

Date Initial Filing Received Filing Official Use Only

Please type of				
NAME OF FILER (Akers	,	ST)	(MIDDL	
		асу	Dav	VII
1. Office, Ag	ency, or Court			
	e (Do not use acronyms)			
Chico Uni	fied School District			
Division, Boa	rd, Department, District, if applicable		Your Position	
			Nutrition Supervisor	
► If filing for	multiple positions, list below or on an atta	ichment. (Do not use	acronyms)	
Agency:			Position:	
2. Jurisdicti	on of Office (Check at least one bo)x)		
State			Judge, Retired Judge, Pro To	em Judge, or Court Commissioner
			(Statewide Jurisdiction)	3,
Multi-Cou	nty		County of	
			Other Public School D	
	Statement (Check at least one box)		D	n 8
Annual:	The period covered is January 1, 2021, in December 31, 2021.	hrough		ck one circle.)
-01-	The period covered is/	, through	The period covered is J leaving office.	lanuary 1, 2021, through the date of
Assumi	ng Office: Date assumed		☐ The period covered is _ the date of leaving offic	e. , through
Candida	te: Date of Election	_ and office sought,	if different than Part 1	
1. Schedule	Summary (must complete)	► Total number	of pages including this cove	r page:
Schedule	es attached			
Sche	dule A-1 - Investments – schedule attache	d	Schedule C - Income, Loans, & Bu	siness Positions – schedule attached
	dule A-2 - Investments - schedule attache		Schedule D - Income - Gifts - sch	edule attached
Sche	dule B - Real Property – schedule attache	d	Schedule E - Income - Gifts - Trav	vel Payments - schedule attached
-or- 🔳 No	ne - No reportable interests on an	y schedule		
5. Verificatio	n			
MAILING ADDR	ESS STREET ency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 E. 7		Chico	CA	95928
	PHONE NUMBER	511100	EMAIL ADDRESS	00020
(530)	891-3000		jakers@chicousd.org	
	all reasonable diligence in preparing this state any attached schedules is true and comp			my knowledge the information contained
I certify und	er penalty of perjury under the laws of	the State of Californ	ia that the foregoing is true and co	orrect.
Data Class d	1/13/2021			2
Date Signed	(month, day, year)	Si	gnature (File the originally signed pl	aper statement with your filling official.)
	,,,			ATMATRIANS DE MERSTER DE LA PRESENCIA DE TRANSPORTE DE LA PROPERTIE DE LA PORT



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink

riease type or print in link.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	land
1. Office, Agency, or Court	mike	ANY	VIEVLY
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applical	ple	Your Position	 :
Chapman Elementary SChool		Principal	
► If filing for multiple positions, list below or o	n an attachment. (Do not use		
Agency:		Position:	*
2. Jurisdiction of Office (Check at lease	t one box)		
State		Judge, Retired Judge, Pro Tem J (Statewide Jurisdiction)	ludge, or Court Commissioner
Multi-County		County of	
City of		Other Public School Distri	
3. Type of Statement (Check at least on			
Annual: The period covered is January 1 December 31, 2021.		Leaving Office: Date Left(Check or	
The period covered is/_ December 31, 2021 .	/, through	☐ The period covered is Janua leaving office.	ary 1, 2021, through the date of
Assuming Office: Date assumed	l <u> </u>	•	_/, through
Candidate: Date of Election	and office sought,	if different than Part 1	
4. Schedule Summary (must comple Schedules attached	ete) ► Total number	of pages including this cover pa	age: 1
Schedule A-1 - Investments – schedule		Schedule C - Income, Loans, & Busines	
Schedule A-2 - Investments - schedule Schedule B - Real Property - schedule		Schedule D - Income - Gifts - schedule Schedule E - Income - Gifts - Travel P	
Scriedule B - Real Property - Scriedule	e attached	ondale E moone one mayor	aymonis sonodulo attached
-or- No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documents)	CITY ment)	STATE	ZIP CODE
1071 East 16th street	Chico	Ca	95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 891-3100 I have used all reasonable diligence in preparing			nowledge the information contained
herein and in any attached schedules is true a	•	·	.6
I certify under penalty of perjury under the	aws of the State of Californ	a mar me foregoing is true and correct	7
Date Signed 1/19/2022	Si	gnature //////	
(month, day, year)		(File the originally signed paper sl.	alement with your filing official.)



Date Initial Filing Received

	e type o				
_	OF FILER	(LAST)	(FIRST)		(MIDDLE)
Benz			Mele ——————		Lea
1. 01	ffice, A	gency	or Court		
_			not use acronyms)		
С	hico U	nified S	chool District		
Div	vision, Bo	oard, Dep	artment, District, if applicable		Your Position
					Principal
<u></u>	If filing f	or multipl	e positions, list below or on an attachmer	nt. (Do not use	acronyms)
		·	. ,	,	, ,
Ą	gency: _				Position:
2 1	مالم مالم	4!	Office		
Z. JI	urisaid	tion o	Office (Check at least one box)		
	State				 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	14 11 0				
					County of
	City of				Other Public School District
3. T	vpe of	State	nent (Check at least one box)		
			eriod covered is January 1, 2021, through	1	Leaving Office: Date Left/
		Decer	nber 31, 2021 .	'	(Check one circle.)
	-0	The p	eriod covered is///	, through	☐ The period covered is January 1, 2021 , through the date of leaving office.
	Assun	ning Offic	ce: Date assumed//		☐ The period covered is/, through the date of leaving office.
	Candi	date: Da	te of Election and	l office sought. i	if different than Part 1:
				tal number o	of pages including this cover page: 1
S	chedu	les at	tached		
	Sch	edule A-	1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
	Sch	edule A-	2 - Investments - schedule attached	드	Schedule D - Income - Gifts - schedule attached
	Sch	edule B	- Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	■ N	one - /	No reportable interests on any sch	edule	
5. Ve	erificat	ion			
	AILING ADD		STREET ress Recommended - Public Document)	CITY	STATE ZIP CODE
1	598 W	. 8th A	/e.	Chico	CA 95926
DA		EPHONE N			EMAIL ADDRESS
(530	891-3	297		mbenz@chicousd.org
			onable diligence in preparing this statemen tached schedules is true and complete.		yed this statement and to the best of my knowledge the information contained his is a public document.
Ιc	ertify ur	der pen	alty of perjury under the laws of the St	ate of California	a that the foregoing is true and correct.
Da	ıte Signe	d	2/24/22	Sig	gnature (File the originally signed paper statement with your filing official.)
			human ash Jam)		It no me audinary adires bokes sedement must ken must entrept.)



Date Initial Filing Received Filing Official Use Only

Please type or print in ink.						
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)			
Besnard	Bruce			Robert		
1. Office, Agency, or Cou	rt					
Agency Name (Do not use acro	onyms)					
Chico Unified School Dis	strict					
Division, Board, Department, Dis	strict, if applicable		Your Position			
			Dringing			
			Principal			
► If filing for multiple positions,	list below or on an attachment.	(Do not use a	cronyms)			
Agency:			Position:			
2. Jurisdiction of Office	(Check at least one box)					
State	•				dge, or Court Commissioner	
□ N # 0. 1			(Statewide Jur	•		
			County of			
City of			Other Publi	c School Distric	T	
3. Type of Statement (Che	eck at least one box)					
	ed is January 1, 2021, through		l aguing Offi	ce: Date Left		
December 31, 20			Leaving On	(Check one		
-or- The period cover	ed is/	through	☐ The perio	d covered is Januar	y 1, 2021, through the date of	
December 31, 20		trilougii	leaving of		, , , ,	
Assuming Office: Date as	ssumed/		☐ The perio	d covered is of leaving office.	/, through	
Candidate: Date of Election	on and	office sought, if	different than Part 1:			
4. Schedule Summary (m	ust complete) ► Tota	al number of	pages includin	g this cover pag	ge:	
Schedules attached						
Schedule A-1 - Investm	ents - schedule attached		Schedule C - Income	e, Loans, & Business	s Positions – schedule attached	
Schedule A-2 - Investm	ents - schedule attached		Schedule D - Income	e – Gifts – schedule	attached	
Schedule B - Real Prop	perty – schedule attached	S	Schedule E - Income	– Gifts – Travel Pa	yments - schedule attached	
-or- 🔳 None - No reporta	able interests on any sche	dule				
5. Verification						
MAILING ADDRESS STR (Business or Agency Address Recomme	REET Inded - Public Document)	CITY		STATE	ZIP CODE	
169 Leora Ct.		Chico		CA	95973	
DAYTIME TELEPHONE NUMBER		E	MAIL ADDRESS			
(530) 891-3141		t	besnard@chico	ousd.org		
I have used all reasonable dilige herein and in any attached scho					owledge the information contained	
I certify under penalty of perj	ury under the laws of the Sta	te of California	that the foregoing	is true and correct		
Date digited	/18/2022	Sign	nature <u></u>	0		
(mo	nih, day, year)		(File th	e originally signed paper stal	ement with your filing official.)	



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE	9	
Bettencourt	Jo Ann		(MIDDLE F	-1	
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Chico Unified School District					
Division, Board, Department, District, if applicable		You	r Position		
Rosedale Elementary School		Р	rincipal		
► If filing for multiple positions, list below or on a	an attachment. (Do not use				
Agency:		Po	sition:		
2. Jurisdiction of Office (Check at least of	ne box)				
State			ndge, Retired Judge, Pro Tel tatewide Jurisdiction)	m Judge, or Court	Commissioner
Multi-County		□ C	ounty of		
City of			ther Public School Dis		
3. Type of Statement (Check at least one					
Annual: The period covered is January 1, 2			.eaving Office: Date Left		
December 31, 2021.				one circle.)	
The period covered is/ December 31, 2021 .	/, through		The period covered is Ja leaving office. Ir-	nuary 1, 2021 , thro	ugh 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 Schedules attached	e) ► Total number	of pages	including this cover	page:	-
			•		
Schedule A-1 - Investments – schedule a			e C - Income, Loans, & Bus e D - Income – Gifts – sche		chedule attached
Schedule A-2 - Investments – schedule a Schedule B - Real Property – schedule a		Ξ	E - Income – Gifts – Trave		dule attached
Gonedale B - Near Property - Schedule a	ttacrica				
-or- None - No reportable interests of	n any schedule				
5. Verification				=======================================	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY		STATE	ZIP CC	DE
1163 E. 7th Street	Chico		CA	959	28
DAYTIME TELEPHONE NUMBER		EMAIL ADDI	RESS		
(530) 891-3104		L			
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	complete. I acknowledge	this is a pu	blic document.	,	formation contained
I certify under penalty of perjury under the law	vs of the State of Californ	nia that the	foregoing is true and cor	rect.	
Date Signed 02/22/2022	S	ignature _	Joan G	Bettenc	trus
(month, day, year)			(File the originally signed pap	er statement with your filing	official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Name

Bettencourt, Jo Ann F

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Chico Turf Plus LLC	
Name	Name
3030 Thorntree Dr. Ste 3; Chico, CA 95973	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Chemical Lawn Care	GENERAL DESCRIPTION OF THIS BUSINESS
Chemical Lawri Care	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000/_21/_21/21	\$2,000 - \$10,000//21/_21/21/21/21
\$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
	Other
YOUR BUSINESS POSITION Vice President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
INVESTMENT REAL PROPERTY	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <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	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000/_/21//21
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
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



Date Initial Filing Received

NAME OF FILER (LAST) (FIRST) (MIDDLE) Bevers Gloria Jean 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position	
1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position	
Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position	
Chico Unified School District Division, Board, Department, District, if applicable Your Position	
Division, Board, Department, District, if applicable Your Position	
Personnel Commission Chair	
▶ 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 Jud (Statewide Jurisdiction)	ge, or Court Commissioner
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, 2021, through December 31, 2021. Leaving Office: Date Left (Check one of the content of the	
The period covered is, through leaving office.	1, 2021, 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 complete) ► Total number of pages including this cover page	٥٠
Schedules attached	
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business in	Positions – schedule attached
Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule a	ttached
Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payr	ments - schedule attached
-Or- None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY STATE (Business or Agency Address Recommended - Public Document)	ZIP CODE
1053 East 7th Street Chico CA	95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	00020
(530) 2280949 gbevers@pacbell.net	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my known herein and in any attached schedules is true and complete. I acknowledge this is a public document.	wledge the information contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed 3/9/2022 Signature XVIIII Revision	a 1
Date Signed Signature (month, day, year) Signature (File the originally signed paper staten	nent with your filing official.)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

PΙε	ease type or print in ink.				
NAI	ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
В	ROMLEY	CHARISE			
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Chico Unified School District				
	Division, Board, Department, District, if applicable		Your Po	sition	
			DIRE	CTOR, FISCAL SER	VICES
	▶ If filing for multiple positions, list below or on ar	attachment. (Do not use	acronyms)		*
	Agency:		Position	n:	
2.	Jurisdiction of Office (Check at least on	e box)			
	State			, Retired Judge, Pro Tem Juwide Jurisdiction)	udge, or Court Commissioner
	Multi-County		Count	y of	
	City of		Other	Public School Distric	ot
 3.	Type of Statement (Check at least one b	ox)			
	Annual: The period covered is January 1, 20 December 31, 2021.		Leav	ing Office: Date Left (Check one	
	The period covered is 10 / 15 December 31, 2021.	, through		he period covered is Januar eaving office.	ry 1, 2021, through the date of
	Assuming Office: Date assumed	<u></u>	□ 1	he period covered is ne date of leaving office.	J, through
	Candidate: Date of Election	and office sought,	if different than	n Part 1:	
Ā					
4.	Schedule Summary (must complete Schedules attached) ► Total number	of pages in	cluding this cover pa	ge:
	Schedule A-1 - Investments - schedule at	ached	Schedule C	Income, Loans, & Busines	s Positions – schedule attached
	Schedule A-2 - Investments - schedule at	ached		Income - Gifts - schedule	
	Schedule B - Real Property - schedule at	ached	Schedule E -	Income – Gifts – Travel Pa	yments - schedule attached
-(or- None - No reportable interests or	any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY		STATE	ZIP CODE
	1163 E. SEVENTH STREET	CHICO)	CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	(530) 891-3000 Ext. 201			Ochicousd.org	
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and or				owledge the information contained
	I certify under penalty of perjury under the law	s of the State of Californ	ia that the for	egoing is true and correct	•
	Date Signed 1/14/2022	Si	gnature	Chi B	
_	(month, day, year)			(File the originally signed paper sta	lement with your filing official.)



