School		Assistant Principal
▶ If filing for multiple positions, list below or on an att	achmont /Do not i	
I ming for multiple positions, list below or on an atta	achinent. (Do not t	se acionynisj
Agency:		Position:
And the second s		
2. Jurisdiction of Office (Check at least one be	ox)	
☐ State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		☑ Other Public School District
Gity of		Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2019, December 31, 2019.	through	Leaving Office: Date Left/(Check one circle.)
The period covered is/	, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed		O The period covered is, through
		the date of leaving office.
Candidate: Date of Election	and office sough	ıt, if different than Part 1:
I. Schedule Summary (must complete)	▶ Total numbe	r of pages including this cover page:
Schedules attached	, rotal name	or pages moraling and sever page.
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 attached
Schedule B - Real Property - schedule attache	ed [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests on an	y schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
1418 Scottsdale Court	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 518-7412		bkessler@chicousd.org
I have used all reasonable diligence in preparing this standard herein and in any attached schedules is true and comp		ewed this statement and to the best of my knowledge the information contained be this is a public document.
I certify under penalty of perjury under the laws of	3	
Date Signed 01.09 2023		
Date Signed	_	Signature



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Kistle	Julia	Marie	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applica	able	Your Position	
Facilities Department		Director	
▶ If filing for multiple positions, list below or	on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	st one box)		No. 2012 No. 10 Personal Property of the Control of
☐ State	v	☐ Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	ludge, or Court Commissioner
Multi-County		County of	
City of		▼ Other Public School District	ot
3. Type of Statement (Check at least o	ne hov)		
~~ · · · · · · · · · · · · · · · · · ·	**	Leaving Office: Date Left	1 1
Annual: The period covered is January December 31, 2019.	1, 2019, tillough	(Check on	
-or- The period covered is/_	/ through	The period covered is Janua	
December 31, 2019.	, tillough	or- leaving office.	, 1, 2010, anough and 2210 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 comp	lete) ► Total number	of pages including this cover pages	age:
Schedules attached		The Control of the Co	
Schedule A-1 - Investments – schedu	lo attached	Schedule C - Income, Loans, & Busines	ss Positions – schedule attached
Schedule A-2 - Investments – schedu	The American Committee of the Committee	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property – schedu	_	ີ ໆ Schedule E - Income – Gifts – Travel P	
constant b man reporty constant		_	:E3
-or- None - No reportable interest	's on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY cument)	STATE	ZIP CODE
2455 Carmichael Drive	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 891-3000		JKISTLE@CHICOUSD.ORG	
I have used all reasonable diligence in prepari herein and in any attached schedules is true			nowledge the information contained
I certify under penalty of perjury under the	laws of the State of Californ	nia that the foregoing is true and correc	t.
Date Signed 2/19/203	<u>⊬o</u> s	ignature (File the originally signed paper st	1. Kistle
(month, day, year)		The the originally signed paper st	otomon man your amy omoton)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym)	
Influence Group				
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	ss Address Acceptabl	(e)
85 Broad Street, 18th Floor NY	No. of the Control of	BUOINEGO AGENTI	TV 15 ANV 05 001	IDOE
BUSINESS ACTIVITY, IF ANY, OF SOUR	(CE	BUSINESS ACTIVI	IY, IF ANY, OF SOI	JRGE
November 17-19 2018	DECORIDATION OF OUTTO	DATE (/44/)	VALUE	DESCRIPTION OF CITYO
1. 1.11	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 , 17 , 18</u> <u>\$470.00</u>	Hotel/Food		\$	ā
			\$	s
			\$	8
▶ NAME OF SOURCE (Not an Acronym)	9	► NAME OF SOURC	E (Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptabl	(e)
BUSINESS ACTIVITY, IF ANY, OF SOUR	CCE	BUSINESS ACTIVI	TY, IF ANY, OF SOI	JRCE
DATE (mm/dd/yy) VALUE E	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
\$			\$	·
			\$	
▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURC	E (Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	ss Address Acceptabl	(e)
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVI	TY, IF ANY, OF SO	JRCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
/			\$	
	l		\$	
Comments:				



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Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Koll	David		* 5
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if app	olicable	Your Position	
District Office		Executive Director Human	Resources
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	The second secon	
Agency:		Position:	
Agency.		FOSILION.	
2. Jurisdiction of Office (Check at I	least one box)		
State		☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of		Other Public School Distri	
3. Type of Statement (Check at leas	t one box)		
Annual: The period covered is Janua December 31, 2019.	250	☐ Leaving Office: Date Left	
The period covered is December 31, 2019.	_/, through	 The period covered is Janual leaving office. 	
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:	
I. Schedule Summary (must com	nplete) > Total number	of pages including this cover page	ουο.
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	or pages moraling and obver pe	.go
Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments - sche	dule attached	Schedule D - Income - Gifts - schedule	e attached
Schedule B - Real Property - sche	dule attached	Schedule E - Income - Gifts - Travel P	ayments - schedule attached
ON D Nome No.			
-or- None - No reportable intere	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public L	CITY Document)	STATE	ZIP CODE
1163 East 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530)891-3000		dkoll@chicousd.org	
I have used all reasonable diligence in preparent and in any attached schedules is tru	aring this statement. I have revie te and complete. I acknowledge	wed this statement and to the best of my ki this is a public document.	nowledge the information contained
I certify under penalty of perjury under t	he laws of the State of Californ	nia that the foregoing is the and correc	t.
Date Signed 2-28-202	0 ,	ignature All	
(month, day, year)		(File the originally signed paper sta	element with your filing official \

SCHEDULE E

Income - Gifts

Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM FAIR POLITICAL PRACTICES (700 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. Per Government Code
 Section 89506, these payments may not be subject to the gift limit. However, they may result
 in a disqualifying conflict of interest.
- · For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	NAME OF POUROF ALL
Keenan and Associates	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	Hanna Brophy
2868 Prospect Drive, Suite 600	ADDRESS (Business Address Acceptable)
CITY AND STATE	3100 Zinfandel Drive, Suite 400 CITY AND STATE
Rancho Cordova, CA	Rancho Cordova, CA
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09/10/19 - 09/13/19 AMT: \$150	DATE(S): 11 / 19 / 19 - 22 / 20 / AMT: \$ 125
▶ 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)	▶ 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:	



