Date Initial Filing Received
Official Use Only

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

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Michael Anthony Allen 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Assistant Principal Administration ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County \_\_\_ County of City of \_\_\_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2015, through December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_/\_\_\_\_ leaving office. December 31, 2015. O The period covered is \_\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ Candidate: Election year \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification CITY STATE ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS MAllen@chicousd.org (530) 891-3026 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed . Signature . (month, day, year) (File the originally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	, / (MIDDLE)
	erk H.
1. Office, Agency, or Court	9
Agency Name (Do not use acronyms)	8
Chico Unified School District	
Division, Board, Department, District, if applicable	Your Position
District	Principal
▶ If filing for multiple positions, list below or on an attachment. (Do no	ot use acronyms)
Agency:	
Agency:	Fosition.
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	Other Public School District
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through	Leaving Office: Date Left/
December 31, 2015.	(Check one)
-or- The period covered is	gh O The period covered is January 1, 2015, through the date of
December 31, 2015.	leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election year and office soug	ht, if different than Part 1:
4. Schedule Summary (must complete) ► Total num	ber of pages including this cover page: 0
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-1 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or-	
✓ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	Y STATE ZIP CODE
PO Box 125 Chico	CA 95927
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
( 530 ) 891-3026	mark.beebe@chicousd.org
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
I certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
2/20/16	
Date Signed (month, day, year)	Signature (File the originally signed statement with your filing official.)

**Date Signed** 

(month, day, year)

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Mele Lea Benz 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_ Position: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of \_ ■ Multi-County — Other Chico Unified School District City of \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_ Annual: The period covered is January 1, 2015, through (Check one) December 31, 2015. O The period covered is January 1, 2015, through the date of The period covered is \_ leaving office. December 31, 2015. -or-O The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_ the date of leaving office. and office sought, if different than Part 1: \_\_ Candidate: Election year \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule 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 STATE ZIP CODE CITY MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) CA 95973 Chico 14264 Kansas Ln. E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER mbenz@chicousd.org (530) 891-3117 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CUSD	Lake Elementary
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1163 E. 7th St. Chico, CA 95928	4672 County Road N Orland, CA 95963
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
School District	School District
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Principal	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000
	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
✓ Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	☐ Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
_	Other
Other(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	ev.
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
Section of the Control of the Contro	
OVER \$100,000	Other(Describe)
Comments:	

Date Initial Filing Received Official Use Only

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

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Besnard	Bruce		Robert
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			<del></del>
Shasta Elementary School			
Division, Board, Department, District, if applicable		Your Position	
Chico Unified School District		Principal	
▶ If filing for multiple positions, list below or on an at	tachment. (Do not use acron	yms)	
Agency:		Position:	*
2. Jurisdiction of Office (Check at least one le	oox)		
☐ State		Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County	-	County of	
		Zou Ne ialahachach	I in North Chico
City of		Other Weighton Lace	THE HOLLING CHILD
3. Type of Statement (Check at least one box)			
✓ Annual: The period covered is January 1, 2015,	through [	Leaving Office: Date Left (Check one)	
December 31, 2015.	Il variab		uary 1, 2015, through the date of
The period covered is	, through	leaving office.	
Assuming Office: Date assumed	J	O The period covered is the date of leaving office.	
Candidate: Election year	and office sought, if differen	nt than Part 1:	
4. Schedule Summary (must complete)	► Total number of pa	ges including this cover	page;
Schedules attached			
Schedule A-1 - Investments - schedule attac	hed Sche	dule C - Income, Loans, & Busin	ess Positions - schedule attached
Schedule A-2 - Investments – schedule attac		dule D - Income - Gifts - sched	ule attached
Schedule B - Real Property – schedule attac	hed Sche	dule 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
169 Leora Ct	Chico	CA	95973
DAYTIME TELEPHONE NUMBER	E-MAII	ADDRESS	-
( 530 ) 891-3141	bbe	snard@chicousd.org	
I have used all reasonable diligence in preparing this sherein and in any attached schedules is true and cor	statement. I have reviewed the highest of the highest acknowledge this is	s statement and to the best of my a public document.	knowledge the information contained
I certify under penalty of perjury under the laws of			rect.
Data Starred 02/03/2016	2200	about	
Date Signed	Signatu		atement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received Official Use Only