Date Initial Filing Received

Ple	ase type or print in ink.			
NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
C	aldera	Pedro	Altamira	no
1.	Office, Agency, or Court			
	Agency Name (Do not use acronym Chico Unified School Distric	•		
	Division, Board, Department, District,		Your Position	
	Chico Junior		Principal	
	▶ If filing for multiple positions, list t	pelow or on an attachment. (Do not us	se acronyms)	
	Agency:		Position:	
<u>-</u>	Jurisdiction of Office (Chec	ck at least one box)		
	State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School Distric	et
3.	Type of Statement (Check a	t least one box)		
	Annual: The period covered is December 31, 2021.	January 1, 2021, through	Leaving Office: Date Left(Check one	
	The period covered is December 31, 2021.	/, through	☐ The period covered is Januar leaving office.	y 1, 2021, through the date of
	Assuming Office: Date assum	ed/		/, through
	Candidate: Date of Election	and office sough	t, if different than Part 1	.
4.	Schedule Summary (must	complete) > Total number	r of pages including this cover pages	we.
	Schedules attached	rotal named	or pages molacing the core page	yo.
	Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business	
	Schedule A-2 - Investments		_ Schedule D - <i>Income – Gifts –</i> schedule _ Schedule E - <i>Income – Gifts – Travel Pa</i>	
	Schedule B - Real Property	- schedule attached	Schedule E • Income - Sins - Haver Fa	yments – sorieddie attached
-0	r- None - No reportable	interests on any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	STATE	ZIP CODE
	280 Memorial	Chico	CA	95926
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3066		pcaldera@chicousd.org	
		n preparing this statement. I have revi s is true and complete. I acknowledge	ewed this statement and to the best of my knethis is a public document.	owleage the information contained
	I certify under penalty of perjury u	nder the laws of the State of Californ	rnia that the foregoing is true and correct	•
	Date Signed 2/25/	2022	Signature Padra A Car	ldara
	(month, day		(File the originally signed paper stat	ement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

2272 Holly Avenue	
CITY	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 \$2,000 - \$10,000 \$10,001 - \$100,000 \$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	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$ \$0 - \$499 \$ \$500 - \$1,000 \$ \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$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. None Keri Smith	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
business on terms available to members of the public loans received not in a lender's regular course of busi	
	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 busi	without regard to your official status. Personal loans and iness must be disclosed as follows:
ousiness on terms available to members of the public oans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone
business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)



Date Initial Filing Received

Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Capen	Jessica			Thais	
1. Office, Agency, or Court					
Agency Name (Do not use acron	•				
Chico Unified School Dist			Verm Desition		
Division, Board, Department, Distr			Your Position		
Chico Unified School Dist			Assistant	Principal	
► If filing for multiple positions, li	st below or on an attachment.	(Do not use	acronyms)		
Agency:			Position:		
2. Jurisdiction of Office (C	heck at least one box)				
State	·····		Judge, Reti (Statewide J		dge, or Court Commissioner
Multi-County			County of		
				blic School Distric	
3. Type of Statement (Chec	k at least one box)				
Annual: The period covered December 31, 202			Leaving C	Office: Date Left (Check one	
-or- The period covered December 31, 202	is, I.	through	☐ The pe leaving -or-		y 1, 2021, through the date of
Assuming Office: Date ass	umed/			riod covered is e of leaving office.	/, through
Candidate: Date of Election	and off	ice sought,	if different than Part	14	
4. Schedule Summary (mu Schedules attached	ıst complete) ► Total	number	of pages includ	ing this cover pa	ge:
Schedule A-1 - Investmen	nts – schedule attached		Schedule C - Incom	me, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investmer	nts - schedule attached		Schedule D - Incom	me - Gifts - schedule	attached
Schedule B - Real Prope	rty – schedule attached		Schedule E - Incom	me – Gifts – Travel Pa	yments - schedule attached
-or- None - No reportab	le interests on any schedi	ıle 			
5. Verification	FT	OTV		CTATE	710 0005
MAILING ADDRESS STRE (Business or Agency Address Recommend		CITY		STATE	ZIP CODE
280 Memorial Way		Chico		CA	95928
(530) 891-3066			EMAIL ADDRESS jcapen@chicor	usd ora	
I have used all reasonable diligentherein and in any attached sched			ed this statement ar	nd to the best of my kn	owledge the information contained
I certify under penalty of perjur	'	•			
Date Signed 2/2	25/2022	Sic	gnature	1	د
	, day, year)			e the glighally signed paper stat	ement with your filing official.)
				V	



Date Initial Filing Received

	ease type or print in link.		
	ME OF FILER (LAST) ariss	(FIRST)	(MIDDLE)
_		Timothy	Andrew
1.	Office, Agency, or	Court	
	Agency Name (Do not u	ise acronyms)	
	Chico Unified Scho	ool District	
	Division, Board, Departm	ent, District, if applicable	Your Position
			Director
	▶ If filing for multiple po	sitions, list below or on an attachment. (Do not	
	I ming for manapic po	strons, list below of on an attachment. 120 hor	use usionyms)
	Agency:	2-17	Position:
_			
2.	Jurisdiction of Of	fice (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
_			
3.	Type of Statemer	t (Check at least one box)	
	Annual: The period December	1 covered is January 1, 2021, through 31, 2021 .	Leaving Office: Date Left
	The period December	I covered is/, through 31, 2021.	The period covered is January 1, 2021, 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:
4.			per of pages including this cover page:
	Schedules attack	nea	
	Schedule A-1 - /	nvestments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - /	nvestments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Re	al Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-c	or- 🔳 None - No r	eportable interests on any schedule	
_	Verification		
	MAILING ADDRESS	STREET CITY	STATE ZIP CODE
		ecommended - Public Document)	
	1163 East Sevent		CO CA 95926
	(530) 891-3000		tcariss@chicousd.org
	I have used all reasonable		eviewed this statement and to the best of my knowledge the information contained
		of perjury under the laws of the State of Cali	
	The second secon	paragrama and tarre of the state of our	The same to organize to the date of the same of the sa
	Date Signed	3/8/2022	Signature /
		(month, day, year)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Plε	ease type or print in ink					
NA	ME OF FILER (LAST)	(FIRST)		•	DDLE)	
С	arver	John		W	ayne	
1.	Office, Agency, or Co	urt				
	Agency Name (Do not use a	cronyms)				
	Chico Unified School I	District				
	Division, Board, Department, I	District, if applicable		Your Position		
				Director Maintenanc	e/Operations/Trar	nsportation
	► If filing for multiple position	is, list below or on an attachment. (L	Do not use		<u> </u>	-
	r in ining for maniple position	o, not bolow of on an attachment.	JO 1101 460	doronymaj		
	Agency:			Position:		
_	lender die die en officiale					
۷.	Jurisdiction of Office	(Check at least one box)				
	State			Judge, Retired Judge, Pro (Statewide Jurisdiction)	Tem Judge, or Court (Commissioner
	Multi-County			County of		
				Other Public School	District	
3.	Type of Statement (c	heck at least one box)				
		ered is January 1, 2021, through		Leaving Office: Date Lo	eft/ heck one circle.)	
	-or- The period cov December 31,	ered is	through	☐ The period covered is leaving office.	ŕ	ugh the date of
		assumed	_	-or- ☐ The period covered is the date of leaving of	s/ ffice.	through
	Candidate: Date of Elec	ction and office	ce souaht.	if different than Part 1:		
_						
4.	Schedules attached	(must complete) ▶ <i>Total i</i>	number	of pages including this co	ver page:	
	Schedule A-1 - Inves	tments – schedule attached		Schedule C - Income, Loans, &	Business Positions – so	chedule attached
	=	tments – schedule attached		Schedule D - Income - Gifts - s		
		roperty – schedule attached		Schedule E - Income - Gifts - 7	ravel Payments – sche	dule attached
-(or- 🗌 None - No repo	rtable interests on any schedu	le			
5.	Verification					
	MAILING ADDRESS (Business or Agency Address Recom	STREET mended - Public Document)	CITY	STAT	TE ZIP CC	DDE
	2455 Carmichael Dr.		Chico	CA	959	28
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS		
	(530) 624-7411			jcarver@chicousd.org		
		igence in preparing this statement. I lichedules is true and complete. I ack			of my knowledge the int	formation contained
	I certify under penalty of pe	erjury under the laws of the State of	of Californ	ia that the foregoing is true and	correct.	
				1-11.101		
	Date orginea	01/13/2022	Si	gnature CAUCKU	perare	
	(month, day, year)		(File the originally signe	d paper statement with your filing	official.)



Date Initial Filing Received Filing Official Use Only

riea	ise type or print in ink.			
	E OF FILER (LAST)	(FIRST)	(MIDDLE)	
Ch	nairez	Sydney	Breanne	9
1. (Office, Agency, or Court			***
Ī	Agency Name (Do not use acronyms)			
(Chico Unified School District			
Ī	Division, Board, Department, District, if ap	olicable	Your Position	
	Nutrition Services Department		Nutrition Specialist	
Ī	▶ 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 one box)		
[State		Judge, Retired Judge, Pro Tem Judge, Statewide Jurisdiction)	udge, or Court Commissioner
[Multi-County		County of	
	City of		Other Public School Distric	
3.	Type of Statement (Check at leas	et one box)		
[Annual: The period covered is Janu December 31, 2021.	ary 1, 2021, through	Leaving Office: Date Left(Check one	
	The period covered is December 31, 2021.	_/, through	The period covered is Janual leaving office.	ry 1, 2021, through the date of
	Assuming Office: Date assumed		The period covered is the date of leaving office.	J, through
	Candidate: Date of Election	and office sought	; if different than Part 1:	
4. 3	Schedule Summary (must cor	nplete) ► Total number	of pages including this cover pa	no. 23
	Schedules attached		o. pages melaamy and corer pa	90.
	Schedule A-1 - Investments – sch	edule attached	Schedule C - Income, Loans, & Busines	s Positions – schedule attached
	Schedule A-2 - Investments - sch	edule attached	Schedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property - sch	edule attached	Schedule E - Income – Gifts – Travel Pa	ayments - schedule attached
01	r 🗐 Nono. No remarkable inter	anto no any anto-dula		
	r- <pre>r- None - No reportable inter</pre>	esis on any schedule		
Ī	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public 1163 E. 7th St.	Document) Chico	CA	95928
-	DAYTIME TELEPHONE NUMBER	Onico	EMAIL ADDRESS	93920
((530) 891-3000		schairez@chicousd.org	
	have used all reasonable diligence in pre nerein and in any attached schedules is tr		ewed this statement and to the best of my kr this is a public document.	nowledge the information contained
I	certify under penalty of perjury under	the laws of the State of Califor	nia that the foregoing is true and correct	t.
	Date Signed1/13/202	1	Signature Sydney	haires
	(month, day, year)		(File the priginally signed paper sta	nement with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME	OF FILER (LAST)	(FIR\$T)	(MIDDLE)
	oper	Dustin	TODD
1. 0	office, Agency, or Court		
Ā	gency Name (Do not use acronyr		
	Chico Unified School Distri	•	
D	ivision, Board, Department, District	; if applicable	Your Position
N	Maintenance		Manager
•	If filing for multiple positions, list	below or on an attachment. (Do no	t use acronyms)
Δ	Agency:		Position:
2. J	Jurisdiction of Office (Che	eck at least one box)	
	State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
			Other Public School District
3.	Type of Statement (Check	at least one box)	
	Annual: The period covered is December 31, 2021.	s January 1, 2021, through	Leaving Office: Date Left//(Check one circle.)
	The period covered is December 31, 2021.	s, throu	The period covered is January 1, 2021, through the date of leaving office.
	Assuming Office: Date assur	ned/	The period covered is, through the date of leaving office.
	Candidate: Date of Election	and office so	ught, if different than Part 1:
4. 8	Schedule Summary (mus	t complete) ► Total num	ber of pages including this cover page:
S	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	- I None - No reportable	interests on any schedule	
5. V	erification		
N (L	MAILING ADDRESS STREET Business or Agency Address Recommended	- Public Document)	STATE ZIP CODE
	2455 Carmichael Dr.	Ch	co CA 95928
D	AYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 864-3247		dcopper@chicousd.org
		in preparing this statement. I have es is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained dge this is a public document.
- 1	certify under penalty of perjury	under the laws of the State of Ca	ifornia that the foregoing is true and correct.
	00/0	2/2022	1), //
D	ate Signed 03/03/03/03/03/03/03/03/03/03/03/03/03/0	3/2022 av, vear)	Signature (File the originally signed paper statement with your filing official.)
		· · · · · · · · · · · · · · · · · · ·	A CONTRACTOR OF THE CONTRACTOR

Clear



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Dalby	Caitlin		Marie	
1. Office, Agency, or Court				_
Agency Name (Do not use acronym	98)			
Chico Unified School Distric	et			
Division, Board, Department, District,	if applicable	Your Posit	iion	
Governing Board		Trustee	9	
▶ If filing for multiple positions, list I	pelow or on an attachment. (Do	not use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Che	ck at least one box)			
State			Retired Judge, Pro Tem Jud de Jurisdiction)	ge, or Court Commissioner
Multi-County		County of	of	
City of			Public School District	
3. Type of Statement (Check a				
Annual: The period covered is December 31, 2021.		Leavin	g Office: Date Left(Check one	
The period covered is December 31, 2021 .	, three	ougii	period covered is January ring office.	1, 2021, through the date of
Assuming Office: Date assum	ed/	☐ The	period covered is/_date of leaving office.	, through
Candidate: Date of Election _	and office	sought, if different than F	Part 1:	
4. Schedule Summary (must	complete) ► Total nu	mber of pages incl	uding this cover pag	e: 2
Schedules attached				
Schedule A-1 - Investments	 schedule attached 			Positions – schedule attached
Schedule A-2 - Investments			ncome – Gifts – schedule a	
Schedule B - Real Property	 schedule attached 	Schedule E - Ir	ncome – Gifts – Travel Payı	ments – schedule attached
-or- None - No reportable	interests on any schedule			
5. Verification				l
MAILING ADDRESS STREET		ITY	STATE	ZIP CODE
(Business or Agency Address Recommended - 1163 E. Seventh Street	<u>'</u>	hico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	O /(00020
(530) 891-3000		caitlin.dalby	@chicousd.org	
I have used all reasonable diligence herein and in any attached schedule				wledge the information contained
I certify under penalty of perjury (inder the laws of the State of C	California that the foreg	oing is true and correct.	
Date Signed March	21, 2022	Signature	(File the originally signed paper stater	nent with your filing efficial 3
Another and		28%	A see and seemed before obstant	

SCHEDULE A-1 Investments

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Caitlin M. Dalby

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

	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	Amazon.com, Inc.	Apple, Inc.	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Information Tech & Retail	Consumer Electronics & Software	
	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	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other(Describe)	
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Re	port 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	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	-	-	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$2,000 - \$10,000	
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other	
	(Describe)	(Describe)	
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Re,	port on Schedule C)
		_	
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
		//21//21	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
-	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	FAIR MARKET VALUE \$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	
	Stock Other (Describe)	Stock Other(Describe)	
	Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499	
	☐ Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Re)	port on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	

Comments:



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
DeBock	Laurie	E	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applic	able	Your Position	
Bidwell Jr. High School		Assistant Principal	
▶ If filing for multiple positions, list below or	on an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	st one box)		
State	,	Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of		Other Public School Dist	
3. Type of Statement (Check at least of			
Annual: The period covered is January December 31, 2021.		Leaving Office: Date Left (Check of	
The period covered is/_ December 31, 2021.	, through	·	uary 1, 2021, through the date of
Assuming Office: Date assumed	<i>J</i>		/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must comp Schedules attached	lete) ► Total number	of pages including this cover p	page:
	<u></u>	1.	
Schedule A-1 - Investments – schedu Schedule A-2 - Investments – schedu		Schedule C - Income, Loans, & Busine	
Schedule B - Real Property – schedul		Schedule D - Income - Gifts - schedu Schedule E - Income - Gifts - Travel I	
concern concern		James I moding onto mayor	aymonta schedule attached
-Or- None - No reportable interest	s on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doct	CITY (CITY	STATE	ZIP CODE
2376 North Ave.	Chico	Ca	95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	***************************************
(530) 891-3080		ldebock@chicousd.org	
I have used all reasonable diligence in preparir herein and in any attached schedules is true a	ng this statement. I have review and complete. I acknowledge t	ved this statement and to the best of my link his is a public document.	knowledge the information contained
I certify under penalty of perjury under the			ot.
D. L. C		Jan. 1/	12
Date Signed 1-27-22 (month, day, year)	Si	gnature Tile the originally signed paper	Internet with your filing official.)
1 / ///		I I I I I I I I I I I I I I I I I I I	otomen with your ming outdar.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name

CITY	—
Chico	CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 21
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
LeaseholdOther	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greate interest, list the name of each tenant that is a single source income of \$10,000 or more.	of interest, list the name of each tenant that is a single source income of \$10,000 or more.
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu	blic without regard to your official status. Personal loans an
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme	ercial lending institution made in the lender's regular course
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of t	ercial lending institution made in the lender's regular course blic without regard to your official status. Personal loans an ousiness must be disclosed as follows:
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	ercial lending institution made in the lender's regular course blic without regard to your official status. Personal loans an ousiness must be disclosed as follows:
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of the NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ercial lending institution made in the lender's regular course blic without regard to your official status. Personal loans an ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of the NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	ercial lending institution made in the lender's regular course blic without regard to your official status. Personal loans an ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of the puloans received not received not in a lender's regular received not in a lender's regular received not rece	ercial lending institution made in the lender's regular course blic without regard to your official status. Personal loans an ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of kname of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	ercial lending institution made in the lender's regular course blic without regard to your official status. Personal loans an ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
1290 Wanderer Ln Jessica Ryan 1286 Wanderer Ln Jacob Boulant You are not required to report loans from a comme business on terms available to members of the pu loans received not in a lender's regular course of the purious of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None	Percial lending institution made in the lender's regular course blic without regard to your official status. Personal loans an ousiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Enloe Medical Center	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1531 Esplanade	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Registered Nurse	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
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 properly, 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)	(D. 11)
	(Describe)
Other	Other
	Other(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in t	Other (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender'
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in t to members of the public without regard to your official regular course of business must be disclosed as follow	Other (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
Other	Other



Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.					
NAM	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	
De	e Luna	Amy			Marie	
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District	U. a.b.l.a		V 5 %		
	Division, Board, Department, District, if app	licable		Your Position		
	Marsh Junior High School			Assistant I	Principal	
	▶ If filing for multiple positions, list below	or on an attachment. (Do no	ot use	acronyms)		
	Agency:			Position:		
	Jurisdiction of Office (Check at I	east one box)				
	State			Judge, Retire (Statewide Ju		dge, or Court Commissioner
	Multi-County			County of		
	City of				lic School Distric	
3.	Type of Statement (Check at leas	t one box)				
	Annual: The period covered is Janua December 31, 2021.	ry 1, 2021, through		Leaving Of	fice: Date Left (Check one	circle.)
	The period covered is December 31, 2021 .	<i>J</i> , throu	gh	☐ The peri leaving o		y 1, 2021, through the date of
	Assuming Office: Date assumed			☐ The peri	od covered is/ of leaving office.	//, through
	Candidate: Date of Election	and office so	ught,	if different than Part 1	V	
4.	Schedule Summary (must con	nplete) > Total num	hor	of nages includi	ng this cover pag	no:
	Schedules attached	·Pioto, Piotal num	NGI	or pages includii	ig tills cover pag	ye.
	Schedule A-1 - Investments - sche	dule attached		Schedule C - Incom	e, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - sche	dule attached		Schedule D - Incom	e – Gifts – schedule a	attached
	Schedule B - Real Property - sche	dule attached		Schedule E - Incom	e – Gifts – Travel Pay	yments - schedule attached
-0	or- None - No reportable intere	ests on any schedule				
	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	CITY Document)	′		STATE	ZIP CODE
	2253 Humboldt Rd	Chi	ico		CA	95926
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS		
	(530) 895-4110			adeluna@chico		
	I have used all reasonable diligence in prep herein and in any attached schedules is tru	aring this statement. I have i ie and complete. I acknowle	reviev edge t	ved this statement and this is a public docum	I to the best of my kno ent.	owledge the information contained
	I certify under penalty of perjury under t	he laws of the State of Ca	liforni	ia that the foregoing	is true and correct.	
	Date Signed 2/23/2022		_	(Xu)	1/1	
	Date Signed 2/23/2022 (month, day, year)	——————————————————————————————————————	Si	gnature	he originally signed paper state	errient with your filing official I
	1				A STATE OF THE STA	CONTRACTOR OF THE CONTRACTOR O

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Enserro	Vince		Р
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Child Nutrition		Director of Nutrition	
▶ If filing for multiple positions, list below or on an attach	ment. (Do not use acron	yms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box)		-	
☐ State		Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County of	
City of		Other Public School District	
		outor	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2017, through December 31, 2017.	ough	Leaving Office: Date Left (Check one)	<i>J</i>
The period covered is/	, through	 The period covered is January leaving office. 	/ 1, 2017, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought, if differ	ent than Part 1:	
	Total number of pa	ges including this cover pag	ge:
Schedules attached			
Schedule A-1 - Investments – schedule attached	☐ Sche	dule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule attached		dule D - Income - Gifts - schedule	
Schedule B - Real Property – schedule attached	Sche	dule E - Income – Gifts – Travel Pay	yments – schedule attached
None - No reportable interests on any sche	edule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	Obias	04	05000
2455 Carmichael Dr DAYTIME TELEPHONE NUMBER	Chico E-MAIL	ADDRESS	95928
(530) 8913021		erro@chicousd.org	
I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete	ment. I have reviewed this	s statement and to the best of my kno	owledge the information contained
I certify under penalty of perjury under the laws of the	_	A	
Date Signed 2.22.2022	Signatur	The same of the sa	
(month, day, year)	5	(File the originally signed stateme	ent with your filing official.)



Date Initial Filing Received Filing Official Use Only

	or print in ink.						
NAME OF FILE Gallaty	ER (LAST)	(FIRST)				(MIDDLE)	
		Joseph				Nelson	
	Agency, or C						
	Name (Do not use Unified School	• '					
Division,	Board, Department	, District, if applicable		Your	Position		-
Chico	Unfied School	District		Ass	istant Principal		
► If filin	g for multiple positi	ons, list below or on an attachment.	(Do not use	acronyms)			
Agency:	<u></u>			Posi	tion:		
2. Jurisc	diction of Offic	Ce (Check at least one box)					
State)				ge, Retired Judge, tewide Jurisdiction)	Pro Tem Judge	, or Court Commissioner
Multi-	-County			Cou	inty of		
				Oth	er Public Scho	ol District	
		(Check at least one box)					
	nual: The period condition December 31	overed is January 1, 2021, through , 2021.		Le	aving Office: Date	Left/_ (Check one circ	
	The period of December 31	overed is/	through	-or-	leaving office.	d is January 1,	2021, through the date of
Ass	uming Office: Da	e assumed/			The period covered the date of leaving		, through
Can	didate: Date of El	ection and of	ffice sought,	if different th	an Part 1:		
	lule Summary Jules attache		number	of pages	including this o	cover page:	
[s	Schedule A-1 - Inve	stments – schedule attached		Schedule (C - Income, Loans,	& Business Po	sitions - schedule attached
		stments - schedule attached) - Income – Gifts -		
S	ichedule B - Real i	Property – schedule attached		Schedule E	E - Income - Gifts -	- Travel Payme	nts - schedule attached
-or- 🚜	None - No rep	ortable interests on any sched	ule				
5. Verific	ation						
MAILING A		STREET mmended - Public Document)	CITY		S	TATE	ZIP CODE
	E. Ave.	,	Chico		C	Α	95926
	TELEPHONE NUMBER			EMAIL ADDRES			
) 8913050				chicousd.org		
herein a	nd in any attached	iligence in preparing this statement. schedules is true and complete. I ac	i nave review knowledge t	ved this state his is a publ	ement and to the be- ic document.	st of my knowle	edge the information contained
I certify	under penalty of p	perjury under the laws of the State	of Californi	ia that the f	oregoing is true a	nd correct.	ž
Date Sig	ned	1/13/22 (month, day, year)	Sig	gnature(M Z	and nater statement	with your filing official.)
		1		- 1	I no me originally si	g pypp siatement	man your ming unually.



Date Initial Filing Received

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NAI	ME OF FILER (LAST)	(FIRST)				(MIDDLE)		
G	German	Eric				Johan		
1.	Office, Agency, or Court							
	Agency Name (Do not use acrony)	ns)				-		
	Chico Unified School Distri	ct						
	Division, Board, Department, Distric	t, if applicable		You	r Position			
	N/A			М	aintenand	ce and Operation	ons Manager	
	▶ If filing for multiple positions, list	below or on an attachment.	(Do not use	acronyms)			
	Agency: N/A			Po	sition: N/A			
	Agency.				osition.			
2.	Jurisdiction of Office (Ch	eck at least one box)						
	State				udge, Retired tatewide Jur		idge, or Court Commissio	oner
	Multi-County			C	ounty of			
						c School Distric	ot	
_								
ა.	Type of Statement (Check							
	Annual: The period covered in December 31, 2021.	s January 1, 2021, through			Leaving Offi	ce: Date Left (Check one	circle.)	
	The period covered in December 31, 2021 .	s/	., through		The perion leaving or perion or the period o		y 1, 2021 , through the da	ate of
	Assuming Office: Date assur	med		(od covered isof leaving office.	<i>J</i> , th	rough
	Candidate: Date of Election	and o	ffice sought,	if different	than Part 1			
4.	Cohodula Cummanı /mus	t complete) T (,		41.7	103	
4.	Schedule Summary (mus Schedules attached	it complete) > lota	i number (of page:	s includin	g this cover pag	ge:	
	Schedule A-1 - Investments	s – schedule attached		Schedule	e C - Income	e, Loans, & Business	s Positions - schedule at	tached
	Schedule A-2 - Investments			Schedule	e D - Income	e - Gifts - schedule	attached	
	Schedule B - Real Property	/ - schedule attached		Schedule	e E - Income	e – Gifts – Travel Pa	nyments – schedule attac	ned
-(or- 🔳 None - No reportable	e interests on any sched	lule					
5.	Verification							
	MAILING ADDRESS STREET (Business or Agency Address Recommended		CITY			STATE	ZIP CODE	
	9628 HWy 99 E	,	Los Mo	linos		Са	95966	
	DAYTIME TELEPHONE NUMBER			EMAIL ADD	RESS			
	(530) 624 2547			Egerm	an@chico	ousd.org		
	I have used all reasonable diligence herein and in any attached schedul						owledge the information of	contained
	I certify under penalty of perjury	under the laws of the State	of Californ	ia that the	e foregoing	is true and correct		
		22/22			0	91-		
	Date Signed 2/2	22/22 lay, year)	Si	gnature	Crite th	e originally signed paper stal	new- lement with your filing official)	
	pamil a	· · · · · · · · · · · · · · · · · · ·						



Date Initial Filing Received

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NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
G	underson	John	Allen
1.	Office, Agency, or Cour	t	
	Agency Name (Do not use acro	nyms)	
	Chico Unified School Dis	trict	
	Division, Board, Department, Dist	trict, if applicable	Your Position
			Vice Principal
	▶ If filing for multiple positions,	list below or on an attachment. (Do not us	e acronyms)
	Agency:		Position:
<u> </u>	Jurisdiction of Office (Check at least one box)	
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
	otato		(Statewide Jurisdiction)
	Multi-County		County of
			Other Public School District
3.	Type of Statement (Che		
	Annual: The period covere December 31, 202	d is January 1, 2021, through	Leaving Office: Date Left//(Check one circle.)
	-or- The period covere December 31, 202	d is/, through .1.	The period covered is January 1, 2021, through the date of leaving office.
	Assuming Office: Date as	sumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election	n and office sought	, if different than Part 1:
1.	Schedule Summary (m	ust complete) ► Total number	of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investme	note schodule etteched	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-1 - Investme		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Prope		Schedule E - Income - Gifts - Travel Payments - schedule attached
		•	
-0	or- 🔳 None - No reporta	ble interests on any schedule	
5.	Verification		
	MAILING ADDRESS STRE (Business or Agency Address Recommen		STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	()		
		nce in preparing this statement. I have review dules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perju	ry under the laws of the State of Califor	nia that the foregoing is true and correct.
			11/
	Date Signed		Signature
_	(moni	ih, day, year)	(File the opginally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

MARIO FLER (MAT) Agency Name (Do not use acronyms) Chico Unified School District Division, Beard, Department, District, if applicable Your Position	Ple	ease type or print in ink.			
1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Band, Department, District, if applicable Human Resources If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Relited Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County City or City or Annual: The period covered is January 1, 2021, through December 31, 2021. The period covered is January 1, 2021, through December 31, 2021. Assuming Office: Date assumed // The period covered is January 1, 2021, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: Schedule Summary (must complete) Schedule A1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - Schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule B - Real Property - schedule attached Schedule B - Real Property - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached Schedule B - Income - Gifts - Travel Payments - schedule attached	NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Agency Name (Do not use acronyms) Chico Unified School District Division, Back Department, District, if applicable Human Resources If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State	Н	anlon III	James	Terreno	ce
Chico Unified School District Division, Board, Department, District, if applicable Human Resources ► If Sting for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Judge, Retired Judge, Pro Term Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County	1.	Office, Agency, or Court			
Division, Board, Department, District, if applicable Your Position		Agency Name (Do not use acronyms)			*
Human Resources If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position: Position:		Chico Unified School District			
Position: Position: Posi		Division, Board, Department, District, if applica	ble	Your Position	
Agency:		Human Resources		Assistant Superintendent	
State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewirde Jurisdiction)		▶ If filing for multiple positions, list below or o	n an attachment. (Do not use	acronyms)	
State		Agency;		Position:	
Multi-County	2.	Jurisdiction of Office (Check at leas	t one box)		
City of City of Public School District		State			udge, or Court Commissioner
City of City of Public School District		Multi-County		County of	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through December 31, 2021. The period covered is January 1, 2021, through December 31, 2021. The period covered is January 1, 2021, through December 31, 2021. The period covered is January 1, 2021, through December 31, 2021. The period covered is January 1, 2021, 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 Schedules A1 - 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 Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedules E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedules S					
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The period covered is		Annual: The period covered is January December 31, 2021.			
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Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule None - No reportable interests on any schedule Lip Code MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street DAYTIME TELEPHONE NUMBER (530) 514-2993 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 None - No reportable interests on any schedule CITY STATE ZIP CODE EMAIL ADDRESS jhanlon@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained the period is true and correct. Signature Date Signed 1/14/22 Signature Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached		Schedule A-1 - Investments - schedul	e attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
None - No reportable interests on any schedule None - No		Schedule A-2 - Investments - schedul	e attached		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS jhanlon@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/14/22 Signature		Schedule B - Real Property – schedul	e attached	Schedule E Income – Gifts – Travel Pa	ayments – schedule attached
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS jhanlon@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/14/22 Signature	-0	Or- No reportable interests	s on any schedule		
(Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER (530) 514-2993 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/14/22 Signature Chico CA 95928 EMAIL ADDRESS jhanlon@chicousd.org I have reviewed this statement and to the best of my knowledge the information contained the complete of the state of California that the foregoing is true and correct.	5.	Verification			
1163 East Seventh Street DAYTIME TELEPHONE NUMBER (530) 514-2993 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/14/22 Signature CA 95928 EMAIL ADDRESS jhanlon@chicousd.org FMAIL ADDRESS jhanlon@chicousd.org FMAIL ADDRESS jhanlon@chicousd.org FMAIL ADDRESS jhanlon@chicousd.org Signature FMAIL ADDRESS jhanlon@chicousd.org FMAIL ADDRESS jhanlon@chicousd.org Signature FMAIL ADDRESS jhanlon@chicousd.org FMAIL ADDRESS JANLON ADDRESS JANLON ADDRESS JANLON ADD				STATE	ZIP CODE
jhanlon@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/14/22 Signature Januar T. Hawlor Title			•	CA	95928
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/14/22 Signature Signature				EMAIL ADDRESS	
herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/14/22 Signature Signature					
Date Signed 1/14/22 Signature James T. Hawlor III					nowledge the information contained
Date Signature Signature				ia that the foregoing is true and correc	•
Date Signature Signature		D-4- 0' 1/11/22		James + Ho	mlor III
		Date digited	Si	gnature	



Date Initial Filing Received
Filing Official Use Only

116	ease type or print in ink.		
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
_	lartman	Marie	Wagner
1.	Office, Agency, or Court		
	Agency Name (Do not use acronym	•	
	Chico Unified School Distric		
	Division, Board, Department, District,	if applicable	Your Position
	Fiscal Services		Director, Fiscal Services
	▶ If filing for multiple positions, list b	elow or on an attachment. (Do not	tuse acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Chec	ck 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 a	t least one box)	
	Annual: The period covered is December 31, 2021.		Leaving Office: Date Left/(Check one circle.)
	The period covered is December 31, 2021 .	/, throug	
	Assuming Office: Date assum	ed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sou	ight, if different than Part 1:
4.	Schedule Summary (must	complete) ► Total numb	per of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments		Schedule 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	5000	
	MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	STATE ZIP CODE
	1163 E. 7th St.	Chi	co CA 95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(530) 891-3000		mhartman@chicousd.org
	I have used all reasonable diligence i herein and in any attached schedule		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 u	nder the laws of the State of Cali	fornia that the foregoing is true and correct.
	Date Signed2/22		Signature Maul Harry
_	(month, day	; year)	(File the originally signed paper statement with your liling official.)



Date Initial Filing Received

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Heath	Shawneese	Cunningha	am
I. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, in	applicable	Your Position	
		Elementary Principal- Marigo	ald.
If CR Committee I are 20' and Park I			
► If filing for multiple positions, list be	low or on an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
State		Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	e, or Court Commissioner
Multi County			
Multi-County		County of Rublic School District	
City of		Other Public School District	
3. Type of Statement (Check at	least one box)		
Annual: The period covered is J December 31, 2021.		Leaving Office: Date Left	
-01-		☐ The period covered is January 1	,
December 31, 2021.	, tillough	leaving office.	, ====,
Assuming Office: Date assume	d	The period covered is/_ the date of leaving office.	, through
Condidate: Data of Floation	and office sought	t, if different than Part 1:	
Candidate. Date of Election	and onice sought	, il different triali Fait 1.	
I. Schedule Summary (must	complete) ► Total number	of pages including this cover page	
Schedules attached			
Schedule A-1 - Investments –	schodule attached	Schedule C - Income, Loans, & Business F	ositions – schedule attached
Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule att	
Schedule B - Real Property -		Schedule E - Income – Gifts – Travel Paym	ents - schedule attached
constant D	Soliodalo attachio		
-or- None - No reportable in	nterests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - F	Public Document)		
345 Denali Drive	Chico	CA	95973
DAYTIME TELEPHONE NUMBER (530) 891-3121		sheath@chicousd.org	
	proporing this statement. I have seen	L T	ledge the information contained
I have used all reasonable diligence in herein and in any attached schedules	is true and complete. I acknowledge	ewed this statement and to the best of my know this is a public document.	neage the information contained
I certify under penalty of perjury ur	der the laws of the State of Califor	nia that the foregoing is true and correct.	
		91	11 0
Date Signed 02/07/2		Signature Maurine	se Heath
(month, day,	year)	(File the originally signed paper statement	an wan your ming oncids.)