Date Initial Filing Received Filing Official Use Only

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	ase type of print in link.	711 0	DEIO DOCUMENT
NAM	E OF FILER (LAST)	(FIRST)	(MIDDLE)
Krı	uger	Jaclyn	
1. (Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	The second secon		Business Manager
		PO 274.707 /0	
	▶ If filing for multiple positions, list below or on an attachn	nent. (Do not i	use acronyms)
	Agency:		Desition
	Agency.		Position:
2.	Jurisdiction of Office (Check at least one box)		
1	State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
			(Statewide Jurisdiction)
[Multi-County		County of
Ī	City of		☑ Other Public School District
			A Outer
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2019, thro	ugh	Leaving Office: Date Left/
	December 31, 2019.		(Check one circle.)
	-or- The period covered is/	, through	O The period covered is January 1, 2019, through the date of
	December 31, 2019.	5) 500000000000000000000000000000000000	-or- leaving office.
[Assuming Office: Date assumed/		The period covered is/, through
			the date of leaving office.
[Candidate: Date of Election	and office soug	ht, if different than Part 1:
4	Sala dula Cumanama (manata a manata)		
		Total numbe	er of pages including this cover page:
,	Schedules attached		
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-01	r- 🗵 None - No reportable interests on any se	chedule	
	/erification	May West State	
	MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document)		
-	1163 E. Seventh Street	Chico	CA 95928
1	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530)891-3000 ext. 20131		jkruger@chicousd.org
	have used all reasonable diligence in preparing this statem nerein and in any attached schedules is true and complete.		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 laws of the	State of Califo	rnia that the foregoing is true and correct.
	0.4/0.0/0.00		Harl Vier
0	Oate Signed 01/09/2020		Signature Though The
	(month, day, year)		(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)			(MIDDLE)	
Lando		Thomas		Mich	ael	
1. Office, A	gency, or Court					8
Agency Nam	ie (Do not use acronyms)	100				
N=3 E	ified School District					
Division, Boa	ard, Department, District, if applicable		Your P	osition		
Governin	g Board		Boar	d Member		
▶ If filing fo	r multiple positions, list below or on an attach	ment. (Do not	use acronyms)			
Agency:			Positio	on:		
2. Jurisdict	ion of Office (Check at least one box)					
☐ State	,			e, Retired Judge, Pro Ter ewide Jurisdiction)	m Judge, or Court Comm	issioner
☐ Multi-Cou	inty		_ Coun	ty of		
☐ City of _	-		_ X Other	School District		
3. Type of	Statement (Check at least one box)					
	The period covered is January 1, 2019, thro December 31, 2019.	ough	☐ Lea	ving Office: Date Left _ (Check	one circle.)	
-01-	The period covered is/	, through		The period covered is Jar eaving office.	nuary 1, 2019, through th	ne date of
Assumi	ng Office: Date assumed//			The period covered is he date of leaving office.		_, through
☐ Candid	ate: Date of Election	and office soug	ght, if different tha	n Part 1:		
4. Schedule	Summary (must complete)	Total numb	er of pages in	ncluding this cover	page:1	
Schedul	es attached			3	19	
☐ Sche	dule A-1 - Investments - schedule attached		Schedule C	- Income, Loans, & Busi	ness Positions – schedul	e attached
-	dule A-2 - Investments - schedule attached		1	- Income - Gifts - sched		
Sche	dule B - Real Property - schedule attached		Schedule E	- Income - Gifts - Trave	l Payments – schedule a	ttached
on 🗆 Ma	N					
-or- <u> </u>	ne - No reportable interests on any s	schedule				
MAILING ADDR		CITY		CTATE	ZID CODE	
	ency Address Recommended - Public Document)	OIIT		STATE	ZIP CODE	
1163 E 7		Chico		CA	95928	
	PHONE NUMBER		EMAIL ADDRESS			
- 1000 -	391-3000			nicousd.org		
	all reasonable diligence in preparing this stater n any attached schedules is true and complete				y knowledge the informat	ion contained
I certify und	ler penalty of perjury under the laws of the	State of Calif	ornia that the fo	regoing is true and cor	rect.	
Date Signed	2-18-2020		Signature	L	Me	
	(month, day, year)		1097	(File the originally signed paper	er statement with your filing official.)	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Thomas M Lando

	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Roads Education Organization	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1390 E 9th St. #190	7 ×
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
K-12 Education	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Educational Coordinator	
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 \$1,000
■ \$10,001 - \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
▼ Salary Spouse's or registered domestic partner's income	☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
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
(Danish A	
(Describe)	(Describe)
Other (Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of he lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDERS	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) % None
	%
ADDRESS (Business Address Acceptable)	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	% None
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN None Personal residence
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	SECURITY FOR LOAN None Personal residence
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	

Instructions – Schedule C Income, Loans, & Business Positions (Income Other Than Gifts and Travel Payments)

Reporting Income:

Report the source and amount of gross income of \$500 or more you received during the reporting period. Gross income is the total amount of income before deducting expenses, losses, or taxes and includes loans other than loans from a commercial lending institution. (See Reference Pamphlet, page 11.) You must also report the source of income to your spouse or registered domestic partner if your community property share was \$500 or more during the reporting period.

The source and income must be reported only if the source is located in, doing business in, planning to do business in, or has done business during the previous two years in your agency's jurisdiction. (See Reference Pamphlet, page 13.) Reportable sources of income may be further limited by your disclosure category located in your agency's conflict of interest code.

Reporting Business Positions:

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

Commonly reportable income and loans include:

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

Reminders

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

You are not required to report:

- Salary, reimbursement for expenses or per diem, or social security, disability, or other similar benefit payments received by you or your spouse or registered domestic partner from a federal, state, or local government agency.
- Stock dividends and income from the sale of stock unless the source can be identified.
- · Income from a PERS retirement account.

(See Reference Pamphlet, page 12.)

To Complete Schedule C:

Part 1. Income Received/Business Position Disclosure

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

Part 2. Loans Received or Outstanding During the Reporting Period

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



Date Initial Filing Received
Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Marchant	Jay	Christo	pher
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if a	pplicable	Your Position	
		Assistant Superintendent	
▶ If filing for multiple positions, list below	w or on an attachment. (Do not use ac	ronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check a	t least one box)		
☐ State	•	☐ Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County		County of	
☐ City of		Other Public School District	ct
3. Type of Statement (Check at le	ast one box)		
Annual: The period covered is Jan	uary 1, 2019, through	Leaving Office: Date Left	
December 31, 2019or-		(Check on	
The period covered is December 31, 2019.	, through	 The period covered is Janua leaving office. 	ry 1, 2019, 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 d	ifferent than Part 1:	
4. Schedule Summary (must co	omplete) ► Total number of	pages including this cover pa	ge:
Schedules attached			_
Schedule A-1 - Investments – sc	hedule attached So	hedule C - Income, Loans, & Busines	s Positions – schedule attached
Schedule A-2 - Investments – so		hedule D - Income - Gifts - schedule	
Schedule B - Real Property – so		hedule E - Income - Gifts - Travel Pa	ayments - schedule attached
	102-10		
-or- None - No reportable inte	erests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publ	CITY CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	Ca.	95928
DAYTIME TELEPHONE NUMBER		AIL ADDRESS	-
(530)891-3000	jm	archant@chicousd.org	
I have used all reasonable diligence in pri herein and in any attached schedules is			nowledge the information contained
I certify under penalty of perjury unde	r the laws of the State of California t	nat the foregoing is true and correc	t.
Pete Simued 2/04/2020		De Me	
Date Signed	Signa	ture (File the originally signed paper sta	stement with your filing official)
(шоны, оау, усаг		ti no me originally signed paper sta	tornout with your ming omolds.)



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.	A PUB	BLIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McKay	David	Stephen
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Bidwell Junior High School		Principal
▶ If filing for multiple positions, list below or on an a	ittachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one	box)	
☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		☑ Other Public School District
		E 000
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2019 December 31, 2019.	, through	Leaving Office: Date Left//
-or- The period covered is//_	through	The period covered is January 1, 2019, through the date of
December 31, 2019.	, unougn	leaving office.
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must complete)	► Total number	of pages including this cover page:1
Schedules attached		and the same state of the same
Schedule A-1 - Investments – schedule attac	hed	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attac	hed	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attac	hed	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
2376 North Ave	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530)891-3080		dmckay@chicousd.org
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of	of the State of Californ	ila that the foregoing is true and correct.
Date Signed January 8, 2020	Si	ignature
(month, day, year)		(File the originally signed paper statement with your filing official.)



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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NAME	OF FILER (LAST)	(FIRST)			(MIDDLE)
Mol	ina	Teri		Lyn	
1. C	Office, Agency, or Court				
Ā	gency Name (Do not use acronyms)				
	Chico Unified School District				
_	vivision, Board, Department, District, if applicable		Your Po	osition	
1	Nutrition Department		Nutri	tion Supervisor	
-	If filing for multiple positions, list below or on an attach	ment. (Do not			
A	Agency:		Positio	n:	
2	Jurisdiction of Office (Check at least one box)				
	State			e, Retired Judge, Pro Tem wide Jurisdiction)	Judge, or Court Commissioner
Г	Multi-County		_	y of	
	☐ City of			Public School Distr	
3.	Type of Statement (Check at least one box)				
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	Assuming Office: Date assumed/		OI		/, through
	Candidate: Date of Election	and office souç	ght, if different that	n Part 1:	
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	☐ Schedule A-1 - Investments – schedule attached☐ Schedule A-2 - Investments – schedule attached☐			- Income – Gifts – schedu	
	Schedule B - Real Property - schedule attached				Payments – schedule attached
	concease a month reporty concease attached				
-or	- None - No reportable interests on any s	schedule			
5. V	/erification				
	MAILING ADDRESS STREET Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
	2455 Carmichael Dr.	Chico		CA	95928
Ī	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3000 ex. 20706	dotari		chicousd.org	· · · · · · · · · · · · · · · · · · ·
	have used all reasonable diligence in preparing this stater perein and in any attached schedules is true and complete				knowledge the information contained
1	certify under penalty of perjury under the laws of the	State of Calif	fornia that the fo	regoing is true and corre	ct.
	Date Signed February 4, 2020		Signature	Deri 7	noling
	(month, day, year)			(гле иле опутыну signea paper :	statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Moll	Andrew	James
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Alternative Education		Principal
▶ If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least of	one box)	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		X Other Public School District
3. Type of Statement (Check at least one		
Annual: The period covered is January 1, 2 December 31, 2019.	2019, through	Leaving Office: Date Left//
-or- The period covered is/	/ through	The period covered is January 1, 2019, through the date of
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1. Schedule Summary (must complet	e) ▶ Total number o	of pages including this cover page:1
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Schedule A-2 - Investments – schedule a		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule a		Schedule E - Income - Gifts - Travel Payments - schedule attached
	_	
-or- None - No reportable interests of	n any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY nt)	STATE ZIP CODE
875 Yosemite Dr.	Chico	CA 95928
DAYTIME TELEPHONE NUMBER	100	EMAIL ADDRESS
(530) 891-3092		amoll@chicousd.org
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	his statement. I have review complete. I acknowledge th	ed this statement and to the best of my knowledge the information contained is is a public document.
I certify under penalty of perjury under the law	vs of the State of California	a that the foregoing is true and correct.
Date Signed	Sig	nature
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

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NAME OF FILER (LAST)	(FIRST)		-11 - 1 - 1	(MIDDLE)
Mullins	Emily		Elizab	eth
1. Office, Agency, or Court		12		
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if applicable		Your Posi	ion	——————————————————————————————————————
Hooker Oak School		Princip		
S 	IV Yal Do Jonesia W		al .	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not	use acronyms)		
Agency		Docitions		
Agency:		Position:		\$
2. Jurisdiction of Office (Check at least or	ne box)	x x		
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State			ketirea Juage, Pro Tem le Jurisdiction)	Judge, or Court Commissioner
Multi-County				:
☐ City of			Public School Dist	
		_ Mother _	1	
3. Type of Statement (Check at least one b	ox)		10 945	e
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December 31, 2019.			7/4	one circle.)
The period covered is 07 / 01		n O The	period covered is Jan	uary 1, 2019, through the date of
December 31, 2019.	•	-or-	ring office.	
Assuming Office: Date assumed/_		O The	period covered is	/, through
		the	date of leaving office.	5
Candidate: Date of Election	and office soug	ght, if different than F	Part 1:	
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Schedules attached	F) ► TOTAL NUMB	er or pages inci	uding this cover _l	oage:
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□ Schedule A-1 - Investments – schedule at	tached	Schedule C - II	ncome, Loans, & Busin	ess Positions - schedule attached
□ Schedule A-2 - Investments – schedule at	tached		ncome – Gifts – schedu	
☐ Schedule B - Real Property - schedule at	tached	Schedule E - II	ncome – Gifts – Travel	Payments - schedule attached
-or- ⊠ None - No reportable interests or	n any schedule			
5. Verification		2.		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	100	STATE	ZIP CODE
6 Wellington Ct	Chico	¥ 11 g	Са	95973
DAYTIME TELEPHONE NUMBER	Onico	EMAIL ADDRESS	- Ja	33373
(530)891-3119		emullins@ch	icousd.ora	
I have used all reasonable diligence in preparing the	is statement. I have re			knowledge the information contained
herein and in any attached schedules is true and	complete. I acknowled	ge this is a public do	cument.	anomougo the information contained
I certify under penalty of perjury under the law	s of the State of Calif	ornia that the foreg	oing is true and corre	ect.
		CIA	Marcina	
Date Signed 01/08/2020		Signature 7//	MMMM	
(monlh, day, year)		-	(File the originally signed paper	statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
	Olsen	Marie		_
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	1	Your Position	0
	Chico Unitied School	(Unstrict	Director S	Fuder Suppor
	▶ If filing for multiple positions, list below or on an	attachment. (Do not use acrony	ms)	1.1
	Agency:		Position:	fi =
7	Jurisdiction of Office (Check at least on	, how		
۷.			lli Brilli B T III	
	State	L	Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	ge, or Court Commissioner
	Multi-County		County of	
	City of	X	Other Public School District	
3.	Type of Statement (Check at least one bo	ox)		
	Annual: The period covered is January 1, 20	19, through	Leaving Office: Date Left	
	December 31, 2019.		(Check one o	
	The period covered is/	/, through	The period covered is January leaving office.	1, 2019, 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	ent than Part 1:	
4.	Schedule Summary (must complete	► Total number of page	es including this cover page	0'
	Schedules attached	r rotal name of pag	oo molaamy ano oover page	
	Schedule A-1 - Investments - schedule atta	ached Sched	ule C - Income, Loans, & Business I	Positions schedule attached
	Schedule A-2 - Investments – schedule atta		ule D - Income - Gifts - schedule a	
	☐ Schedule B - Real Property — schedule atta	sched Sched	ule E - Income – Gifts – Travel Payı	ments - schedule attached
	or- None - No reportable interests on	any schedule		
5.	Verification MAILING ADDRESS STREET	CITY	OTITE	710 0005
	(Business or Agency Address Recommended - Public Document)	GITY	STATE	ZIP CODE
	11638 E. 7th Stree	et Chico	GA	45973
	DAYTIME TELEPHONE NUMBER (53-) 891 -3000	EMAIL A	DISAN @ MI	IDUSA OF
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and c			wledge the information contained
	I certify under penalty of perjury under the laws			
	Date Signed 1/9/2020	Signature	Chai Oren	
	(month, day, year)	- /	(File the originally signed paper statem	nent with your filing official.)



Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.	A PUB	LIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ontiveros	Richard	Robert
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicab	e	Your Position
Transportation		Transportation Supervisor
► If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one box)	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
3. Type of Statement (Check at least one	e box)	
Annual: The period covered is January 1, December 31, 2019.	2019, through	Leaving Office: Date Left/(Check one circle.)
The period covered is/ December 31, 2019.	, through	 The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed	1	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4 Cabadula Summanu /muah aamal	(A) = (
4. Schedule Summary (must completed Schedules attached	ete) ► lotal number	of pages including this cover page:
☐ Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-1 - Investments – schedule		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule	<u> </u>	Schedule E - Income - Gifts - Travel Payments - schedule attached
	_	=
-or- ⊠ None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docur	CITY ment)	STATE ZIP CODE
10155 Orchard Way	Live Oak	Ca. 95953
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 216-9355		bontiveros@chicousd.org
I have used all reasonable diligence in preparing herein and in any attached schedules is true at		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the	aws of the State of Californ	nia that the foregoing is true and correct.
02/18/2020		and the same of th
Date Signed 02/18/2020 (month, day, year)	S	ignature (File the originally signed paper statement with your filing official.)
(month, day, your)		Programme and Control of the Control

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Pasillas Sara	M ·
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	1
	Chico Unified School District	Assistant Principal.
	Division, Board, Department, District, if applicable	Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
	Agency:	Position:
2	Jurisdiction of Office (Check at least one box)	
۷.		Under Defend hades Des Terre hades as Court Consensations
	State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	⊠ Other Public School District
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2019, through	Leaving Office: Date Left/
	December 31, 2019.	(Check one circle.)
	The period covered is/, through December 31, 2019.	 The period covered is January 1, 2019, 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, i	if different than Part 1:
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	
-		04 95921-
•	MAILING ADDRESS STREET CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document)	
	The state of the s	EMAIL ADDRESS
	(530) 518-6096	Spasillas a chicousdora.
	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	
	I certify under penalty of perjury under the laws of the State of California	a that the foregoing is true and correct.
	Date Signed 2 18/80 Sig	mature Yaka Market .
	manth day years	nature (File the originally signed pages statement with your filing official)

SCHEDULE B

FAIR POLITICAL PRACTICES COMMISSION Name Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700

Stop Stop
I lending institution 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* The Counties Bank ADDRESS (Business Address Acceptable) 180 Manyove Ave. Chico, CA 9592 BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 Guarantor, if applicable