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received **COVER PAGE**

PΙε	ease type or print in ink.						
NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		
Н	lolen	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			-
					D		
				Assistant	Principal		
	▶ If filing for multiple positions, list be	ow or on an attachment.	(Do not use	acronyms)			
	•			Phys. 144			
	Agency:			Position:			
_ 2.	Jurisdiction of Office (Check	at least one box)					
	State			Udgo Potis	od Judgo Bro Tom Ju	dae or Court Commissions	\ r
	State			(Statewide J	_	dge, or Court Commissione	; 1
	Multi-County			County of			
				-	olic School Distric	:t	
_	City of			Other			_
3.	Type of Statement (Check at	least one box)					
	Annual: The period covered is Japanese 31, 2021.	anuary 1, 2021, through		Leaving O	ffice: Date Left (Check one		
	-or- The period covered is _ December 31, 2021.		_, through	☐ The pe leaving		y 1, 2021, through the date	of
				-or-			
	Assuming Office: Date assumed	I <i></i>			riod covered is e of leaving office.	/, throu	ıgn
	Candidate: Date of Election	and o	office sought,	if different than Part	1:		
4.	Schedule Summary (must o	complete) ► Tota	l number	of pages includ	ing this cover pag	ge:	
	Schedules attached			_		X	
	Schedule A-1 - Investments -	schadula attachad	П	Schedule C - Incor	me. Loans. & Business	Positions – schedule attac	hed
	Schedule A-2 - Investments –				ne – Gifts – schedule		
	Schedule B - Real Property –					yments – schedule attached	d
	Circulate B - Near Property -	scriedule attached		,		,	
-0	or- None - No reportable ir	itoraete on anv echa	dula				
_	Verification	toroata on any aono					
J.	MAILING ADDRESS STREET		CITY		STATE	ZIP CODE	
	(Business or Agency Address Recommended - P	ublic Document)					
	1475 East Avenue		Chico		CA	95926	
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS			
	(530) 891-3050			dholen@chico			
	I have used all reasonable diligence in herein and in any attached schedules					owledge the information cor	ntained
	I certify under penalty of perjury un	der the laws of the Stat	e of Californ	ia that the foregoin	g is true and correct.		
				Vo.	cho.		
	Date Signed January 1		Si	gnature	ma 110ce		
_	(month, day, y	ear)		(File	the originally signed paper state	ement with your filing official.)	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Jones	Scott		Preston	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				•
Chico Unified School District				
Division, Board, Department, District, if	applicable	Your	Position	
		Pe	rsonnel Commissioner	
▶ If filing for multiple positions, list belo	w or on an attachment. (Do r	not use acronyms)		
Agency:		Pos	ition:	
2. Jurisdiction of Office (Check	at least one box)			
State			dge, Retired Judge, Pro Tem Ju atewide Jurisdiction)	idge, or Court Commissioner
Multi-County		Co	unty of	
			ner Public School Distric	
3. Type of Statement (Check at le	east one hov)			
Annual: The period covered is Jai December 31, 2021.		L	eaving Office: Date Left(Check one	
-or- The period covered is December 31, 2021.	, thro	ugh -oı	The period covered is Januar leaving office.	y 1, 2021, through the date of
Assuming Office: Date assumed				/, through
Candidate: Date of Election	and office se	ought, if different t	han Part 1:	
4. Schedule Summary (must conscious Schedules attached	omplete) ► Total nun	nber of pages	including this cover pag	ge:
Schedule A-1 - Investments – s	chedule attached	Schedule	C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – s	chedule attached		D - Income - Gifts - schedule	
Schedule B - Real Property – s	chedule attached	Schedule	E - Income - Gifts - Travel Pa	yments – schedule attached
-or- None - No reportable int	erests on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	CIT lic Document)	Y	STATE	ZIP CODE
1163 E. Seventh Street	Ch	nico	CA	95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRE		-
(530) 781-2339			12@yahoo.com	
I have used all reasonable diligence in p herein and in any attached schedules is				owledge the information contained
I certify under penalty of perjury under	er the laws of the State of Ca	alifornia that the	foregoing is true and correct.	
Date Signed 01/20/20		Signature	Scott Son	les
(month, day, yea	r)		(File the originally signed paper state	ement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

_	ease type or print in ink.			
	ME OF FILER (LAST) Caiser	_(FIRST) Kathleen	(MIDDLE)	h
_		Katilieen	Elizabet	11
1.	Office, Agency, or Court			
	Agency Name (Do not use acronym	•		
	Chico Unified School District			
	Division, Board, Department, District	, if applicable	Your Position	
	Board		Board Vice President	
	▶ If filing for multiple positions, list	below or on an attachment. (Do not u	use acronyms)	
	Agency:		Position;	
<u>-</u>	Jurisdiction of Office (Che	eck at least one box)		
	State		Judge, Retired Judge, Pro Tern Ju (Statewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School Distric	ot
3.	Type of Statement (Check	at least one box)		
	Annual: The period covered is December 31, 2021.		Leaving Office: Date Left(Check one	
	The period covered is December 31, 2021 .	s, through	☐ The period covered is Januar leaving office.	y 1, 2021, through the date of
	Assuming Office: Date assum	ned/	The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office sough	nt, if different than Part 1:	*
4.	Schedule Summary (mus	t complete) ► Total numbe	r of pages including this cover page	ge:
	Schedules attached)3
	Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business	: Positions – schedule attached
	Schedule A-2 - Investments	1	Schedule D - Income - Gifts - schedule	attached
	Schedule B - Real Property	- schedule attached	Schedule E - Income - Gifts - Travel Pa	yments - schedule attached
-(or- None - No reportable	interests on any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	STATE	ZIP CODE
	1163 E. 7th Street	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3000		kkaiser@chicousd.org	
		in preparing this statement. I have review is true and complete. I acknowledge	iewed this statement and to the best of my kno e this is a public document.	owledge the information contained
	I certify under penalty of perjury	under the laws of the State of Califo	rnia that the foregoing is true and correct.	
	Date Signed Jan 19	2022 14. year)	Signature (File the originally signed paper stall	Ament with your filing official.)

SCHEDULE B Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Kathleen Kaiser ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1029 Poppy St. CITY CITY Chico FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$2,000 - \$10,000 /21___ /__/21 ___/_21
ACQUIRED DISPOSED /_ \$10,001 - \$100,000 \$10,001 - \$100,000 ACQUIRED DISPOSED **100,001 - \$1,000,000** \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Ownership/Deed of Trust Easement Ownership/Deed of Trust Easement Leasehold _ IF RENTAL PROPERTY, GROSS INCOME RECEIVED IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$500 - \$1,000 \$500 - \$1,000 **80 - \$499** \$1,001 - \$10,000 \$0 - \$499 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant 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... income of \$10,000 or more. None You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) 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 OVER \$100,000 OVER \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 Guarantor, if applicable Guarantor, if applicable

Comments:

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kathleen Kaiser

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Rush Personnel Services Inc.	-
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
15 Independence Circle	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Election Worker	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Temporary Help	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
s 500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2,)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2,)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2,)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2,)
Sale of	Sale of
(Real property, car, boat, etc.)	(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
	\ <u></u>
(Describe)	(Describe)
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	PERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	



Date Initial Filing Received Filing Official Use Only

Plea:	se type or print in ink.					
	OF FILER (LAST)	(FIRST)			(MIDDLE)	
Kaı	mph	Jessica			Ann	
1. C	Office, Agency, or Court					
A	gency Name (Do not use acronyms,					
-	Chico Unified School District					
D	livision, Board, Department, District, i	applicable		Your Position		
1	Marsh Junior High School			Principal, Marsh J	unior High sc	hool
	If filing for multiple positions, list be	low or on an attachment. (De	o not use	acronyms)		
A	Agency:			Position:		-
2	Jurisdiction of Office (Check	at least one box)	=			
	State			Judge, Retired Judge, (Statewide Jurisdiction)	Pro Tem Judge, o	or Court Commissioner
	Multi-County			County of		
	City of			Other Public Scho	ol District	
3.	Type of Statement (Check at	least one box)				
	Annual: The period covered is J December 31, 2021.	anuary 1, 2021, through		Leaving Office: Date	Left/ (Check one circle	
	-or- The period covered is _ December 31, 2021.	, t	nrough	☐ The period covered leaving office.	d is January 1, 26	021, through the date of
	Assuming Office: Date assume	d <u></u>	·	The period covered the date of leaving		_J, through
	Candidate: Date of Election	and office	sought,	if different than Part 1:		
	Schedule Summary (must	complete) ► Total n	umber	of pages including this o	cover page:	
Ĭ		T W . N		Schedule C - Income, Loans,	9 Duninga Danif	iona achadula attachad
	Schedule A-1 - Investments – Schedule A-2 - Investments –			Schedule D - Income - Gifts -		
	Schedule B - Real Property –			Schedule E - Income - Gifts -		
	Constant D From Fronty	solidate attached			,	
-or	- 🔳 None - No reportable in	nterests on any schedule)			
5. V	erification					
	IAILING ADDRESS STREET		CITY	S	TATE	ZIP CODE
	Business or Agency Address Recommended - F 28 Rose Garden Ct.	<i>'</i>	Chico	С	Δ	95973
_	AYTIME TELEPHONE NUMBER			EMAIL ADDRESS	Λ	30310
(530) 966-6226			jkamph@chicousd.org		
	have used all reasonable diligence in erein and in any attached schedules				st of my knowledg	ge the information contained
1	certify under penalty of perjury un	der the laws of the State of	Californi	a that the foregoing is true a	nd correct.	
D	ate Signed 1/13/	22	61.	6115	1	
ט	ate Signed 1/13/		210	nature (File the originally si	gget pager statement wi	th your filing official.)
				11		-

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

		r print in ink.						
	OF FILER	(LAST)	(FIRST)			(MIDDLE)		
Kee	ene ———		Kristine			D		
1. 0	ffice, A	gency, or	Court					
Ag	gency Na	me (Do not us	se acronyms)					
С	hico U	nified Scho	ol District					
Di	vision, Bo	oard, Departme	nt, District, if applicable		Your Position			
					Director.	State and Federa	l Programs	
-	If filing f	for multiple pos	itions, list below or on an attachment.	(Do not use				
	n ming i	or multiple poc	mone, her below or on an amachment.	(20 1101 1130	o acronyms)			
Α	gency:				Position:			
2. J	urisdic	tion of Of	ICE (Check at least one box)					
	State						dge, or Court Commission	ner
_					(Statewide J	Jurisdiction)		
	Multi-Co	ounty				a		
	City of				Other Pul	blic School Distric	ot	
₹ T	vne of	Statemen	(Check at least one box)					
			covered is January 1, 2021, through		- Landing O	Mean Data Laft	1 1	
	-OI	December			Leaving C	Office: Date Left (Check one		
		The period December	covered is/	through	☐ The pe leaving -or -		y 1, 2021, through the d	ate of
	Assun	ning Office: [Date assumed/			eriod covered is te of leaving office.	/, th	rough
	Candid	date: Date of	Election and	office sought,	if different than Part	1:		
. s	chedu	le Summai	y (must complete) ► Tota	al number	of pages includ	ing this cover pag	ae:	
S	chedu	les attach						
	Sch	edule A-1 - In	vestments - schedule attached		Schedule C - Incom	me, Loans, & Business	Positions - schedule at	tached
	Sch	iedule A-2 - In	vestments - schedule attached		Schedule D - Incom	me - Gifts - schedule	attached	
	Sch	iedule B - Rea	l Property - schedule attached		Schedule E - Incor	me – Gifts – Travel Pa	yments – schedule attac	ned
-or-	· ■ N	one - No re	portable interests on any sche	dule				
i. Ve	erificat	ion						
	AILING ADD		STREET commended - Public Document)	CITY		STATE	ZIP CODE	
		ast 7th Stre		Chico		CA	95928	
DA	AYTIME TEL	EPHONE NUMBE	R		EMAIL ADDRESS			
(530)	891-3000			kkeene@chico	ousd.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.					contained		
l c	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.							
					V	1/		
Da	ate Signe	d	01/19/22	Si	ignature 🔥	mri hu	rc .	
			(month, day, year)		' (File	e the originally signed paper state	ement with your filing official.)	



A PUBLIC DOCUMENT

Date Initial Filing Received

Page - 5

Please type or print in ink

Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
Kisslv	Brandon	Kyle			
. Office, Agency, or Court		*			
Agency Name (Do not use acronyms)		, 0 .			
Chico Unified School District		Assistant Principal			
Division, Board, Department, District, if applic	cable	Your Position			
▶ If filing for multiple positions, list below or	on an attachment. (Do not use ac	acronyms)			
Agency:		Position:			
. 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		Other Public School District			
					
. Type of Statement (Check at least of Annual): The period covered is January December 31, 2021.		Leaving Office: Date Left/(Check one circle.)			
-or-		,			
The period covered is/ December 31, 2021 .	, through	 The period covered is January 1, 2021, through the date of leaving office. -or- 			
Assuming Office: Date assumed		☐ The period covered is/, through the date of leaving office.			
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Schedule Summary (must comp	nlete) > Total number of	names including this seven name.			
Schedules attached	picto, Protai number of	pages including this cover page:			
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Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
Schedule A-2 - Investments – sched		chedule D - Income - Gifts - schedule attached			
Schedule B - Real Property – sched	ule attached	chedule E - Income - Gifts - Travel Payments - schedule attached			
or Mario M					
or- None - No reportable interes	its on any schedule				
. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY cument)	STATE ZIP CODE			
10642 Chayote Dr	Durham	CA 95538			
DAYTIME TELEPHONE NUMBER	EM	MAIL ADDRESS			
(530) 518-7412	\\	Okessin@ di co usd. org			
I have used all reasonable diligence in prepar herein and in any attached schedules is true		t this statement and to the best of my knowledge the information contained is a public document.			
I certify under penalty of perjury under th	e laws of the State of California	that the foregoing is true and correct.			
Date Signed 2-27-27	Signa	ature TY			
(month, day, year)		(File the originally signed paper statement with your filing official.)			
Print Clear		FPPC Form 700 - Cover Page (2021/2 advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca			



Date Initial Filing Received
Filing Official Use Only

Please type o	or print in ink.			
NAME OF FILER	, ,	•	(MIDDLE)	
Kistle	Juli ——-	a 	Marie ————————————————————————————————————	
1. Office, A	Agency, or Court			
	me (Do not use acronyms)			
	nified School District		V 2 W	
	oard, Department, District, if applicable		Your Position	
	s Department		Director	
► If filing	for multiple positions, list below or on an attach	ment. (Do not use	acronyms)	
Agency: _			Position:	
2. Jurisdie	ction of Office (Check at least one box)			
State			Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	udge, or Court Commissioner
☐ Multi-C	ounty		County of	501
			Other Public School District	ot
3. Type of	f Statement (Check at least one box)			
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Assur	ming Office: Date assumed		The period covered is the date of leaving office.	, through
Candi	date: Date of Election	and office sought,	if different than Part 1:	
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	hedule A-2 - Investments - schedule attached		Schedule D - <i>Income – Gifts –</i> schedule Schedule E - <i>Income – Gifts – Travel Pa</i>	
Sci	hedule B - Real Property - schedule attached	L	J deficación E - moome - oms - maver i e	lyments — solleddie attached
-or- 🗌 N	one - No reportable interests on any	schedule		
5. Verificat	tion			
MAILING ADI	DRESS STREET Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	armichael Drive	Chico	CA	95928
	LEPHONE NUMBER	n n	EMAIL ADDRESS	
-) 891-3000		JKistle@chicousd.org	
I have use herein and	d all reasonable diligence in preparing this state in any attached schedules is true and comple	ment. I have review e. I acknowledge t	wed this statement and to the best of my know this is a public document.	owledge the information contained
l certify u	nder penalty of perjury under the laws of th	e State of Californ	ia that the foregoing is true and correct	i.
Date Sign	February 22, 2022 (month, day, year)	Si	gnature ulia M.	Kistle tement with your filips official.
	······································		()	CONTRACTOR OF THE STATE OF THE