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 139 West Lassen # 25	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CLITY CLITA CA 05013	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$10,001 - \$100,000	\$10,001 - \$100,000
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
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
* You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin	I lending institution 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)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
PATRICK	BEVERLY	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	niko di matangga mangga kangga ka	Your Position
PERSONNEL COMMISSION		COMMISSIONER
▶ If filing for multiple positions, list below or on an a	attachment (Do not use	
a management promotes, and solote or on all o	(100 Hot uot	, activitying
Agency:		Position:
2. Jurisdiction of Office (Check at least one	box)	
☐ State	-	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Nother Public School District
3. Type of Statement (Check at least one box	4	
Annual: The period covered is January 1, 2019	•	Lawing Office: Date Left
December 31, 2019.	, unough	Leaving Office: Date Left/(Check one circle.)
-or- The period covered is//_	through	The period covered is January 1, 2019, through the date of
December 31, 2019.	, unougn	or- leaving office.
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must complete)	► Total number	of pages including this cover page:4
Schedules attached	rotal Hambon	or pages melaanig tine cover page.
Schedule A-1 - Investments - schedule attac	hed	Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule A-2 - Investments – schedule attac		Schedule D - Income - Gifts - schedule attached
▼ Schedule B - Real Property – schedule attace	hed	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- □ None - No reportable interests on a	any schedule	
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		EMAIL ADDRESS
(530)891-3000		beverlypatrick7@gmail.com
I have used all reasonable diligence in preparing this sherein and in any attached schedules is true and con	statement. I have review nplete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of	of the State of Californ	ia that the foregoing is true and correct.
Date Signed / /10 2020		gnature Bindy Roll
(month, day, year)		(File the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
PATRICK, BEVERLY

787 HUMBOLDT RD CITY CHICO FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Easement
CHICO FAIR MARKET VALUE
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000 NATURE OF INTEREST
Superstanding and confidence of the Confidence o
Superstanding and confidence of the Confidence o
Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
nding institution made in the lender's regular course of nout regard to your official status. Personal loans and s must be disclosed as follows:
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)
INTEREST RATE TERM (Months/Years) None
20 to the control of
%
•

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FO	700 RM
FAIR POLITICAL PRACT	
Name	
PATRICK, BEVE	RLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
417 HICKORY ST	1720-1722 SHERIDAN AVE
CITY	CITY
CHICO	CHICO
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000 IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 X \$100,001 - \$1,000,000 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
X \$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.	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.
☐ Notie	I Note
<u> </u>	
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	11
Comments	

SCHEDULE B Interests in Real Property (including Rental Income)

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1519 HEMLOCK ST	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
CHICO	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 19 19 19 19 19 19 19	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 19 19 19 19 19 19 19
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of ncome 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 o income of \$10,000 or more.
None	None
7	
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of businame of LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business of LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business Acceptable loans (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST 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) None Description TERM (Months/Years) TERM (Mon
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST 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 on terms available to members of the public loans received not in a lender's regular course of business activity. If any, of Lender NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) Whose HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME	OF FILER (LAST) (FIRST)	(MIDDLE)
Pay	yne Shanon	
1. (Office, Agency, or Court	
-	Agency Name (Do not use acronyms)	
	Chico Unified School District	
-	Division, Board, Department, District, if applicable	Your Position
	Citrus	Principal
-	► If filing for multiple positions, list below or on an attachment. (Do no	
ļ	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
[State	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Т	Multi-County	County of
	☐ City of	⊠ Other Public School District
ŀ		
3.	Type of Statement (Check at least one box)	
Ī	Annual: The period covered is January 1, 2019, through	Leaving Office: Date Left/
3-	December 31, 2019.	(Check one circle.)
	The period covered is/, throu December 31, 2019.	gh O The period covered is January 1, 2019, through the date of leaving office.
	X Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
[Candidate: Date of Election and office so	ught, if different than Part 1:
4. 3	Schedule Summary (must complete) > Total num	ber of pages including this cover page:
	Schedules attached	
	Cahadula A.d. Investments, cahadula attachad	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	Gondand B Mod Proporty Gondand disastroa	*
_	~ ☑ None - No reportable interests on any schedule	
	/erification	
	MAILING ADDRESS STREET CIT (Business or Agency Address Recommended - Public Document)	Y STATE ZIP CODE
	1350 Citrus Ave Chico	CA 95926
1	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(530)891-3107	spayne@chicousd.org
	have used all reasonable diligence in preparing this statement. I have nerein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
1	certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
1	Date Signed	Signature ham being
	(month, day, year)	(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of City of None - No reportable interests on any schedule Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of None - No reportable interests on any schedule	NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Vour Position Vour Position Vour Position Vour Position Vour Position Vour Position If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Agency: Position: Agency: Outly of County of Check at least one box) Annual: The period covered is January 1, 2019, through December 31, 2019. Or. The period covered is January 1, 2019, through December 31, 2019. Or. Assuming Office: Date assumed The period covered is January 1, 2019, through December 31, 2019. The period covered is January 1, 2019, through leader of leaving office. The period covered is January 1, through leader of leaving office. The period covered is January 1, through leader of leaving office. Schedule Summary (must complete) Total number of pages including this cover page: Schedule A2 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income - Gifts - Schedule attached Schedule B - Real Property - schedule attached Schedule C - Income - Gifts - Strate Decuments Schedule Real Property - schedule attached Schedule Real Property - schedule attached Schedule Real Property - schedule Real Real Real Real Real Real Real Re	Pe	eyton	Jeana	Lea
Chico Unified School District Division, Board, Department, District, if applicable Vice Principal If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County of County of County of Other Public School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through December 31, 2019. "Or The period covered is January 1, 2019, through December 31, 2019. "Or The period covered is January 1, 2019, through December 31, 2019. "Or The period covered is January 1, 2019, through Interest of leaving office. "Or The period covered is January 1, 2019, through Interest of leaving office. "Or The period covered is January 1, 2019, through Interest of leaving office. "Or The period covered is January 1, 2019, through Interest of leaving office. "Or The period covered is January 1, 2019, through Interest of leaving office. "Or The period covered is January 1, 2019, through Interest of Pages including this cover page: Schedule Summary (must complete) Total number of pages including this cover page: Schedule A 1 - Investments - schedule attached Schedule C - Income, Loans, & Businoss Positions - schedule attached Schedule B - Real Property - schedule attached Schedule D - Income - Gifts - Shedule attached Schedule B - Real Property - schedule attached Schedule D - Income - Gifts - Travel Paymonts - schedule attached "Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Paymonts - schedule attached "Schedule B - Real Property - schedule attached Schedule Decument) ABB picholine Way Chico CA 95928	1.	Office, Agency, or Court		
Division, Board, Department, District, if applicable Your Position Vice Principal ► If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: 2. Jurisdiction of Office (Check at least one box) State S		Agency Name (Do not use acronyms)		
Vice Principal		Chico Unified School District		
Position: Agency: Position: Position:		Division, Board, Department, District, if applicable		Your Position
Agency:				Vice Principal
2. Jurisdiction of Office (Check at least one box) State State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of County of Other Public School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2019, through December 31, 2019. Or- The period covered is, through December 31, 2019. Or- Chack one circle.) The period covered is January 1, 2019, through leaving office. Or- Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Real Property - schedule attached Schedule Schedule B - Real Property - schedule attached Schedule Schedule B - Real Property - schedule attached Schedule Schedule B - Real Property - schedule attached Schedule B - Real Property - Schedule B - Real Pr		▶ If filling for multiple positions, list below or on an attachr	nent. (Do not	use acronyms)
State		Agency:		Position:
Multi-County Caunty of County of Nulti-County County of County of Nulti-County		Jurisdiction of Office (Check at least one box)		
City of None - No reportable interests on any schedule Devenuend Schedule B - Real Property - schedule attached Schedule B - Real Property - Schedu		State		
City of None - No reportable interests on any schedule Devenuend Schedule B - Real Property - schedule attached Schedule B - Real Property - Schedu		Multi-County		County of
X Annual: The period covered is January 1, 2019, through				
X Annual: The period covered is January 1, 2019, through	3	Type of Statement (Check at least one hov)		
December 31, 2019. (Check one circle.) The period covered is, through December 31, 2019, through December 31, 2019	٠,	, , , , , , , , , , , , , , , , , , , ,	uah	Leaving Office: Date Left / /
The period covered is		December 31, 2019.	ugii	
Assuming Office: Date assumed		The period covered is//	, through	The period covered is January 1, 2019, through the date of leaving office.
Candidate: Date of Election		Assuming Office: Date assumed	 :	O The period covered is, through
Schedules attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached The image of the interests on any schedule interests on any schedule Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached The image of the image of the interest of the image		Candidate: Date of Election	and office sou	2000 200 0 mm = 2000 0 mm = 2
Schedules attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached The image of the interests on any schedule interests on any schedule Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached The image of the image of the interest of the image	Λ	Schedule Summary (must complete)	Total numb	ou of warranting leading this account
Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or- No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 368 picholine Way Chico CA 95928 DAYTIME TELEPHONE NUMBER	7.		iotai numb	er or pages including this cover page:
Schedule B - Real Property – schedule attached Or- No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 368 picholine Way Chico CA 95928 DAYTIME TELEPHONE NUMBER CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) EMAIL ADDRESS EMAIL ADDRESS		Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
-Or- No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 368 picholine Way Chico CA 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS		Schedule A-2 - Investments - schedule attached		
5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 368 picholine Way Chico CA 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS		Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 368 picholine Way Chico CA 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	-0	or- 🗵 None - No reportable interests on any s	chedule	
(Business or Agency Address Recommended - Public Document) 368 picholine Way Chico CA 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	5.	Verification		
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS			CITY	STATE ZIP CODE
			Chico	
(530)521-1598 Jpeyton@chicousd.org				
			7.31	
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.		I certify under penalty of perjury under the laws of the	State of Calif	fornia that the foregoing is/true and correct.
Data Signard 01/10/2020				Wall 1
Date Signed (month, day, year) Signature (File the originally signed paper statement with your filing official.)		Date Signed		