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 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//21//21 ACQUIRED DISPOSED	//21
► 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:
//21//21 ACQUIRED DISPOSED	ACQUIRED J_21_ DISPOSED
► 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
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//21	ACQUIRED DISPOSED

Print

Comments: _

Clear



Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.		
NA	MME OF FILER (LAST)	(FIRST)	(MIDDLE)
K	Koll	David	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	District Office		Executive Director Human Resources
	▶ If filing for multiple positions, list below or on a	n attachment. (Do not use	e acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least or	ne box)	
	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 b		
Ο.	Annual: The period covered is January 1, 20 December 31, 2021.		Leaving Office: Date Left/(Check one circle.)
	The period covered is/ December 31, 2021 .	_/, through	☐ The period covered is January 1, 2021, 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	, Proteir Hambor	or pages morating 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 of	n on control of	
_	or- None - No reportable interests or Verification	Tany scriedule	
٠.	MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document	t)	
	1163 East 7th Street DAYTIME TELEPHONE NUMBER	Chico	CA 95928
	(530) 891-300		EMAIL ADDRESS
		nia statement. I hous ravie	dkoll@chicousd.org wed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and		
	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 1-13-2022	6	innatura VAII
	(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received

PI	lease type or print in ink.					
N/	AME OF FILER (LAST)	(FIRST)			(MIDDLE)	
K	Kruger	Jaclyn				
1.	. Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
	Division, Board, Department, District, if a	pplicable		Your Positio	n	
	Business Services			Assistan	t Superintendent	
	▶ If filing for multiple positions, list below	v or on an attachment.	(Do not use	acronyms)		
	Agency:			Position:		
<u>-</u> 2.	Jurisdiction of Office (Check a	t least one box)				
	State	,			tired Judge, Pro Tem J Jurisdiction)	ludge, or Court Commissioner
	Multi-County			County of		
	City of			Other Pu	ıblic School Distri	ct
3.	. Type of Statement (Check at lea					
	Annual: The period covered is January December 31, 2021.	•		Leaving	Office: Date Left (Check on	
	-or- The period covered is December 31, 2021.		through		eriod covered is Janua g office.	ary 1, 2021, through the date of
	Assuming Office: Date assumed _		_	☐ The p	eriod covered is ate of leaving office.	_/, through
	Candidate: Date of Election	and off	ice sought,	if different than Par	t 1;	
4.	Schedule Summary (must co	mplete) ► Total	number	of pages includ	ding this cover pa	ge:
	Schedules attached					
	Schedule A-1 - Investments - sc	nedule attached		Schedule C - Inco	ome, Loans, & Busines	s Positions – schedule attached
	Schedule A-2 - Investments – sci			,	ome – Gifts – schedule	
	Schedule B - Real Property – sci	nedule attached		Schedule E - Inco	ome – Gifts – Travel Pa	ayments – schedule attached
-0	or- None - No reportable inte	rests on any schedu	ıle			
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	c Document)	CITY		STATE	ZIP CODE
	1163 E. Seventh Street	. Document)	Chico		CA	95928
	DAYTIME TELEPHONE NUMBER		Onioo	EMAIL ADDRESS	- O/ (30020
	(530) 891-3000			jkruger@chico	ousd.org	
	I have used all reasonable diligence in pre herein and in any attached schedules is t	paring this statement. I rue and complete. I ack	have review nowledge t	ved this statement a	nd to the best of my kr ment.	nowledge the information contained
	I certify under penalty of perjury under	the laws of the State	of Californi	ia that the foregoi	ng is true and correct	t.
	Date Signed 02/17/22	2	Się	gnature A	chin ?	ugn
	(month, day, year)			(F)	le the orginally signed paper sta	atempal with your filing official.)

California Form 700: Jaclyn Kruger

Statement of Economic Interests 2021

Item 1: Attachment

Agency

Northern California Schools Insurance Group

Butte County Consolidated Oversight Board

North Valley Self Insurance Group

Position

Board Member

Board Member

Alternate Board Member



STATEMENT OF ECONOMIC INTERESTS **COVER PAGE** A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Ple	Please type or print in ink.	
NA	NAME OF FILER (LAST) (MIDDLE) (MIDDLE) M	ichael
1.	1. Office, Agency, or Court	
	Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position	stees
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)	
	Agency: Position:	
2.	2. Jurisdiction of Office (Check at least one box)	
	State Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction)	e, or Court Commissioner
	Multi-County County of	
	City of Other Public School District	
3.	3. Type of Statement (Check at least one box)	
_	Annual: The period covered is January 1, 2021, through December 31, 2021. Leaving Office: Date Left/_ (Check one circ	
	The period covered is/, through December 31, 2021. The period covered is January 1 leaving office.	
	Assuming Office: Date assumed/	, through
	Candidate: Date of Election and office sought, if different than Part 1:	
4.	 Schedule Summary (must complete) ► Total number of pages including this cover page. Schedules attached 	_2_
	Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Po	
	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Paym	
	Schedule B - Real Property – schedule attached	ents - scriedule attached
H	■Or- None - No reportable interests on any schedule	<u>.</u>
5.	5. Verification	
	MAILING ADDRESS STREET CITY STATE (Business or Agency Address Recommended - Public Document)	ZIP CODE
	DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER DAYTIME TELEPHONE NUMBER	75728
	DAYTIME TELEPHONE NUMBER (530) 354 1649 EMAIL ADDRESS FURTH FLANDOR C	hicaus lorg
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowle herein and in any attached schedules is true and complete. I acknowledge this is a public document.	ledge the information contained
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	. 1
	Date Signed Z-16-2077 Signature (File the originally signed paper stateme	ant with your filing official.)
-		

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORN			700 OMMISSION
Name Tom	M	6	nlo

► 1, INCOME RECEIVED	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Nord Country School	Northern Summit Arademy
ADDRESS (Business Address Appeptable)	ADDRESS (Business Address Acceptable)
Preside Education	Public Education
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Torcher	Toachel
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
5554 California St Chico 18973	2301 Balls Ferry Rd, Anderson 96
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$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	PERIOD
* You are not required to report loans from a commercial	lending institution, or any indebtedness created as part of
	ne lender's regular course of business on terms available
	status. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	S:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
Samuel Commence of the Commenc	% Norie
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	resolidi residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	Other(Describe)
N/#	
Comments:	



Date Initial Filing Received Filing Official Use Only

Agency Name (Do not use acronyms) Christopher		or print in ink.						
Agency Name Do not use acronyms Chico Unified School District		, ,					hor	
Agency Name (Do not use acronyms) Chico Unified School District Division, Beard, Department, District, if appicable Educational Services If fling 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						Christopi		
Chico Unified School District Dission, Board, Department, District, if appicable Educational Services Assistant Superintendent If fling 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 Double Department Check at least one box Annual: The period covered is January 1, 2021, through Department 31, 2021. Annual: The period covered is Department Department 31, 2021. Assuming Office: Date assumed Department 31, 2021. Assuming Office: Date of Election Details Department 31, 2021. Schedule Summary (must complete) Total number of pages including this cover page: Schedule Summary (must complete) Total number of pages including this cover page: Schedule B - Roal Property - schedule attached Schedule C - Income - Grits - Schedule attached Schedule B - Roal Property - schedule attached Schedule B - Roal Property - schedule attached Schedule C - Income - Grits - Travel Payments - schedule attached Schedule B - Roal Property - schedule attached Schedule B - Roal Property - schedule attached Schedule B - Roal Property - schedule attached Schedule C - Income - Grits - Travel Payments - schedule attached Schedule B - Roal Property - Schedule B -	-							
Division, Board, Department, District, if applicable Educational Services If filing for multiple positions, list below or on an attachment. (<i>Do not use acronyms</i>) Agency: Position: Position:		•	- ·					
Educational Services If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Resired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of City of Total number of pages including this cover page: Schedule A1 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule A3 - Resired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Leaving Office: Date Left (Check one circle.) The period covered is January 1, 2021, through Leaving Office: Date Left (Check one circle.) The period covered is January 1, 2021, through Leaving Office: Date left (Check one circle.) The period covered is January 1, 2021, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1; Schedule Summary (must complete) Total number of pages including this cover page: Schedule A3 - Investments - schedule attached Schedule A4 - Investments - schedule attached Schedule A7 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Sched					Your Positi	ion		
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:		·	and the approach					
Position: Posi	8		ane liet below or an an attachmen	t (Do not uso	S-	Superintendent		
State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) State Statewide Judge, Pro Tem Judge, or Court Commissioner (Statewide Judge) Statewide Judge, Pro Tem Judge, or Court Commissioner (Statewide Judge) Problem Court Court Commissioner (Statewide) Problem Court	> 11 mm	g for multiple position	ons, list below of on an attachmen	n. (Do not use	acronyms)			
State	Agency:				Position:			
State	2. Jurisd	liction of Offic	C (Check at least one box)					
Multi-County County of County of County of Other Public School District			, ,		Judge, R	Retired Judge. Pro Tem Jud	dae. or Court Commission	er
City of Public School District							-9-,	
3. Type of Statement (Check at least one box) ■ Annual: The period covered is January 1, 2021, through December 31, 2021. -or. The period covered is	Multi-	-County			County o	of		
Annual: The period covered is January 1, 2021, through December 31, 2021. -or- The period covered is, through December 31, 2021. The period covered is, through December 31, 2021. Assuming Office: Date assumed, through the date of leaving office. The period covered is, through the date of leaving office. Or- Candidate: Date of Election, and office sought, if different than Part 1:, through the date of leaving office. Schedule Summary (must complete) Fotal number of pages including this cover page:	City of	of			Other F	Public School Distric	t	
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The period covered is					Leaving	Office: Date Left	11	
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the date of leaving office. Candidate: Date of Election				, through	leav		/ 1, 2021 , through the date	e of
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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 OT- None - No reportable interests on any schedule NAILING ADDRESS (Business or Agency Address Recommended — Public Document) 1163 E. 7TH Street Chico Ca. 95928 DAYTIME TELEPHONE NUMBER (530) 891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed January 13, 2022 Signature	☐ Can	didate: Date of Ele	ection and	office sought,	if different than P	art 1:		-
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Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or- No reportable interests on any schedule None - No reportable interests on any schedule State								ched
None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 E. 7TH Street Chico Ca. 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS jmarchant@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed January 13, 2022 Signature								ed
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 E. 7TH Street Chico Ca. 95928 DAYTIME TELEPHONE NUMBER (530) 891-3000 Jmarchant@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed January 13, 2022 Signature		7,041	roporty domodalo ditadilod			•		
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
McKay	David	Stephen	
1. Office, Agency, o	r Court		
Agency Name (Do not	use acronyms)		
Chico Unified Sch	nool District		
Division, Board, Depart	ment, District, if applicable	Your Position	
		Principal	
▶ If filing for multiple p	ositions, list below or on an attachment. (Do not u	se acronyms)	
Agency:		Position:	
2. Jurisdiction of C	Office (Check at least one box)		
State	, , , , , , , , , , , , , , , , , , ,	Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	or Court Commissioner
Multi-County		County of	
		Other Public School District	
	nt (Check at least one box)		
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	od covered is/, through er 31, 2021.	 The period covered is January 1, 2 leaving office. -or- 	2021, through the date of
Assuming Office:	Date assumed/	The period covered is/ the date of leaving office.	/, through
Candidate: Date	of Election and office sough	nt, if different than Part 1:	
		r of pages including this cover page:	1
Schedules attac	ched		
Schedule A-1 -	Investments - schedule attached	Schedule C - Income, Loans, & Business Posi	itions - schedule attached
Schedule A-2 -	Investments – schedule attached	Schedule D - Income - Gifts - schedule attacl	
Schedule B - R	Peal Property - schedule attached	Schedule E · Income – Gifts – Travel Paymen	its – schedule attached
-or- None - No	reportable interests on any schedule		
5. Verification			
MAILING ADDRESS (Business or Agency Address	STREET CITY Recommended - Public Document)	STATE	ZIP CODE
2376 North Ave	Chico	CA	95928
DAYTIME TELEPHONE NUM		EMAIL ADDRESS	
(530) 891-308	30	dmckay@chicousd.org	
	ble diligence in preparing this statement. I have revi hed schedules is true and complete. I acknowledge		ge the information contained
I certify under penalty	of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.	
Date Signed		Signature Selot	1
Yi .	(monih, day, year)	(File the originally signed paper statement)	with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only **COVER PAGE**

Please type or print in ink.

Moll Andrew James 1. Office, Agency, or Court Agency Name (Do not use ecronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Jurisdiction of Office (Check at least one box) Multi-County County of County of Other Public School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through December 31, 2021. The period covered is Journally of December 31, 2021. The period covered is Journally of December 31, 2021. Assuming Office: Date assumed Journally interests on and office sought, if different than Part 1: 4. Schedule Summary (must complete) Schedule A1 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule D - Income – Gifts – Travel Payments – schedule attached Schedule D - Income	NAME OF FILER (LA	ST) (FIRST)	(MIDDLE)
Chico Unified School District Division, Board, Department, District, if applicable If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency	•		
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Chico Unified School District Division, Board, Department, District, if applicable If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency	Agency Name	(Do not use acronyms)	
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Position: Position: Position:	Division, Board,	Department, District, if applicable	Your Position
Position: Position: Position:			
State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) State Gatewide Jurisdiction)	▶ If filing for m	ultiple positions, list below or on an attachment.	(Do not use acronyms)
State	Agency:		Position:
Multi-County County of County of Other Public School District	2. Jurisdiction	n of Office (Check at least one box)	
City of Other Public School District	State		
City of Other Public School District	Multi-County		County of
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through December 31, 2021. -or- The period covered is, through December 31, 2021. -or- The period covered is, through December 31, 2021. -or- The period covered is, through December 31, 2021. -or- The period covered is, through leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- The period covered is, through the date of leaving office. -or- Though the d			Dublic Cohool District
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Date Initial Filing Received

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NA	ME OF FILER (LAST)	(FIRST)			The state of the s	DDLE)	
N	1orris	John —			N	elson	
1.	Office, Agency, or Court						
	Agency Name (Do not use acronyms)						
	Chico Unified School District						
	Division, Board, Department, District, if ap	plicable		Yo	ur Position		
	Maintenance operations			С	ustodial Manager		
	▶ If filing for multiple positions, list below	or on an attachment. (Do r	not use	acronym	5)		=======================================
	Aganau				141		
	Agency:			P	osition;		
2.	Jurisdiction of Office (Check at	least one box)					
	State				udge, Retired Judge, Pro Statewide Jurisdiction)	Tem Judge	e, or Court Commissioner
	Multi-County				ounty of		
	City of				Public School		
3.	Type of Statement (Check at lease	st one box)					
	Annual: The period covered is Janu December 31, 2021.	•			Leaving Office: Date L	eft/_ heck one cir	
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4.	Schedule Summary (must con	mplete) ► Total nur	nber (of page	s including this co	ver page:	1)
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5.	Verification						
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CIT	ΓY		STA	ΓE	ZIP CODE
	2455 Charmichael Dr		nico		Са		95928
	DAYTIME TELEPHONE NUMBER			EMAIL ADD	RESS		
	(530) 891-3095			jmorris	@chicousd.org		
	I have used all reasonable diligence in pre herein and in any attached schedules is to	paring this statement. I have rue and complete. I acknow	review ledge t	ved this st his is a p	atement and to the best ublic document.	of my knowle	edge the information contained
	I certify under penalty of perjury under	the laws of the State of C	aliforni	ia that th	e foregoing is true and	correct.	.///
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-	(month, day, year)				(File the originally signs	u paper stalemer	it with your tiling official.)