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAN	NE OF FILER (LAST) , (FIRST)	(MIDDLE)
	Robinson, Lileen	<i>ل</i> ،
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	2 M - L
	Chico Unified School District	BOARD Member
	Division, Board, Department, District, if applicable	Your Position
	\blacktriangleright If filing for multiple positions, list below or on an attachment. (Do not	t use acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	Public School District
3	Type of Statement (Check at least one box)	
٠.	Annual: The period covered is January 1, 2019, through	Leaving Office: Date Left/
9	December 31, 2019.	(Check one circle.)
	The period covered is/, throug December 31, 2019.	The period covered is January 1, 2019, 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 sou	ught, if different than Part 1:
4.	Schedule Summary (must complete) ► Total numi	ber of pages including this cover page:/
	Schedules attached	cer of pages meaning and ceres pages
	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
	1372 MANZANITA HUE	Chico CA 95926
	DAYTIME TELEPHONE NUMBER (530) 521-9756	evolinson whicouse, 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 dge this is a public document.
	I certify under penalty of perjury under the laws of the State of Cal	ifornia that the foregoing is true and correct.
	Date Signed Select To Vinedu	Signature JC 20 20 (File the originally signed paper statement with your filing official.)
	(month, day, year)	(i ne die originally signed paper statement with your ming official.)



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Rodgers	Kimberly	Jeanne		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if applicable		Your Position		
Sierra View Elementary		Principal		
▶ If filing for multiple positions, list below or on ar	attachment. (Do not us	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least on	e box)			
☐ State	,	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
Multi-County		County of		
City of		Public School District		
3. Type of Statement (Check at least one be	ox)			
Annual: The period covered is January 1, 20 December 31, 2019.	19, through	Leaving Office: Date Left/(Check one circle.)		
-or-	, the same	The period covered is January 1, 2019, through the date of		
The period covered is/	J, through	-or- leaving office.		
Assuming Office: Date assumed		The period covered is, through the date of leaving office.		
Candidate: Date of Election	and office sought	if different than Part 1:		
4. Schedule Summary (must complete) ► Total number	of pages including this cover page:		
Schedules attached				
Schedule A-1 - Investments - schedule att	ached	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investments - schedule att	ached	Schedule D - Income - Gifts - schedule attached		
☐ Schedule B - Real Property – schedule att	ached	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- ⋈ None - No reportable interests on	any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
1598 Hooker Oak Avenue	Chico	CA 95928		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530)891-3117		krodgers@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	s of the State of Californ	nia that the foregoing is true and correct.		
Date Signed February 20, 2020	s	ignature Kmly Rodo		
(month, day, year)		(File the ofiginally signed paper statement with your filing official.)		



Date Initial Filing Received
Filing Official Use Only

COVER PAGE

Please type or print in ink.	A PUB	BLIC DOCUMENT		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Sauberan	Aaron	Thayer		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if applicable		Your Position		
Special Education, Loma Vista Program	n	Principal		
\blacktriangleright If filling 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)			
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
Multi-County		County of		
City of		Nother Public School District Public School District		
		∆ Other		
3. Type of Statement (Check at least one bo	x)			
Annual: The period covered is January 1, 201 December 31, 2019.	9, through	Leaving Office: Date Left		
The period covered is/	, through	 The period covered is January 1, 2019, through the date of leaving office. 		
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office sought,	if different than Part 1:		
1 Sabadula Summany (must samplata)				
Schedule Summary (must complete) Schedules attached	► lotal number	of pages including this cover page:		
Schedules attached				
□ Schedule A-1 - Investments - schedule atta		Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investments – schedule atta	-	Schedule D - Income - Gifts - schedule attached		
□ Schedule B - Real Property - schedule atta	ched	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- None - No reportable interests on	any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
1560 Manzanita Ave.	Chico	CA 95926		
DAYTIME TELEPHONE NUMBER	31100	EMAIL ADDRESS		
(530) 879-7400		asaubera@chicousd.org		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the informatic 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				
Date Signed 2/21/2020	s	ignature alway Sauser		
(month, day, year)		(File the originally signed paper statement with your filing official)		

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(M	IDDLE)
Schrock	Kristen	Joelle	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applica	able	Your Position	
Little Chico Creek		Administrator	
▶ If filing for multiple positions, list below or o	on an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at leas	st one box)		
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court (Statewide Jurisdiction)	Commissioner
Multi-County	P:	County of	
City of		☑ Other Public School District	
3. Type of Statement (Check at least of	ne box)		
Annual: The period covered is January December 31, 2019.		Leaving Office: Date Left/	
The period covered is/_ December 31, 2019.	, through	 The period covered is January 1, 2019, thro -or- 	ugh the date of
Assuming Office: Date assumed	<i>J</i>	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 comp	lete) > Total number	of pages including this cover page:	
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	or pages meaning and total pages	
Calcadida A.A. Impedimenta - calcado	In attached .	☐ Schedule C - Income, Loans, & Business Positions – so	chadula attachad
Schedule A-1 - Investments – schedu Schedule A-2 - Investments – schedu	75	Schedule D - Income - Gifts - schedule attached	Siledule attached
Schedule A-2 - Investments — schedu Schedule B - Real Property — schedul		Schedule E - Income - Gifts - Travel Payments - sche	dule attached
Schedule B - Near Property - Schedul			adio attachoù
-or- ☐ None - No reportable interest	s on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc.	CITY ument)	STATE ZIP CO	DDE
2090 Amanda Way	Chico	CA 95928	
DAYTIME TELEPHONE NUMBER	3,000	EMAIL ADDRESS	
(530) 891-3285		kschrock@chicousd.org	
I have used all reasonable diligence in preparine herein and in any attached schedules is true a		ewed this statement and to the best of my knowledge the inf this is a public document.	formation contained
I certify under penalty of perjury under the	laws of the State of Califor	nia that the foregoing is true and correct.	
Date Signed 1/8/20	,	(SIMARK	
(month, day, year)		Signature	official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	
Kristen Schrock	

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
North Rim Adventure Sports	
Name	Name
1768 E. 2nd St. Address (Business Address Acceptable)	Add (7)
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Bike shop	The state of the s
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IS ARRUGARDE LIGT DATE.
\$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000/
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$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 Other	Partnership Sole Proprietorship
YOUR BUSINESS POSITION OWNER	
YOUR BUSINESS POSITION	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 TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 NOVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	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	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
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 Designation Addition	Provided and Providence Autolity
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$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 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
	1

Comments:_



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Shepherd	John	Raymond
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if app	olicable Yo	our Position
Pleasant Valley High School	F	Principal
▶ If filing for multiple positions, list below	or on an attachment. (Do not use acronym	s)
Agency:	P	osition:
2. Jurisdiction of Office (Check at	least one box)	
☐ State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner Statewide Jurisdiction)
☐ Multi-County		County of
		Other Public School District
20 - A X		
3. Type of Statement (Check at leas		Legiting Officer Data Left 6 , 30 , 2019
Annual: The period covered is January December 31, 2019.	ary 1, 2019, through	Leaving Office: Date Left
-or-	y y dimension	(Check one circle.)
The period covered is December 31, 2019.	/	O The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed	<u> </u>	O The period covered is
Candidate: Date of Election	and office sought, if differen	t than Part 1:
4. Schedule Summary (must cor	nplete) ► Total number of page	es including this cover page:
Schedules attached		
Schedule A-1 - Investments – sch	edule attached Schedu	le C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sch		le D - Income - Gifts - schedule attached
Schedule B - Real Property – sch	edule attached Schedu	le E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable inter	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE ZIP CODE
1163 E. 7th St.	Chico	CA 95928
DAYTIME TELEPHONE NUMBER	EMAIL ADD	
(530) 774-5429		erd@chicousd.org
	paring this statement. I have reviewed this s ue and complete. I acknowledge this is a p	tatement and to the best of my knowledge the information contained public document.
I certify under penalty of perjury under	the laws of the State of California that the	ne foregoing is true and correct.
Date Signed	Signature _	L.D.
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Shepherd	John	Raymond
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	1	Your Position
		Dir. of Secondary Education
▶ 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 of	one box)	
State	,	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Nother Public School District
3. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, 2 December 31, 2019.	2019, through	Leaving Office: Date Left/(Check one circle.)
-or- The period covered is/	/ through	O The period covered is January 1, 2019, through the date of
December 31, 2019.		leaving office.
★ Assuming Office: Date assumed 7	1 , 2019	O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
I. Schedule Summary (must complet	e) ▶ Total number	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - schedule a	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule a	attached	Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property — schedule a	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🗵 None - No reportable interests of	on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Docume 1163 E. 7th St.	Chico	CA 95928
DAYTIME TELEPHONE NUMBER	Offico	EMAIL ADDRESS
(530) 774-5429		jshepherd@chicousd.org
I have used all reasonable diligence in preparing herein and in any attached schedules is true and		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the la	ws of the State of Californ	ia that the foregoing is true and correct.
Date Signed	Si	gnature
(month, day, year)		(File the originally sighed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

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A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SHERIDAN	ERICA	LORRAINE
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
CHICO HIGH		ASSISTANT PRINCIPAL
▶ If filing for multiple positions, list below or on ar	attachment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least on	e box)	
☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		
3. Type of Statement (Check at least one bo	ox)	
Annual: The period covered is January 1, 20 December 31, 2019.		Leaving Office: Date Left/
The period covered is/	J, through	O The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed/		O The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sough	t, if different than Part 1:
4. Schedule Summary (must complete) ► Total number	of pages including this cover page:
Schedules attached		n
Schedule A-1 - Investments – schedule att	ached [Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments – schedule att		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule att	ached [Schedule E - Income - Gifts - Travel Payments - schedule attached
70.0 W		
-or- None - No reportable interests on	any schedule	
5. Verification	01777	ATTE TO AND
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
901 ESPLANADE	CHICO	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3026		esherida@chicousd.org
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and c		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws	of the State of Califor	nia that the foregoing is true and correct.
Date Signed <u>1/9/2020</u>		Signature Muca Sheridan
(month, day, year)		(File the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
ERICA SHERIDAN

CITY	
CHICO	CITY
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
NATURE OF INTEREST	NATURE OF INTEREST
⊠ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater 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.
	J. (8)
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus 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 siness must be disclosed as follows: NAME OF LENDER*

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAM	E OF FILER (LAST) (FIRST)	(MIDDLE)
	Spagliar i	enel camule
1. (Office, Agency, or Court	
7	Agency Name (Do not use acronyms)	
	Chico Unified School District	
Ī	Division, Board, Department, District, if applicable	Your Position
-		AGST. Principal
1	▶ If filing for multiple positions, list below or on an attachment. (Do n	
i)	Agency;	Position:
2	Jurisdiction of Office (Check at least one box)	
	State	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	
3	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2019, through	Deputer Officer Date Left
L	December 31, 2019.	Leaving Office: Date Left//(Check one circle.)
	-or- The period covered is/, throu	O The period covered is January 1, 2019, through the date of
	December 31, 2019.	-or-
	Assuming Office: Date assumed/	O The period covered is, through the date of leaving office.
	Candidate: Date of Election and office so	ught, if different than Part 1:
4. S	Schedule Summary (must complete) ► Total num	ber of pages including this cover page:
	chedules attached	nor or pages moruting this cover page.
	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. Ve	erification	
	AILING ADDRESS STREET CITY usiness or Agency Address Recommended - Public Document)	STATE ZIP CODE
, E	1475 East Ave Chi	60 CA 95976
5000	AYTIME TELEPHONE NUMBER	1010
-	530 1891-3050	rspaggiarie chicousdores
l h he	ave used all reasonable diligence in preparing this statement. I have rein and in any attached schedules is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
Ιc	ertify under penalty of perjury under the laws of the State of Cali	ifornia that the foregoing is true and correct.
Da	te Signed 1/8/20	Signature 120281au
	(month, day, year)	(File the originally signed paper statement with your filing official.)

2.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

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(month, day, year)

Please type or print in ink.	A PUI	BLIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Staley	Kelly	Jan
1. Office, Agency, or Court		1000
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applica	able	Your Position
District Office		Superintendent
▶ If filing for multiple positions, list below or o	on an attachment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at leas	st one box)	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		☑ Other Public School District
3. Type of Statement (Check at least of	ne hov)	
Annual: The period covered is January December 31, 2019.		Leaving Office: Date Left
The period covered is/_ December 31, 2019.	, through	The period covered is January 1, 2019, through the date of leaving office.
Assuming Office: Date assumed	J	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 compl	ete) ▶ Total number	of pages including this cover page:4
Schedules attached		
Schedule A-1 - Investments - schedule		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule	e attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	e attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- □ None - No reportable interests	s on any schedule	
5. Verification	A STATE OF THE STA	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Docu 1163 East Seventh Street	2012.7037 X 0	0.5000
DAYTIME TELEPHONE NUMBER	Chico	CA 95928
(530)891-3000 x20149		kstaley@chicousd.org
A CONTRACT OF THE PARTY OF THE	g this statement. I have revie	wed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the		
Date Signed February 4, 2020	c	impeture Miller Stales

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

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	35

▶ 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, Chico, CA 95973	NOA (GO) NA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment (Appraiser)	
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 \$1,001 - \$10,000
■ \$10,001 - \$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(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of he 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 Assets 11)	%
ADDRESS (Business Address Acceptable)	OF OUR TY FOR LOW
DUALITAC ACTIVITY IS ANY OF LEVELS	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	Other(Describe)
Comments:	

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
Name	

▶ NAME OF SOURCE (Not an Acronym	50	▶ NAME OF SOURC	E (Not an Acror	nym)
Stutz, Artiano, Shinoff, Holtz				
ADDRESS (Business Address Accepta		ADDRESS (Busines	ss Address Acce	eptable)
2488 Historic Decator Rd #2		-		
BUSINESS ACTIVITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
Legal Firm	DECODIDION OF OUTTO	DATE (JULY	STATE STATE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 16, 19 \$+/- \$25.00	Boxed Candy/Sweets		\$	_
\$			\$	_
\$,		\$	
▶ NAME OF SOURCE (Not an Acronym,)	▶ NAME OF SOURC	E (Not an Acron	nym)
ADDRESS (Business Address Acceptal	ble)	ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIVITY, IF ANY, OF SC	DURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$			\$	_
			\$	
► NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acron	nym)
ADDRESS (Business Address Acceptal	ole)	ADDRESS (Busines	s Address Accep	ptable)
BUSINESS ACTIVITY, IF ANY, OF SC	URCE	BUSINESS ACTIVIT	ΓΥ, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$			\$	
\$			\$	
Comments:				