Date Initial Filing Received

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NAME OF F Mullins	ILER (LAST)	(FIRST) Emily			(MIDDLE) Elizabeth	
					Liizabotii	
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	on, Board, Department,			Your Position		
	co Unified School I			Principal		
		ns, list below or on an attachment. ('Do not uso	-		
	iling for multiple position	is, list below of oil all attachment. (DO 1101 1130	acronymay		
Agen	су:			Position:		
2. Juri	sdiction of Office	Check at least one box)				
☐ St	ate			Judge, Retired (Statewide Juri		dge, or Court Commissioner
□ м	ulti-County			County of		
				Other Public	School District	t
3. Typ	e of Statement	Check at least one box)				
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	-or- The period cov December 31,	vered is/, 2021.	through	☐ The periodeleaving of -or-		1, 2021, through the date of
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4. Sch	edule Summary	(must complete) ► Total	number (of pages including	g this cover pag	je:
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	NG ADDRESS ess or Agency Address Recon	STREET	CITY		STATE	ZIP CODE
	ess of Agency Address Recom 38 Arbutus Ave.	иненава - Радис Босатету	Chico		CA	95926
	ME TELEPHONE NUMBER			EMAIL ADDRESS		
(5	30) 891-3119			emullins@chicou	usd.org	
I have	e used all reasonable di n and in any attached s	ligence in preparing this statement. I schedules is true and complete. I ac	have reviev knowledge t	ved this statement and his is a public docume	to the best of my kno nt.	owledge the information contained
I cert	tify under penalty of p	erjury under the laws of the State	of Californ	ia that the foregoing	is true and correct.	
Date	Signed 1/15	L2022	Si	gnature	lully signed paper state	ement with your filing official.)
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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received **COVER PAGE**

A PUBLIC DOCUMENT

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	, ,	(FIRST)	(MIDDLE)	
0	Ontiveros	Richard	Robert	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Transportation		Transportation Supervisor	
	▶ If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)	
	Agency:		Position:	
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2.	Jurisdiction of Office (Check at least one	box)		
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1.	Schedule Summary (must complete)	► Total number	of pages including this cover page	je:
	Schedules attached			
	Schedule A-1 - Investments – schedule atta	ched	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 Pa	yments - 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 Dr	Chico	CA.	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3097		bontiveros@chicousd.org	
	I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			owledge the information contained
	I certify under penalty of perjury under the laws	of the State of Californ	ia that the foregoing is true and correct.	
	Data Signed 01/13/2022	0:		
	Date Signed (month, day, year)	Si	gnature (File the originally signed paper state	ement with your filing official.)
_				

Clear

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Odlum 1. Office, Agency, or Court Agency Name (Do not use acronyms) Principal - Oak Bridge Your Position Chico Unified School District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County County of Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left ____/_ December 31, 2021. (Check one circle.) ☐ The period covered is January 1, 2021, through the date of The period covered is _______ leaving office. December 31, 2021. ☐ The period covered is ____ Assuming Office: Date assumed _____/_ the date of leaving office. and office sought, if different than Part 1:_ Candidate: Date of Election 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Document) I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed** Signature

(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

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 10036 Lott Pdd CITY Durham FAIR MARKET VALUE IF APPLICABLE, LIST DATE; \$2,000 - \$10,000 1,000,000 21 21 21 21 21 21 21	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 887
* 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.	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* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years) "" None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

	ease type or print in ink.						
	WE OF FILER (LAST)	(FIRST)			(MIDDLE)		
_	lsen	Diane	!		Louise		
1.	Office, Agency, or	Court					
	Agency Name (Do not u	ise acronyms)					
	Chico Unified Scho	ool District					
	Division, Board, Departme	ent, District, if applicable		Your Position	on		
				Director	, Student Support S	Services	
	► If filing for multiple po	sitions, list below or on an attachme	ent. (Do not use a	acronyms)			16
	Agency:			Position: _			
<u></u> 2.	Jurisdiction of Of	fice (Check at least one box)					
-	State	,		Uludae Re	etired Judge, Pro Tem Jud	dae or Court Commissi	oner
				_	e Jurisdiction)	230, 01 00uit 00iiiiii33i	0.101
	Multi-County			County of	:		
				Other P	ublic School District	t	
_							
ა.		t (Check at least one box)				a 12	
	Annual: The period December	l covered is January 1, 2021 , throuç 31, 2021 .	jh	∐ Leaving	Office: Date Left(Check one		
		1 covered is/	through		period covered is January ng office.	1, 2021, through the d	ate of
	Assuming Office:	Date assumed/		☐ The	period covered is	, th	rough 1
	Candidate: Date of	Election ar	nd office sought, if	different than Pa	art 1%		
A							
	Schedules attack		otal number o	t pages inclu	ding this cover pag	ie:	
	Schedule A-1 - II	nvestments – schedule attached		Schedule C - Ind	come, Loans, & Business	Positions - schedule a	ttached
	Schedule A-2 - //	nvestments - schedule attached		Schedule D - Ind	come – Gifts – schedule a	attached	
	Schedule B - Re	al Property - schedule attached		Schedule E - Ind	come – Gifts – Travel Pay	ments – schedule attac	hed
	(4						
_		eportable interests on any sc	hedule				
5.	Verification						
	MAILING ADDRESS (Business or Agency Address R	STREET recommended - Public Document)	CITY		STATE	ZIP CODE	
	1163 E 7th Street		Chico		CA	95928	
	DAYTIME TELEPHONE NUMBE			MAIL ADDRESS			
	(530) 891-3000			dolsen@chic		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		e diligence in preparing this stateme ed schedules is true and complete.				wledge the information	contained
	I certify under penalty of	of perjury under the laws of the S	tate of California	that the forego	ing is true and correct	2	
		02/25/2022		/	la.	11.0	
	Date Signed	02/25/2022 (month, day, year)	Sigr	nature	ide the originally signed paper state	monthly your hing official.)	
					The state of the s	Torrest Manager Committee Control (1)	



Date Initial Filing Received

Please type or print in ink.				
NAME OF FILER (LAST) (FIRST)		(MIDDLE)		
Pasillas	Sara	M		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if ap	plicable	Your Position		
Chico High School		Assistant Principal		
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	e acronyms)		
Agency:		Position:		
, gensy,				
2. Jurisdiction of Office (Check at	least one box)			
State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	dge, or Court Commissioner	
Multi-County		County of		
City of		Other Public School District		
- Only of				
3. Type of Statement (Check at lea	st one box)			
Annual: The period covered is January December 31, 2021.	uary 1, 2021, through	Leaving Office: Date Left(Check one		
-or- The period covered is December 31, 2021.	/, through	The period covered is January leaving office.	1, 2021, through the date of	
Assuming Office: Date assumed_		The period covered is/ the date of leaving office.	/, through	
Candidate: Date of Election	and office sough	t, if different than Part 1:		
AND ALL OWNERS OF THE WAY TO A STATE OF THE PARTY OF			We have a superior hard and a superior	
4. Schedule Summary (must co	mplete) ► Total number	r of pages including this cover pag	ie:	
Schedules attached				
Schedule A-1 - Investments – sc	nedule attached	Schedule C - Income, Loans, & Business		
Schedule A-2 - Investments – sc	nedule attached	Schedule D - Income - Gifts - schedule a		
Schedule B - Real Property – sci	nedule attached	Schedule E - Income - Gifts - Travel Pay	ments – schedule attached	
-or- None - No reportable inte	rests on any schedule	AND THE RESIDENCE OF THE PARTY		
5. Verification	OITV	STATE	ZIP CODE	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publi	CITY c Document)			
14 Hillsboro Cir	Chico		95926	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 518-6096		spasillas@chicousd.org	auded as the information contained	
herein and in any attached schedules is	true and complete. I acknowledge			
I certify under penalty of perjury unde	r the laws of the State of Californ	rnia that the foregoing is true and correct.		
Date Signed Jan. 13, 20	22	Signature		
(month, day, year		(File the originally signed paper state	ement with your filing official.)	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Sara M. Pasillas

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1409 Jackson St.			
100 Tait St.	CITY			
CITY				
Gerber, CA 96035	Red Bluff, CA 96080			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 //21 //21			
\$10,001 - \$100,000	\$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Marship/Deed of Trust Easement	Ownership/Deed of Trust Easement			
Leasehold Other	Leasehold Other			
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED			
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000			
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000			
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	income of \$10,000 or more.			
	None			
You are not required to report loans from a commerc	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and			
You are not required to report loans from a commerc business on terms available to members of the publ	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and			
You are not required to report loans from a commero business on terms available to members of the publ loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and asiness must be disclosed as follows:			
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You are not required to report loans from a commero business on terms available to members of the publ loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:			
You are not required to report loans from a commero business on terms available to members of the publ loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable)			
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER			
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and isiness must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE 4.35 None None			
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) 20 year fixed			
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE 4.25 None HIGHEST BALANCE DURING REPORTING PERIOD			

Comments:

SCHEDULE B Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Sara M. Pasillas

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 139 West Lassen #25 CITY CITY Chico, CA 95973 IF APPLICABLE, LIST DATE: FAIR MARKET VALUE IF APPLICABLE, LIST DATE: FAIR MARKET VALUE \$2,000 - \$10,000 \$2,000 - \$10,000 _/**21**__ _ **/21** <u> /21</u> \$10,001 - \$100,000 \$10,001 - \$100,000 DISPOSED ACQUIRED ACQUIRED DISPOSED \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 NATURE OF INTEREST NATURE OF INTEREST Ownership/Deed of Trust Easement Ownership/Deed of Trust Easement Leasehold -Yrs, remaining Yrs. remaining IF RENTAL PROPERTY, GROSS INCOME RECEIVED IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$1,001 - \$10,000 \$500 - \$1,000 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$0 - \$499 OVER \$100,000 OVER \$100,000 \$10,001 - \$100,000 **\$10,001 - \$100,000** SOURCES OF RENTAL INCOME: If you own a 10% or greater SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of interest, list the name of each tenant that is a single source of income of \$10,000 or more. income of \$10,000 or more. None None Justin Downey You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows: NAME OF LENDER* 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 \$1,001 - \$10,000 \$500 - \$1,000 \$1,001 - \$10,000 \$500 - \$1,000 OVER \$100,000 \$10,001 - \$100,000 OVER \$100,000 \$10,001 - \$100,000 Guarantor, if applicable Guarantor, if applicable

Comments:



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

ΙΔΙ	ME OF FILER (LAST) (FIRST)		(MIDDLE)	
1		VERLY	lune a repl	
1.	Office, Agency, or Court	VURU		
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	· · · · · · · · · · · · · · · · · · ·
	PERSONNEL COMMISS	1001	Commission	150
	▶ If filing for multiple positions, list below or on an attachm			
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		Judge, Retired Judge, Pro Tem Judge	ge, 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, 2021, throu	ıgh	Leaving Office: Date Left	<u> </u>
	December 31, 2021 .		(Check one of	
	The period covered is	, through	☐ The period covered is January leaving officeor-	1, 2021, through the date of
	Assuming Office: Date assumed		The period covered is	, through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
4.	Schedule Summary (must complete)	Total number	of pages including this cover page	e: 4
	Schedules attached		er pages meraning and seven pag	
	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business I	Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule a	ttached
	Schedule B - Real Property – schedule attached		Schedule E - Income – Gifts – Travel Payı	nents - schedule attached
_	or- None - No reportable interests on any se	chedule		
5.	Verification	OITM	OTATE	710,0005
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	1163 E 7TH ST	CHICO	- ' \	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	0.00 /
	I have used all reasonable diligence in preparing this statem	ent I have revie	wed this statement and to the best of my know	where the information contained
	herein and in any attached schedules is true and complete	. I acknowledge	this is a public document.	and information contained
	I certify under penalty of perjury under the laws of the	State of Californ	nia that the foregoing is true and correct.	
	1/21	No.	2, 1	
	Date Signed 1/2/2/2020	S	ignature (File the originally signed poor statem	nant with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVER

CALIFORNIA FORM

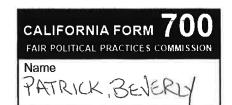
Stoologo ACQUIRED DISPOSED	\$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$10,001 - \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	l lending institution made in the lender's regular course of
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busin	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of 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 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) None
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 TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1720-1722 SHERILA AVE CITY CH CO
business on terms available to members of the public loans received not in a lender's regular course of business.	
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 DVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1519 HEMLOCK ST CITY (H)()	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
	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) % None	INTEREST RATE TERM (Months/Years)
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Guarantor, if applicable Comments:	Guarantor, if applicable

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type	or print in ink.				
NAME OF FILE	R (LAST)	(FIRST)		(MIDDLE)	
Payne		Shanon		Joell	
1. Office,	Agency, or Cou	rt			
Agency N	Name (Do not use acr	onyms)			
Chico	Unified School Di	strict			
Division,	Board, Department, Di	strict, if applicable		Your Position	
Citrus	Elementary			Principal	
► If filing	g for multiple positions	, list below or on an attachment.	(Do not use	acronyms)	
Agency:				Position:	
2. Jurisd	liction of Office	(Check at least one box)			_
State				 Judge, Retired Judge, Pro Tem Judge, or Court Commissions (Statewide Jurisdiction) 	∋ r
Multi-	County			County of	
				Other Public School District	
		eck at least one box)			
		red is January 1, 2021, through		Leaving Office: Date Left/(Check one circle.)	
•	The period cover December 31, 20	red is 1 , 1 , 2021 021.	through	□ The period covered is January 1, 2021, through the date leaving office. -or-	of
Ass	uming Office: Date a	ssumed		The period covered is, through the date of leaving office.	ıgh
Can	didate: Date of Electi	on and	office sought,	if different than Part 1:	
1 School	ula Summany In	nust complete) ► Tota	al mumbar	of name including this savey name	
	lules attached	indst complete) > 70ta	a number (of pages including this cover page:	
□ s	chedule A-1 - Investn	nents - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attack	ched
	chedule A-2 - Investn	nents - schedule attached		Schedule D - Income - Gifts - schedule attached	
	chedule B - Real Pro	perty - schedule attached	7	Schedule E - Income - Gifts - Travel Payments - schedule attache	d
	Mana				
		able interests on any sche	dule		-
5. Verific		REET	CITY	STATE ZIP CODE	
	or Agency Address Recomm		CITY	STATE ZIP CODE	
-	Citrus Ave.		Chico	Ca 95926	
	TELEPHONE NUMBER			EMAIL ADDRESS	
-) 891-3107			spayne@chicousd.org	
		ence in preparing this statement. edules is true and complete. Ta		wed this statement and to the best of my knowledge the information con this is a public document.	ntained
I certify	under penalty of per	jury under the laws of the Stat	te of Californ	ia that the foregoing is true and correct.	
Date Sig	ned 1	.13.2022	Si	gnature Thamm Ecopy	>
24.0 Olg		onth, day, year)	31	(File the originally signed paper statement with your filing official.)	-



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Peyton Jeana Lea 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Coordinator, Special Education ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: Agency: _ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of ■ Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left _____/_ December 31, 2021. (Check one circle.) The period covered is ______, through ☐ The period covered is January 1, 2021, through the date of leaving office. December 31, 2021. -ог-☐ The period covered is ____ 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 C - Income, Loans, & Business Positions – schedule attached | | Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached | | Schedule B - Real Property - schedule attached -or- 🔳 None - No reportable interests on any schedule 5. Verification 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 530) 521-1598 JPEYTON@CHICOUSD.ORG I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 01/14/2022 Date Signed Signature (month, day, year) (File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.			
	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
H	obinson 	Eileen		Lynette
1.	Office, Agency, or (Court		
	Agency Name (Do not use	e acronyms)		
	Chico Unified Schoo	District		Board member
	Division, Board, Departmen	t, District, if applicable		Your Position
	► If filing for multiple posit	ions, list below or on an attachment.	(Do not use	e acronyms)
	Agency:			Position:
 2.	Jurisdiction of Offi	Ce (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
3.	Type of Statement	(Check at least one box)		
		overed is January 1, 2021, through		Leaving Office: Date Left/
	-or- The period o	overed is/	_, through	The period covered is January 1, 2021, through the date of leaving office.
	December 3			-or-
	Assuming Office: Da	ate assumed/		☐ The period covered is/, through the date of leaving office.
	Candidate: Date of E	lection and o	ffice sought,	if different than Part 1:
4.	Schedule Summary	(must complete) ► Tota	l number	of pages including this cover page:
	Schedules attache			
	Schedule A-1 - Inv	estments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
		estments - schedule attached		Schedule D - Income - Gifts - schedule attached
		Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-0)r- 🔳 None - No rep	ortable interests on any sched	dule	
5.	Verification			
	MAILING ADDRESS (Business or Agency Address Reco	STREET	CITY	STATE ZIP CODE
	1372 Manzanita Ave	Chico, Ca.	95926	
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS
	(530) 891-3000			Erobinson@chicousd.org
		diligence in preparing this statement. schedules is true and complete. I a		wed this statement and to the best of my knowledge the information contained this is a public document.
	•	·	_	ia that the foregoing is true and correct.
		-		(O) (R/) //,
	Date Signed	01/27/2022	Si	gnature leen to benoon)
		(month, day, year)	Carti	(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

A PUBLIC DOCUMENT

Date Initial Filing Received **COVER PAGE**

Please type or print in ink.

NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
1	2 odgers	Kimberly	Jeanne	
_	Office, Agency, or Court	3		
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Sierra View Elementary School		Principal	
	▶ If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one	box)		
	State		Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	or Court Commissioner
	Multi-County		County of	
	City of		Other Public School District	
3.	Type of Statement (Check at least one bo			
•	Annual: The period covered is January 1, 20		Leaving Office: Date Left/_	
	December 31, 2021.	, 0	(Check one circ	
	The period covered is/	/, through	☐ The period covered is January 1, leaving office.	2021, 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 complete)	► Total number	of pages including this cover page:	
	Schedules attached			
	Schedule A-1 - Investments – schedule atta	ached	Schedule C - Income, Loans, & Business Pos	sitions - schedule attached
	Schedule A-2 - Investments – schedule atta	ached	Schedule D - Income - Gifts - schedule attack	ched
	Schedule B - Real Property - schedule atta	ached	Schedule E - Income - Gifts - Travel Payme	nts - 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	California	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3117		krodgers@chicousd.org	
	I have used all reasonable diligence in preparing thi herein and in any attached schedules is true and c			dge the information contained
	I certify under penalty of perjury under the laws	of the State of Californ	ia that the foregoing is true and correct.	2
	Date Signed	Si	gnature Kille the originally signed paper statement	with your filing official.)
_	(monin, uay, year)		I have not distributed and the party distributed	· ·



Date Initial Filing Received

Please ty	ype or print in ink.			
	FILER (LAST)	(FIRST)	(MIDDLE)	
Schroo	ck 	Kristen	Joelle	
1. Offic	ce, Agency, or Court			
_	cy Name (Do not use acronyms) co Unified School District			
Divisio	on, Board, Department, District, if applicab	le	Your Position	
Little	e Chico Creek		administrator	
► If	filing for multiple positions, list below or or	an attachment. (Do not use	e acronyms)	
Agen	су:		Position:	
2. Juri	sdiction of Office (Check at least	one box)		_
_	tate	,	 Judge, Retired Judge, Pro Tem Judge, or Court Commissione (Statewide Jurisdiction) 	r
<u> </u>	ulti-County		County of	
☐ Ci	ity of		Other Public School District	
3. Typ	e of Statement (Check at least on	e box)		
	Annual: The period covered is January 1 December 31, 2021.	2021, through	Leaving Office: Date Left//(Check one circle.)	
	The period covered is/_ December 31, 2021.	, through	The period covered is January 1, 2021, through the date leaving officeor-	of
	Assuming Office: Date assumed		The period covered is/, throu the date of leaving office.	gh
	Candidate: Date of Election	and office sought,	if different than Part 1:	
	. Schedule Summary (must complete) ► Total number of pages including this cover page:			
Г	Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attac	hed
	Schedule A-2 - Investments – schedule	attached	Schedule D - Income - Gifts - schedule attached	
L	Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached	i
-or-	None - No reportable interests	on any schedule		
5. Verit	ication			
	IG ADDRESS STREET ess or Agency Address Recommended - Public Docur	CITY	STATE ZIP CODE	
	0 Amanda Way	Chico	CA	
DAYTII	ME TELEPHONE NUMBER		EMAIL ADDRESS	=======================================
`	30) 891-3285		kschrock@chicousd.org	
	e used all reasonable diligence in preparing n and in any attached schedules is true ar		wed this statement and to the best of my knowledge the information con this is a public document.	tained
I cert	ify under penalty of perjury under the I	aws of the State of Californ	nia that the foregoing is true and correct.	
Date :	Signed 1-25-22	s	ignature (File the briginally signed paper stalkament with your filing official.)	
	Response Augusta Facult		A resistant satisfactor of constraint and a second	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
North Rim Adventure Sports	
Name	Name
1768 E. 2nd St.	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one
	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS bike shop	GENERAL DESCRIPTION OF THIS BUSINESS
bike stiop	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 / / 21 / / 21	\$0 - \$1,999 \$2,000 - \$10,000 / /21 / /21
\$2,000 - \$10,000	\$2,000 - \$10,000//21
\$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
YOUR BUSINESS POSITION OWNER	
TOOK BUSINESS FUSITION	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000	
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR 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 Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	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: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000//21/_21	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
	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
	are anather
	tota.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

A PUBLIC DOCUMENT

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 Your Position **Educational Services** Director ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left _____/_ December 31, 2021. (Check one circle.) The period covered is January 1, 2021, through the date of The period covered is ______ through leaving office. December 31, 2021. Assuming Office: Date assumed _____/___/_ The period covered is ____ the date of leaving office. and office sought, if different than Part 1:_____ Candidate: Date of Election 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -Or- No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East 7th St. Chico CA 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530)891-3000 jshepherd@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. 2/28/2022 **Date Signed** Signature (month, day, year) nent with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
SHERIDAN	ERICA	LORRAIN	IE	
1. Office, Agency, or Co	urt			
Agency Name (Do not use ac	cronyms)		 :	
Chico Unified School D	District			
Division, Board, Department, D	District, if applicable	Your Position		
CHICO HIGH		ASSISTANT PRINCIPAL		
► If filing for multiple position	s, list below or on an attachment. (Do not us	e acronyms)		
Agency:		Position:		
2. Jurisdiction of Office	(Check at least one box)			
State		Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	ge, or Court Commissioner	
Multi-County		County of		
		Other Public School District		
3. Type of Statement (C				
December 31, 2	ered is January 1, 2021, through 021 .	Leaving Office: Date Left(Check one of		
The period cove December 31, 2	ered is, through, through	The period covered is January leaving office.	1, 2021, through the date of	
Assuming Office: Date	assumed/	The period covered is/_ the date of leaving office.	, through	
Candidate: Date of Elect	tion and office sought,	if different than Part 1:		
	. Schedule Summary (must complete) Total number of pages including this cover page:			
Schedules attached				
Schedule A-1 - Investi	ments – schedule attached	Schedule C - Income, Loans, & Business F	Positions – schedule attached	
Schedule A-2 - Investi	ments – schedule attached	Schedule D - Income - Gifts - schedule at	tached	
Schedule B - Real Pro	operty – schedule attached	Schedule E - Income - Gifts - Travel Payn	nents – schedule attached	
-or- None - No report	table interests on any schedule			
5. Verification				
	TREET CITY	STATE	ZIP CODE	
(Business or Agency Address Recomm 901 Esplanade	ended - Public Document) Chico	CA	95926	
DAYTIME TELEPHONE NUMBER	Chico	EMAIL ADDRESS	33320	
(530)8913026		esherida@chicousd.org		
I have used all reasonable dilig herein and in any attached sch	pence in preparing this statement. I have review nedules is true and complete. I acknowledge	wed this statement and to the best of my know this is a public document.	vledge the information contained	
I certify under penalty of per	jury under the laws of the State of Californ	nia that the foregoing is true and correct.		
Date digited		ignature duca Suc	eridan	
(m	onth, day, year)	(File the originally signed paper statem	eni with your ning official.)	



Date Initial Filing Received Filing Official Use Only A PUBLIC DOCUMENT

Please type or print in ink.

NA	ME OF FILER (LAST) (FIRST)		(MIDDLE)
	Spaggiari Rei	rel	camille.
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		administration
	Division, Board, Department, District, if applicable		Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	e acronyms)
	A		D. W.
	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, 2021, through		Leaving Office: Date Left/
	December 31, 2021 .		(Check one circle.)
	The period covered is/	through	The period covered is January 1, 2021, through the date of leaving office.
			or- The period covered is/, through
	Assuming Office: Date assumed//	_	the date of leaving office.
	Candidate: Date of Election and offi	ce sought,	, if different than Part 1;
4	Schedule Summary (must complete) ► Total	numbor	of pages including this cover page:
	Schedules attached	iiuiiibei	or pages including this cover page.
			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
	~~*		
-(Dr- None - No reportable interests on any schedu	le	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	1475 East Ave. Cl	uco	Ca 95926
	(530) GGI 3050 V SUAS		EMAIL ADDRESS
	I have used all reasonable diligence in preparing this statement.	have revie	wed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and complete. I ack		
	I certify under penalty of perjury under the laws of the State	of Califorr	nia that the foregoing is true and correct.
	Data Sizzad 1/12/00		V/X 0009 10 11
	Date Signed // 13 / (mindh, day, year)	s	(File the originally figned paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

	ease type or print in ink.			
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
_S	staley 	Kelly	Jan ————————————————————————————————————	
1.	Office, Agency, or Court			
	Agency Name (Do not use acrony	ms)		*
	Chico Unified School Distr	ict		
	Division, Board, Department, District	ct, if applicable	Your Position	
			Superintendent	
	▶ If filing for multiple positions, lis	t below or on an attachment. (Do not	use acronyms)	
	Agency:		Position:	
_			1 SORION	
2.	Jurisdiction of Office (C)	eck at least one box)		
	State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
			Other Public School Dist	rict
3.	Type of Statement (Check			
•	Annual: The period covered December 31, 2021	is January 1, 2021, through	Leaving Office: Date Left (Check of	one circle.)
	-or- The period covered December 31, 2021	is/, through	•	uary 1, 2021, through the date of
	Assuming Office: Date assu	med/	The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office soug	ht, if different than Part 1	
4.	Schedule Summary (mu	st complete) ► Total numb	er of pages including this cover p	page:
	Schedules attached	الس وو		5
	Schedule A-1 - Investment	s – schedule attached	Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
	Schedule A-2 - Investment		Schedule D - Income - Gifts - schedu	ile attached
	Schedule B - Real Propert	y - schedule attached	Schedule E - Income - Gifts - Travel	Payments - schedule attached
_		e interests on any schedule		
5.	Verification	T. OITV	OTATE	710.0005
	MAILING ADDRESS STREE (Business or Agency Address Recommende		STATE	ZIP CODE
	1163 East Seventh Street	Chic		95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3000		kstaley@chicousd.org	
		e in preparing this statement. I have re les is true and complete. I acknowled	viewed this statement and to the best of my ge this is a public document.	knowledge the information contained
	I certify under penalty of perjury	under the laws of the State of Calif	ornia that the foregoing is true and corre	ect.
		y 20, 2022	Signature Illy Jan	Saley
_	(monin,	day, year)	(File Vie originally sighed 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			
Kelly Staley			

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	
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 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2,)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
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 ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Othor
	Other(Describe)
Comments:	



Date Initial Filing Received Filing Official Use Only

-16	ease type or print in ink.			_		
	ME OF FILER (LAST) (FIRST)		(MIDDLE)			
S	tarkey Marj	jie				
l.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
	Division, Board, Department, District, if applicable		Your Position			
	Marigold Elementary		Administrator			
	▶ If filing for multiple positions, list below or on an attachr	ment. (Do not use a	acronyms)			
	Agency:		Position:			
<u> </u>	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, 2021, thro December 31, 2021.	ugh	Leaving Office: Date Left(Check one circle.)			
	The period covered is//////	, through	☐ The period covered is January 1, 2021, 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:			
	Schedule Summary (must complete)	Total number o	f names including this cover name: 1			
	Schedules attached	iotai number o	pages including and 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			
	Mone Mone Manager					
-	Or- None - No reportable interests on any s	cneaule		_		
).	Verification MAILING ADDRESS STREET	CITY	CTATE ZID CODE			
	(Business or Agency Address Recommended - Public Document)	GIT	STATE ZIP CODE			
	2446 Marigold Ave	Chico	CA 95926			
	DAYTIME TELEPHONE NUMBER (530) 891-3121	2.00	MAIL ADDRESS			
			mstarkey@chicousd.org			
	herein and in any attached schedules is true and complete		ed this statement and to the best of my knowledge the information contained is is a public document.			
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
	42 January 2000		Marie Da			
	Date Signed 13 January 2022 (month, day, year)	Sigr	(File the operally signed paper statement with your filing official.)			
_	ş,		Control of the Contro			



Date Initial Filing Received

Please type or print in ink.					
NA	ME OF FILER (LAST) (FIRST)	ľ) (MIDDLE)			
	Steinbach Kellie Ann Iveron				
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Chico Unified School District	Principal			
	Division, Board, Department, District, if applicable	Your Position			
	▶ If filing for multiple positions, list below or on an attach	nment. (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				
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2021, through December 31, 2021.	ough Leaving Office: Date Left/(Check one circle.)			
	The period covered is/	, through			
	Assuming Office: Date assumed/				
	Candidate: Date of Election	and office sought, if different than Part 1:			
4.	Schedule Summary (must complete)	Total number of pages including this cover page:			
	Schedules attached				
	Schedule A-1 - Investments - schedule attached	Schedule 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 (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE			
	473 Paseo Companeros Chico, CA 9	5928			
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
	(530) 891-3110	ksteinbach@chicousd.org			
	ment. I have reviewed this statement and to the best of my knowledge the information contained te. I acknowledge this is a public document.				
		e State of California that the foregoing is true and correct.			
	Date Signed 3/3/2022	Simular Killing CK			
	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.

	ALIFORNIA FORM 700 AIR POLITICAL PRACTICES COMMISSION
[\bar{\bar{\bar{\bar{\bar{\bar{\bar{	lame

	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
	Vanguard	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Investment	
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 III \$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
	Stock (Describe)	Stock Other (Describe)
	Partnership [Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
	☐ Income Received of \$500 or More (Report on Schedule C)	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 403 B	► 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 [\$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
	Stock Other(Describe)	Stack Other(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//21	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	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 Stock Other
	(Describe)	(Describe)
	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	// <u>21</u> // <u>21</u>	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
Cc	omments:	

Print

Clear

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Hudson's Gastropub	Burban Kitchen
Name	Name
2760 Esplanade	1925 Market Pl
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Restaurant	Restuarant
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000/_/21/_/21	\$2,000 - \$10,000//21//21
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT
Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Co-Owner	YOUR BUSINESS POSITION Co-Owner
	FOUR BUSINESS FUSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <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
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 Dustrana Astricture
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	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold — Other — 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
	H

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
437 Paseo Companeros Streeet	
CITY	CITY
Chico, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /21 /21 /21 /21 /21	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
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	\$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.	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 publicans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
business on terms available to members of the publicans received not in a lender's regular course of bunAME OF LENDER*	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the publicans received not in a lender's regular course of bunAME OF LENDER*	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
business on terms available to members of the publicans received not in a lender's regular course of business of Lender* Address (Business Address Acceptable)	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ic without regard to your official status. Personal loans and usiness 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 publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	ic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome
business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	ic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD
business on terms available to members of the publicans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone HIGHEST BALANCE DURING REPORTING PERIOD	ic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD
business on terms available to members of the publicans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Ic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD Stool - \$1,000 \$1,001 - \$10,000



Date Initial Filing Received
Filing Official Use Only

Please type	e or print in ink.				
NAME OF FILI	ER (LAST)	(FIRST)		(MIDD	
Stubbs		Daniel		Ror	nald
I. Office	, Agency, or Cou	rt			
Agency	Name (Do not use acr	onyms)			
Chico	Unified School Di	strict			
Division	Board, Department, Di	strict, if applicable		Your Position	
				Buyer	
16.60	f le l te	P. (1 1	. 12		
► IT TIHI	ig for multiple positions,	, list below or on an attachmen	nt. (Do not u	acronyms)	
Agency	·			Position:	
2. Juriso	diction of Office	(Check at least one box)			
State	e			Judge, Retired Judge, Pro T (Statewide Jurisdiction)	em Judge, or Court Commissioner
Mult	i-County			County of	
				Other Public School D	
100	of Statement (Ch				
Anı	December 31, 20	ed is January 1, <mark>2021,</mark> through 021.	1		llck one circle.)
	-or- The period cover December 31, 20	red is//	through	☐ The period covered is a leaving office.	January 1, 2021, through the date of
Ass	suming Office: Date a	ssumed/			through
☐ Car	ndidate: Date of Election	on and	d office sough	if different than Part 1	
			- cilico coagii	in different than 1 are 1	
. Sched	dule Summary (m	nust complete) ► To	tal numbe	of pages including this cove	er page:
Sche	dules attached				·
	Schedule A-1 - Investm	nents – schedule attached	Γ	Schedule C - Income, Loans, & Bu	siness Positions – schedule attached
_		nents – schedule attached	[Schedule D - Income - Gifts - sch	
_		perty – schedule attached	Ì	Schedule E - Income - Gifts - Tran	
·	Jone da die Dan 1 100	John Schodule attached			
or-	None - No reports	able interests on any sch	adula		
. Verific	- I - Control - Control	Total Interests on any son	- Caulo		
MAILING		REET	OIT!	OTATE	
	or Agency Address Recomme		CITY	STATE	ZIP CODE
	East Seventh St		Chico	CA	95928
	TELEPHONE NUMBER			EMAIL ADDRESS	
(530) 891-3000			dstubbs@chicousd.org	
l have u herein a	sed all reasonable dilige nd in any attached sche	ence in preparing this statemen edules is true and complete. I	t. I have revi	wed this statement and to the best of this is a public document.	my knowledge the information contained
I certify	under penalty of perj	ury under the laws of the St	ate of Califo	ia that the foregoing is true and co	orrect.
	. / .	2 / -		DA	
Date Sig	ined / /	5/22	!	gnature //-	
	(mo	nth, day, year)		(File the originally signed pa	aper statement with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink

	ease type or print in link.			
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
_	ufuentes 	Heather	W	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applica	ble	Your Position	
	Chico Unified		Principal	
	▶ If filing for multiple positions, list below or o	n an attachment. (Do not use	acronyms)	
	Agency:		Position:	
2	Jurisdiction of Office (Check at leas	f one hov)		
	State	. 5.10 20%	Judge, Retired Judge, Pro Tem J	ludge or Court Commissioner
			(Statewide Jurisdiction)	raage, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School Distri	
3.	Type of Statement (Check at least or			
	Annual: The period covered is January of December 31, 2021.	, 2021, through	Leaving Office: Date Left(Check or	
	The period covered is/_ December 31, 2021.	, through	The period covered is Janua leaving office.	ary 1, 2021, through the date of
	Assuming Office: Date assumed	J	The period covered is the date of leaving office.	_/, through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
4.	Schedule Summary (must compl	ete) ► Total number	of pages including this cover page	age:
	Schedules attached			
	Schedule A-1 - Investments - schedul	e attached	Schedule C - Income, Loans, & Busines	ss Positions – schedule attached
	Schedule A-2 - Investments – schedul		Schedule D - Income - Gifts - schedule	e attached
	Schedule B - Real Property – schedul	e attached	Schedule E - Income - Gifts - Travel P	Payments - schedule attached
_	Or- None - No reportable interests	s on any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY (Iment)	STATE	ZIP CODE
	1770 E. 8th St	Chico	CA	95926
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 518-4367	ug this statement. I have ""-	Hsufuentes@chicousd.org	navilada the information contained
	I have used all reasonable diligence in preparir herein and in any attached schedules is true a	•	•	mowleage 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	+
	Date Signed 2/22/22	s	ignature File the originally signed paper si	talement with your filling official 1
_	1		The state of the s	



Date Initial Filing Received
Filing Official Use Only

Plea	ase type or print in ink.		
	E OF FILER (LAST)	(FIRST)	(MIDDLE)
Te	nnis	Matthew	David
1. (Office, Agency, or Court		
7	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicabl	e	Your Position
	Board of Trustees		Trustee
- 1	If filing for multiple positions, list below or on	an attachment. (Do not us	se acronyms)
	Agency: Butte County Water Commiss	sion	Position: Commissioner
,	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 Butte
	City of		Other Public School District
3.	Type of Statement (Check at least one	hovi	
	Annual: The period covered is January 1,	•	Leaving Office: Date Left/
Į.	December 31, 2021.	2021, ##Ough	(Check one circle.)
	The period covered is/_	, through	The period covered is January 1, 2021, through the date of
	December 31, 2021.		leaving officeor-
L	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:			t, if different than Part 1:
1	Schedule Summary (must comple	(a) T-1-1	
	Schedules attached	te) ► lotal numbei	r of pages including this cover page:
•	_	(Net	
	Schedule A-1 - Investments - schedule	[Schedule C - Income, Loans, & Business Positions – schedule attached
	■ Schedule A-2 - Investments – schedule ■ Schedule B - Real Property – schedule	6	Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
	Soliedale B - Near Property - Schedule	attacrieu	osite de la maria della maria
-01	r- None - No reportable interests	on any schedule	
5. \	/erification		
Ī	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE ZIP CODE
	1171 Woodland Ave	Chico	CA 95928
	DAYTIME TELEPHONE NUMBER	Offico	EMAIL ADDRESS
(916) 3163388		matttennis@yahoo.com
l k	have used all reasonable diligence in preparing nerein and in any attached schedules is true and	this statement. I have revided to complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
	certify under penalty of perjury under the la		
	2/1/22		11 1 1
0	Date Signed 2///22		Signature / / / /
	(mdnth, 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 COMMISSION Name

Matthew Tennis

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST	
Tendoor Farming Partnership	Wild Ink Press	
Name	Name	
PO Box 1202, Durham, CA 95938	183 E. 6th St., Chico CA 95928	
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	GENERAL DESCRIPTION OF THIS BUSINESS	
Rice Farming	Stationery design-manufacturing	
FAIR MARKET VALUE	FAIR MARKET VALUE	
➤ 2, IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 \$1,000 - \$1,000	
➤ 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	
Associated Rice Marketing Co-op (ARMCO), Pinnacle Rice, Butte County Rice Growers Assn., Farm Services Agency USDA.	Paper Source, URBN	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY	
Rice Inventory, Land Lease	183 E. 6th St., Chico CA 95928	
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	
7595 Aguas Frias Rd., Durham, CA	Stationery Design-Manufacturing	
Description of Business Activity or 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 \$10,001 - \$100,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000	
Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	
Leasehold Tyrs. 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	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

Matthew Tennis

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7595 Aguas Frias Rd.	183 E. 6th St.
CITY	CITY
Durham, CA	Chico, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	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	Mid-Valley Title and Escrow, 601 Main St., Chico CA 95928 I lending institution made in the lender's regular course of
loans received not in a lender's regular course of busing	without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
	Mid-Valley Title Co.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	601 Main St., Chico, CA 95928
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
	Title and Escrow
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	4 None 15 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
Guarantor, if applicable	Guarantor, if applicable
comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Matthew Tennis

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Lance D. Tennis, Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
806 Westgate Ct., Chico, CA 95926	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Farming	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	\$500 - \$1,000 \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2,)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boal, etc.)
	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 Directors Fee	Other
(Describe)	(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 status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
<u>=</u>	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
[] O v E i V # 100,000	Other(Describe)
	(มิสิริย์แนล)
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Matthew Tennis				

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

For gifts of travel, provide the travel destination	
► NAME OF SOURCE (Not an Acronym) Chico Unified School District	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1163 East 7th St.	ADDRESS (Business Address Acceptable)
CITY AND STATE Chico CA	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CSBA Conference Travel Expenses	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 12 / 1 /21 - 12 / 4 /21 AMT: \$ 1,500.00	DATE(S):// AMT: \$
► 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 Travel/attendance at CA School Boards Assn. conference	Other - Provide Description
► If Gift, Provide Travel Destination San Diego, CA	▶ 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
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Please type of	г рин ин иж.					
NAME OF FILER	, ,	(ST)		(MIDDLE)		
Vincent	J(ohn		Everd		
1. Office, A	gency, or Court					
	me (Do not use acronyms)					
	nified School District			10		
	pard, Department, District, if applicable		Your Pos	sition		
	ion Services		Direct	tor		
► If filing f	for multiple positions, list below or on an atta	chment. (Do not use	e acronyms)			
Agency:			Position			
2. Jurisdic	tion of Office (Check at least one bo	(x)				
State				Retired Judge, Pro Tem Jud ride Jurisdiction)	dge, or Court Commissioner	
Multi-Co	ounty		County	of		
			Other	Public School Distric	t	
	Statement (Check at least one box)					
	il: The period covered is January 1, 2021,	hrough	Leavi	ng Office: Date Left	J	
-01	December 31, 2021.	Ü		(Check one		
-01	The period covered is/	through		ne period covered is January aving office.	y 1, 2021, through the date of	
Assum	ning Office: Date assumed		□ Th	ne period covered is e date of leaving office.	/, through	
Candid	date: Date of Election	and office sought,	if different than	Part 1:		
	. Schedule Summary (must complete) ► Total number of pages including this cover page:					
Schedules attached						
Sch	Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached					
Sch	edule A-2 - Investments - schedule attache	d _		Income - Gifts - schedule		
Sch	edule B - Real Property - schedule attache	d L	Schedule E -	Income – Gifts – Travel Pay	yments – schedule attached	
-or- 🔳 <i>N</i> e	one - No reportable interests on an	y schedule				
. Verificati	ion					
MAILING ADD	RESS STREET Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
· ·	ast Seventh Street	Chico		CA	95928	
DAYTIME TEL	EPHONE NUMBER		EMAIL ADDRESS			
(530)	891-3000		jvincent@c	chicousd.org		
	I all reasonable diligence in preparing this sta in any attached schedules is true and comp				owledge the information contained	
I certify un	der penalty of perjury under the laws of	the State of Californ	ia that the fore	going is true and correct.		
Date Ciarra	a 1/31/22	6 *		X1/)		
Date Signe	(month, day, year)	Si	gnature	(Pilothe originally signed paper state	ement with your filing official.)	
				707		



Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.					
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)			
٧	Veaver	Christopher				
1.	Office, Agency, or Court			<u> </u>		
	Agency Name (Do not use acronyms) Chico Unified School District					
			Versa Danika			
	Division, Board, Department, District, if applicable		Your Position			
	▶ If filing for multiple positions, list below or on a	n attachment. (Do not use	e acronyms)			
	Agency:		Position:			
2.	Jurisdiction of Office (Check at least or	ne box)				
	☐ State		Judge, Retired Judge, Pro Tem ((Statewide Jurisdiction)	Judge, or Court Commissioner		
	Multi-County		County of			
	City of		Other Public School Distr	rict		
_			artificen of			
3.	Type of Statement (Check at least one b	ox)				
	Annual: The period covered is January 1, 20 December 31, 2021.	021, through	Leaving Office: Date Left (Check of	ne circle.)		
	The period covered is/	f through	The period covered is Janual leaving officeor-	ary 1, 2021, 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 complete) ► Total number of pages including this cover page:					
10000	Schedules attached					
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
	Schedule A-2 - Investments – schedule at	tached	Schedule D - Income - Gifts - schedul	e attached		
	Schedule B - Real Property - schedule at	tached	Schedule E - Income - Gifts - Travel F	Payments – schedule attached		
-	Or- None - No reportable interests of	n any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE	ZIP CODE		
	1163 E 7th Street	Chico	CA	95928		
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(530) 891-3100		cweaver@chicousd.org			
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and			knowledge the information contained		
	I certify under penalty of perjury under the law	s of the State of Californ	nia that the foregoing is true and corre	ct.		
	Date Signed 01/13/2022		ignature Christopher Weaver	Digitally signed by Christopher Weaver		
	Date Signed U1/13/2022 (month, day, year)		ignature GTTTStOPHET VVEAVET (File the originally signed paper s	Date: 2022.01.13 12:00:38 -08'00' statement with your filing official.)		
				A Committee of the Comm		

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Officer Use Only

Please type or print in ink

_	ease type or print in link.					
	AME OF FILER (LAST)	(FIRST)		(MIDDLE)		
٧	Vhittaker	Damon		Andrew		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
	Division, Board, Department, District, if applicable		Your F	Position		
			Prin	cipal		
	▶ If filing for multiple positions, list below or on a	n attachment (Do not use				
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:		Positi	on;		
2.	Jurisdiction of Office (Check at least of	ne boxi				
	State	,	Liuda	o Potirod Judgo Pro Tom II	idaa ar Caud Commissioner	
	_ outo			e, Retired Judge, Pro Tem Ju ewide Jurisdiction)	duge, or Court Commissioner	
	Multi-County		Cour	nty of		
	City of			Public School Distric		
2						
J.	Type of Statement (Check at least one to					
	Annual: The period covered is January 1, 20 December 31, 2021.	J21, through	Lea	ving Office: Date Left (Check one		
	The period covered is	_/, through		The period covered is Januar leaving office.	ry 1, 2021, through the date of	
	Assuming Office: Date assumed			The period covered isthe date of leaving office.	J, through	
	Candidate: Date of Election	and office sought,	if different that	an Part 1:		
1.	Schedule Summary (must complete) ► Total number of pages including this cover page:					
	Schedules attached					
	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
	Schedule A-2 - Investments – schedule at	tached	Schedule D	- Income - Gifts - schedule	attached	
	Schedule B - Real Property - schedule at	tached	Schedule E	- Income - Gifts - Travel Pa	yments - schedule attached	
-0	or- None - No reportable interests or	n any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY		STATE	ZIP CODE	
	1475 E. Ave	Chico		CA	95926	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRES			
	(530) 891-3050		dwhittake	r@chicousd.org		
	I have used all reasonable diligence in preparing therein and in any attached schedules is true and	is statement. I have review complete. I acknowledge t	wed this stater	ment and to the best of my kn	owledge the information contained	
	I certify under penalty of perjury under the law	s of the State of Californ	ia that the fo	regoing is true and correct		
	Date Signed 1/19/2022	6:	anat	Damon Wha	40600	
	Date Signed 1/19/2022 (month, day, year)	Si	gnature	(File the originally signed paper stat	tement with your filing official.)	
-	1			, g y organize perpendicul	jee g en.won/	



Date Initial Filing Received
Filing Official Use Only

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Williams	Douglas	James	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			7
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Chico High School		Principal	
▶ If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least on	e box)		
State	,	Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of		Other Public School Distr	
 Type of Statement (Check at least one be Annual: The period covered is January 1, 20 December 31, 2021. 		Leaving Office: Date Left	/
-or- The period covered is/ December 31, 2021.	, through	,	ary 1, 2021, through the date of
Assuming Office: Date assumed			/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must complete Schedules attached) ► Total number	of pages including this cover p	age:
Schedules attached	_	1	
Schedule A-1 - Investments - schedule att		Schedule C - Income, Loans, & Busine	
Schedule R. Paul Preparty ashedule att		Schedule D - Income - Gifts - schedul Schedule E - Income - Gifts - Travel F	
Schedule B - Real Property – schedule att	acned	g deficable E - moomo onto mavor	dymome somedule diadoned
-Or- None - No reportable interests on	any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document, 901 The Esplanade	Chico	CA	95926
DAYTIME TELEPHONE NUMBER	Criico	EMAIL ADDRESS	00020
(530) 891-3027		dwilliams@chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and or			knowledge the information contained
I certify under penalty of perjury under the laws	s of the State of Californ	ia that the foregoing is true and corre	ct.
Date Signed 02/22/2022	Si	gnature Double 4	J'il
(month, day, year)		(File/the originally signed paper s	statement with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME OF FILI	ER (LAST)	(FIRST)	(MIDDLE)	
Yuhnke		Kayla	Ann Marie	
1. Office	, Agency, or Court			
Agency	Name (Do not use acronyms)			
Chico	Unified School District			
Division	Board, Department, District, if applicable	e	Your Position	
			Nutrition Supervisor	
► If filir	ng for multiple positions, list below or on	an attachment. (Do not use	e acronyms)	
Agency	:		Position;	-
2. Juris	diction of Office (Check at least	one box)		
State	9		 Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Jurisdiction) 	
Mult	i-County		County of	
	of		Other Public School District	
	of Statement (Check at least one			_
	nual: The period covered is January 1, December 31, 2021.	•	Leaving Office: Date Left/(Check one circle.)	
	The period covered is8/ December 31, 2021.	2 , 2021 , through	☐ The period covered is January 1, 2021, through the date of leaving office.	
As:	suming Office: Date assumed		☐ The period covered is, through the date of leaving office.	
Cai	ndidate: Date of Election	and office sought,	, if different than Part 1:	-
	dule Summary (must comple	te) ► Total number	of pages including this cover page:	
Sche	dules attached			
	Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached	l
	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- [None - No reportable interests	on any sohodula		
-or- <u> </u> 5. Verific		on any schedule		
-	ADDRESS STREET	CITY	STATE ZIP CODE	
(Business	or Agency Address Recommended - Public Docum	nent)		
	East Seventh St.	Chico	CA 95973	_
	9) 891-3000		Kyuhnke@chicousd.org	
	ised all reasonable diligence in preparing and in any attached schedules is true ar		ewed this statement and to the best of my knowledge the information contain	ned
I certify	under penalty of perjury under the l	aws of the State of Californ	nia that the foregoing is true and correct.	
Date Si	gned 2/23/22 (morth, day, year)	s	Signature (File the originally signed paper statement with your filing official.)	-
	A CONTRACTOR OF THE PARTY OF TH		FPPC Form 700 - Cover Page (202)	/200