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. Per Government Code
 Section 89506, these payments may not be subject to the gift limit. However, they may result
 in a disqualifying conflict of interest.
- · For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Fiscal Crisis & Management Assistance Team	Fiscal Crisis & Management Assistance Team
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1300 17th Street	1300 17th Street
CITY AND STATE	CITY AND STATE
Bakersfield, CA	Bakersfield, CA
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Board Member: Meeting Travel Cost Reimbursement	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Board Member: Meeting Travel Cost Reimbursement
DATE(S): 01 / 29 / 19 _ 01 / 30 / 19 AMT: \$ \$568.70	DATE(S): 04 / 06 / 19 - 04 / 07 / 19 AMT: \$ 786.03
► 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 Represent Region 2 Superintendents on Board Output Description Represent Region 2 Superintendents on Board
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Meeting held in Monterey	
► 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



Date Initial Filing Received Filing Official Use Only

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A PUBLIC DOCUMENT Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Starkey	Marjie	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		9
Division, Board, Department, District, if	applicable	Your Position
Marigold Elementary		Elementary Assistant Principal
▶ If filing for multiple positions, list bel	ow or on an attachment. (Do not use	acronyms)
Agency: Rosedale Elementary		Position: Elementary Assistant Principal
2. Jurisdiction of Office (Check	at least one box)	
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
		☑ Other Public School District
City of		El Onor
3. Type of Statement (Check at I	east one box)	
Annual: The period covered is Ja	nuary 1, 2019, through	Leaving Office: Date Left/
December 31, 2019.	07 . 01 . 2019	(Check one circle.)
The period covered is	07 <u>, 01 , 2019</u> , through	 The period covered is January 1, 2019, through the date of leaving office. -or-
Assuming Office: Date assumed		O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must o	omplete) ► 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 - s		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - s	schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
		a a
-or- None - No reportable in	terests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	city blic Document)	STATE ZIP CODE
1163 East Seventh Street	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000		mstarkey@chicousd.org
I have used all reasonable diligence in herein and in any attached schedules i	oreparing this statement. I have review s true and complete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury und	ler the laws of the State of Californ	ia that the foregoing is true and correct.
Date Signed 01/08/2020	Si	gnature Maine Harley
(month, day, ye	rar)	(File the originally signed paper statement with your filing/official.)



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.	A PL	JBLIC DOCUMENT
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Steinbach	Kellie	Ann Iverson
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 attach	ment. (Do not	use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)		
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
Multi-County		County of
City of		_ Other Public School District
0 T - (0) (A DOCUMENT OF THE PARTY OF THE	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2019, throper 31, 2019.	ough	Leaving Office: Date Left/
The period covered is/	, through	The period covered is January 1, 2019, 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 sour	ght, if different than Part 1:
	and omeo doug	ng ii diiloron dan ran n
4. Schedule Summary (must complete)	Total numb	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached		Schedule E - Income – Gifts – Travel Payments – schedule attached
Es contrata a ricar reporty contrata attached		
-or- ☐ None - No reportable interests on any s	chedule	
5. Verification	- Control direction	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	01.1	
1420 Neal Dow Avenue	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530)891-3110		ksteinbach@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 rev e. I acknowledo	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
I certify under penalty of perjury under the laws of the	State of Califo	ornia that the foregoing is true and correct.
Data Signard 2/15/2020		* UN
Date Signed (month, day, year)		Signature

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNI FAIR POLITICAL	A FORM 700 PRACTICES COMMISSION
Name	

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Vanguard	z.
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Investment	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// <u>19</u>	/

NAME OF BUSINESS ENTITY Horace Mann	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
investment	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	9
	-
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 X Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
· / 19 / 19	// 19// 19
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

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

FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Christian Michaels Ristorante	Hudson's Gastropub
Name 192 E. 3rd Street Address (Business Address Acceptable) Check one	Name 192 E. 3rd Street Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2
Restaurant	Restaurant
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 //19 //19	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership X Sole Proprietorship Other	NATURE OF INVESTMENT Partnership X Sole Proprietorship Other
YOUR BUSINESS POSITION Co-Owner	YOUR BUSINESS POSITION Co-Owner
► 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	□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ \$1,001 - \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ INVESTMENT □ REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or 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 J
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 437 Paseo Companeros Street	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY Chico, CA	CITY
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
NATURE OF INTEREST	NATURE OF INTEREST
▼ Ownership/Deed of Trust	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
X \$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.	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	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and
You are not required to report loans from a commercia	without regard to your official status. Personal loans and
You are not required to report loans from a commercia business on terms available to members of the public	without regard to your official status. Personal loans and
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	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 Whone
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF F	ILER (LAST)	(FIRST)	TIM	(MIDDLE)
4 066	SUFVENTES	HEAT	HER	WATROBA
	e, Agency, or Court			
15	y Name (Do not use acronyms)		DOTH	07001 10000 100
	co Unified School District			CIPAL -PARKVIEW ELE
Divisio	on, Board, Department, District, if applicable		Your Position	
▶ If f	iling for multiple positions, list below or on an at	achment. (Do not ι	use acronyms)	40
Agen	су:		Position:	
2. Juri	sdiction of Office (Check at least one b	ox)		
☐ St	ate		☐ Judge, Retire (Statewide Ju	ed Judge, Pro Tem Judge, or Court Commissioner urisdiction)
□ м	ulti-County		_ County of _	
☐ Ci	ty of		Other Pub	lic School District
3. Typ	e of Statement (Check at least one box)			
X	nnual: The period covered is January 1, 2019, December 31, 2019.	through	☐ Leaving Of	ffice: Date Left/(Check one circle.)
/	The period covered is	, through	O The per leaving	iod covered is January 1, 2019, through the date of office.
☐ A	ssuming Office: Date assumed/	<i>I</i>		iod covered is/, through a feaving office.
□ c	andidate: Date of Election	_ and office sough	ht, if different than Part	1:
4. Sch	edule Summary (must complete)	► Total numbe	er of pages includi	ng this cover page:
Sch	edules attached			
Г	Schedule A-1 - Investments - schedule attach	ed	Schedule C - Incon	ne, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments - schedule attach	ed	Schedule D - Incon	ne - Gifts - schedule attached
×	Schedule B - Real Property – schedule attach	ed	Schedule E - Incom	ne – Gifts – Travel Payments – schedule attached
-or- □] None - No reportable interests on a	ny schedule		
5. Verif	ication			
	G ADDRESS STREET ess or Agency Address Recommended - Public Document)	CITY		STATE ZIP CODE
(Daomi	770 F Q46	ST CH	1200 (A 95976
DAYTIN	ME TELEPHONE NUMBER		EMAIL ADDRESS	Hesa drienusd no
	used all reasonable diligence in preparing this st and in any attached schedules is true and com		viewed this statement and	d to the best of my knowledge the information contained
	fy under penalty of perjury under the laws of			
	Signed 127 20		Signature	SS
	(month, day, year)		= 1/ 1	the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)



FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 //19 /_/19 /_/19 /_/19 /_/19 /_/19 /_/19 /_/19 /_/19 /_/19 /_/19 /_/19 //19 _//19 //19 //19 //19 //19 //19 //19 //19 //19 //19 //19 //19 //19 //19 //1
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)



Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
Sullivan	Т	heodore	W			
1. Office, Agend	cy, or Court					
Agency Name (E	Oo not use acronyms)					
350 50 0	School District					
Division, Board, D	Department, District, if applicable		Your Position			
			Director of Elementary Education			
▶ If filing for mul	tiple positions, list below or on an attachme	ent. <i>(Do not use</i>	e acronyms)			
Agency:			Position:			
2. Jurisdiction	of Office (Check at least one box)					
☐ State			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			
☐ Multi-County _			County of			
			⊠ Other Public School District			
			E 64161			
Type of Stat	ement (Check at least one box)					
	e period covered is January 1, 2019, throug	ıh	Leaving Office: Date Left			
-or-	cember 31, 2019.		(Check one circle.)			
	e period covered is/	, through	 The period covered is January 1, 2019, through the date of leaving office. -or- 			
☐ Assuming C	office: Date assumed//		The period covered is/, through the date of leaving office.			
☐ Candidate:	Date of Election ar	d office sought,	if different than Part 1:			
4. Schedule Su	ımmary (must complete) ▶ 7	otal number	of pages including this cover page:1			
Schedules	attached					
☐ Schedule	A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions – schedule attached			
L	A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached			
2000	B - Real Property - schedule attached	40	Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or- ☑ None - No reportable interests on any schedule						
5. Verification						
MAILING ADDRESS	STREET Address Recommended - Public Document)	CITY	STATE ZIP CODE			
1163 East 71	20	Chico	CA 95928			
DAYTIME TELEPHON			EMAIL ADDRESS			
(530)891	-3000		tsulliva@chicousd.org			
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under p	enalty of perjury under the laws of the	State of Californ	nia that the foregoing is true and correct.			
0.0	04.00		- Lal /			
Date Signed 02	-U4-ZU	S	ignature(File the originally sigged paper statement with your filing official.)			
	(month, day, year)		fille the originary organs babet statement with your mind oursiar?			

Date Initial Filing Received Filing Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
Vincent	John	Everd			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Chico Unified School District					
Division, Board, Department, District, if applicable		Your Position			
Information Services		Director			
▶ If filing for multiple positions, list below or on an atta	achment. (Do not us	se acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Check at least one bo	ox)				
☐ State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County of			
City of		⋈ Other Public School District			
3. Type of Statement (Check at least one box)	wid V				
Annual: The period covered is January 1, 2019, December 31, 2019.	through	Leaving Office: Date Left/			
-or- The period covered is/	through	The period covered is January 1, 2019, through the date of			
December 31, 2019.	, through	leaving office.			
Assuming Office: Date assumed	} 	The period covered is/, through the date of leaving office.			
Candidate: Date of Election	and office sought	; if different than Part 1:			
	▶ Total number	of pages including this cover page:			
Schedules attached					
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 attached			
☐ Schedule B - Real Property - schedule attache	ed [Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or- ☑ None - No reportable interests on an	y schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE			
1163 East Seventh Street	Chico	CA 95928			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(530) 891-3000		jvincent@chicousd.org			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Signed 01/21/2020	\$	Signature			
(month, day, year)		(Fig. the originally signed paper statement with your filing official.)			



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)				
Weaver	Christopher					
1. Office, Agency, or Court						
Agency Name (Do not use acronyms)						
Chico Unified School District						
Division, Board, Department, District, if applicable		Your Position				
,						
▶ If filing for multiple positions, list below or on an att	achment. (Do not use	acronyms)				
Agency:		Position:				
2. Jurisdiction of Office (Check at least one b	ox)					
☐ State	•	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)				
Multi-County		County of				
City of		Nother Public School District				
	- 1 1	Olici				
3. Type of Statement (Check at least one box)						
Annual: The period covered is January 1, 2019,	through	Leaving Office: Date Left/				
December 31, 2019or-	200	(Check one circle.)				
The period covered is/	, through	 The period covered is January 1, 2019, through the date of leaving office. -or- 				
Assuming Office: Date assumed	<i></i>	The period covered is/, through the date of leaving office.				
Candidate: Date of Election	_ and office sought,	if different than Part 1:				
4. Schedule Summary (must complete)	► Total number of	of pages including this cover page:				
Schedules attached						
Schedule A-1 - Investments - schedule attach	ed \square	Schedule C - Income, Loans, & Business Positions - schedule attached				
☐ Schedule A-2 - Investments – schedule attach	ed 🔲	Schedule D - Income - Gifts - schedule attached				
Schedule B - Real Property - schedule attach	ed \square	Schedule E - Income - Gifts - Travel Payments - schedule attached				
- Marie 14						
-or- ☑ None - No reportable interests on any schedule						
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE				
1163 E 7th Street	Chico	CA 95928				
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS				
(530) 891-3000		cweaver@chicousd.org				
herein and in any attached schedules is true and com	plete. I acknowledge t					
I certify under penalty of perjury under the laws of	the State of Californi	ia that the foregoing is true and correct.				
Date Signed <u>02/06/2020</u>	Sig	gnature				
(month, day, year)	**************************************	(File the originally signed paper statement with your filing official.)				

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

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Please type or print in ink.	A PUI	BLIC DOCUMENT			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
Whittaker	Damon	Andrew			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)	×				
Chico Unified School District					
Division, Board, Department, District, if applicable		Your Position			
		Principal			
▶ If filing for multiple positions, list below or on a	n attachment. (Do not u	se acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Check at least o	ne box)				
State		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County of			
City of		Other Public School District			
3. Type of Statement (Check at least one I	oox)				
Annual: The period covered is January 1, 2 December 31, 2019.	019, through	Leaving Office: Date Left/			
The period covered is	_/, through	O The period covered is January 1, 2019, through the date of leaving office.			
Assuming Office: Date assumed	1	O The period covered is/, through the date of leaving office.			
Candidate: Date of Election	and office sough	t, if different than Part 1:			
4. Schedule Summary (must complete	e) > Total number	r of pages including this cover page:			
Schedules attached	, P Total Hambon	or pages meraanig and cover page.			
Schedule A-1 - Investments - schedule at	tached [Schedule C - Income, Loans, & Business Positions - schedule attached			
Schedule A-2 - Investments - schedule at	tached	Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property - schedule at	tached	Schedule E - Income - Gifts - Travel Payments - schedule attached			
-or- ⋈ None - No reportable interests on any schedule					
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY ()	STATE ZIP CODE			
1475 East Ave	Chico	CA 95926			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(530)891-3050	ter our way	dwhittaker@chicousd.org			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perjury under the law	s of the State of Califor	rnia that the foregoing is true and correct.			
Date Signed 1/9/20 Signature (month, day, year) Signature					
(month, vely, your)		i no are originally signor poper statement with your ming unities.)			



Date Initial Filing Received Filing Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)			
Williams	Douglas	James				
1. Office, Agency, or Court						
Agency Name (Do not use acronyms)						
Chico Unified School District						
Division, Board, Department, District, if app	plicable	Your Position				
Chico High School		Principal				
▶ If filing for multiple positions, list below	or on an attachment. (Do not use a	cronyms)				
Agency:		Position:	<u> </u>			
2. Jurisdiction of Office (Check at	least one box)					
State	,	☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	ludge, or Court Commissioner			
Multi-County		County of				
City of						
3. Type of Statement (Check at leas	st one box)					
Annual: The period covered is January	C1 =	Leaving Office: Date Left	1 1			
December 31, 2019.	, ,,	(Check on				
The period covered is December 31, 2019.		 The period covered is Janual leaving office. 	ary 1, 2019, 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:				
4. Schedule Summary (must cor	nplete) > Total number of	pages including this cover pages	aue.			
Schedules attached	rotal number of	pages moraumy and cover pe	.ge			
Schedule A-1 - Investments – sch	edule attached S	chedule C - Income, Loans, & Busines	ss Positions – schedule attached			
Schedule A-2 - Investments - sche		chedule D - Income - Gifts - schedule				
Schedule B - Real Property - sche	-	chedule E - Income - Gifts - Travel P	ayments - schedule attached			

-or- ☑ None - No reportable interests on any schedule						
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE	ZIP CODE			
901 The Esplanade	Chico	CA	95973			
DAYTIME TELEPHONE NUMBER	EN	MAIL ADDRESS				
(530)891-3027	d	williams@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 correc	t. , ,			
Date Signed <u>2/25/2020</u>	Sign	ature Dougl of h	2/25/20			
(month, day, year)		(File the originally signed paper st	atement with your filing official.)			