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

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
В	ettencourt	Jo Ann	F F	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Rosedale Elementary		Principal	
	▶ If filing for multiple positions, list below or on an attack	hment. (Do not ι	use acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box	)	Description of the second of t	
	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
	Multi-County		County of	
	City of		✓ Other Public School District	
_				
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2015, th	rough	Leaving Office: Date Left//	
	December 31, 2015.		(Check one)	
	The period covered is/	, through	<ul> <li>The period covered is January 1, 2015, through the date leaving office.</li> <li>-or-</li> </ul>	of
	Assuming Office: Date assumed		O The period covered is/, through the date of leaving office.	ıgh
	Candidate: Election year	and office sought,	if different than Part 1:	
4.	4. Schedule Summary (must complete) ► Total number of pages including this cover page:			
	Schedules attached			
	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions – schedule attac	hed
	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	i
-(	or-			
	✓ None - No reportable interests on any sch	nedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE	
	1163 E. 7th Street	Chico	CA 95928	
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
	( 530 ) 891-3104			
	I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete	ement. I have rev ete. I acknowledg	viewed this statement and to the best of my knowledge the information cor ge this is a public document.	ntained
	I certify under penalty of perjury under the laws of the	ne State of Califo	ornia that the foregoing is true and correct.	
	Date Signed02/22/2016		Signature W aun Bettencour	+
	(month, day, year)	==)	(File the originally signed statement with your filing official.)	

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Bohannon	Sohn		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Education Services		Director	
▶ If filing for multiple positions, list below or on an a	ttachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	box)		
☐ State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)
☐ Multi-County		County of	)
City of			trict
City of		V Other	
3. Type of Statement (Check at least one box)	).		
Annual: The period covered is January 1, 2015 December 31, 2015.	, through	Leaving Office: Date Left (Check one)	
The period covered is/	, through	<ul> <li>The period covered is Jan leaving office.</li> <li>-or-</li> </ul>	uary 1, 2015, through the date of
Assuming Office: Date assumed			
Candidate: Election year	and office sought, if	different than Part 1:	
4. Schedule Summary (must complete)	► Total number	of pages including this cover	page:
Schedules attached			
Schedule A-1 - Investments – schedule attac	hod	Schedule C - Income, Loans, & Busir	ages Positions schodula attached
Schedule A-2 - Investments - schedule attac		Schedule D - Income - Gifts - sched	
Schedule B - Real Property – schedule attac		Schedule E - Income - Gifts - Travel	
-or-			
✓ <b>None</b> - No reportable interests on any	schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 1163 East Seventh Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	Offico	E-MAIL ADDRESS	
(530) 891-3000		jbohannon@chicousd.org	
I have used all reasonable diligence in preparing this sherein and in any attached schedules is true and cor			knowledge the information contained
I certify under penalty of perjury under the laws of			ect.
Date Signed 2 - 27 - 16		ignature Al M	
(month, day, year)			atement with your filing official.)

Date Initial Filing Received Official Use Only

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

Ple	ease type or print in ink.	
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Boyer Brian	1
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	ſ
	Onico Unified School Pistri	**
	Division, Board, Department, District, if applicable	Your Position
	Chico High School	Agest. Principal
	▶ If filing for multiple positions, list below or on an attachment. (Do no	t use acronyms)
	Agency:	Position:
	rigolioj.	
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	Wother Public School Digwict
_		CHANGE DE LA COMPANION DE LA C
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2015, through	Leaving Office: Date Left/
	December 31, 2015.	(Check one)  O The period covered is January 1, 2015, through the date of
	The period covered is/, throug December 31, 2015.	leaving office.
	Assuming Office: Date assumed/	The period covered is, through
		the date of leaving office.
	Candidate: Election year and office sough	t, if different than Part 1:
4.	Schedule Summary (must complete) ► Total num	ber of pages including this cover page:
	Schedules attached	
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-1 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-(	or-	
	✓ None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
		viiw CA 95928
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
	(520) 891-3026	ployer (2 Chiwo so - ora
	I have used all reasonable diligence in preparing this statement. I have represent and in any attached schedules is true and complete. I acknowle	eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
	I certify under penalty of perjury under the laws of the State of Cal	fornia that the foregoing is true and correct.
	7-22-11-	Rus Burg
	Date Signed	Signature (File the originally signed statement with your filing official.)
	Date Signed	

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Bultema Kevin James 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Your Position Division, Board, Department, District, if applicable **Business Services** Assistant Superintendent, Business Services ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) See Attached See Attached 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ ✓ Other Public School District City of \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. Candidate: Election year \_\_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- ■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3000 kbultema@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. 3-11-16 Date Signed \_ Signature.

(File the originally signed 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

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Bultema Piano Lessons	Basketball Referee
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Piano Lessons	Basketball Referee
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
N/A	Independent Contractor
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 <b>☑</b> \$1,001 - \$10,000	\$500 - \$1,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other Services Provided  (Describe)
(Describe)	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	PROPERTY AND A STATE OF THE STA
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN  None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	☐ None ☐ Personal residence
	☐ None ☐ Personal residence ☐ Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	None Personal residence  Real Property Street address  City
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	☐ None ☐ Personal residence ☐ Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	None ☐ Personal residence     ☐ Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	None ☐ Personal residence     ☐ Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	None ☐ Personal residence     Real Property

California Form 700
Statement of Economic Interests 2014
Item #1Attachment:

Agency:

**Butte Schools Self-funded Programs** 

Bay Area Schools Insurance Cooperative

North Valley Self Insurance Group

Oversight Board of the Successor Agency
Of the Former Redevelopment Agency-Chico

Position:

**Board President** 

**Board Member** 

**Board Member** 

**Board Member** 

Date Initial Filing Received Official Use Only

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

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Caldera	Pedro		Altamirano
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Chico Junior		Principal	
▶ If filing for multiple positions, list below or on a	attachment. (Do not use acro	onyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least or	ue box)	1000100	
☐ State		☐ Judge or Court Commissione	r (Statewide Jurisdiction)
Multi-County		☑ County of Butte	*
☑ City of Chico	3	Utner	
3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20	15, through	Leaving Office: Date Left _	
December 31, 2015.		(Check one)	
-or- The period covered is/	, through	Pality	nuary 1, 2015, through the date of
December 31, 2015.		leaving officeor-	
Assuming Office: Date assumed		The period covered is the date of leaving office	
Candidate: Election year	and office sought, if different	ent than Part 1:	
4. Schedule Summary (must complete	e) ► Total number of p	ages including this cover	page:
Schedules attached			
Schedule A-1 - Investments – schedule at	tached Sch	edule C - Income Loans & Bus	iness Positions – schedule attached
Schedule A-2 - Investments – schedule at		edule D - Income - Gifts - sche	
✓ Schedule B - Real Property – schedule at		edule E - Income - Gifts - Trave	
-or-			
☐ <b>None</b> - No reportable interests on ar	ny schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document 280 Memorial Way	Chico	CA	95926
DAYTIME TELEPHONE NUMBER		IL ADDRESS	200.00 (10.00 p.m.)
(530) 891-3066	рс	aldera@chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	is statement. I have reviewed t complete. I acknowledge this i	his statement and to the best of ns a public document.	ny knowledge the information contained
I certify under penalty of perjury under the law			recy.
00/00/0040			///
Date Signed	Signat		The state of the s
(month, day, year)		(File the originally signed	statement with your filing official.)

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

CALIFORNIA FORM	
Name	
Pedro A. Caldera	

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2272 Holly Avenue	
CITY	CITY
Chico	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   J_J_15   J_J_15    Over \$1,000,000   DISPOSED   DISPOSE	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$1,000,000     ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
<b>▼</b> \$0 - \$499	S0 - \$499 S500 - \$1,000 S1,001 - \$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	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.
Keri Smith	<u> </u>
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of busi	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

Date Initial Filing Received Official Use Only

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

Please type or print in link.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Cavanaugh	Connie		Suzanne
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		***************************************	
Chico Unified School District		_	
Division, Board, Department, District, if applicable		Your Position	
		Director, Fiscal Services	
► If filing for multiple positions, list below or on a	an attachment. (Do not u	ise acronyms)	
The state of the control of the state of the			
Agency: Butte School Self-Funded Prog	grams, JPA	Position: Director	<del> </del>
2. Jurisdiction of Office (Check at least o	ne box)	<u> </u>	
State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County		County of	il
City of		✓ Other Public School Dis	
		V Other	
3. Type of Statement (Check at least one b	box)		Alia) (continue)
Annual: The period covered is January 1, 2	015, through	Leaving Office: Date Left	
December 31, 2015.	and the second second	(Check one)	
-or- The period covered is/	_/, through	127	uary 1, 2015, through the date of
December 31, 2015.		leaving office.	
Assuming Office: Date assumed		<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	
Candidate: Election year	and office sought,	if different than Part 1:	
4. Schedule Summary (must complete	e) ► Total numbe	er of pages including this cover	page: 1
Schedules attached			
Schedule A-1 - Investments - schedule a	ttached	Schedule C - Income, Loans, & Busin	ness Positions – schedule attached
Schedule A-2 - Investments - schedule a	THE RESIDENCE OF THE PARTY OF T	Schedule D - Income - Gifts - sched	
Schedule B - Real Property - schedule a	ttached	Schedule E - Income - Gifts - Travel	Payments - schedule attached
-or-			
✓ None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(530) 891-3000		ccavanaugh@chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	his statement. I have rev complete. I acknowledg	iewed this statement and to the best of my e this is a public document.	knowledge the information contained
I certify under penalty of perjury under the law	vs of the State of Califo	rnia that the foregoing is true and corr	ect.
Data Signal 02/03/2016		and Millie /	mmm
Date Signed (month, day, year)		Signature (File the originally signed st	alement with your filing official.)

Date Initial Filing Received
Official Use Only

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

Please type or print in	ink.				
NAME OF FILER (LAST)		(FIRST)	2		(MIDDLE)
Carver		John		V	Vayne
1. Office, Agency,	or Court				
Agency Name (Do r	not use acronyms)				
Chico Unified S	chool District				
Division, Board, Depart	artment, District, if applicable		Your Position		
			Director M/	O/T	
► If filing for multiple	e positions, list below or on an attachm	ent. (Do not use	e acronyms)		
Agency:			_ Position:		
2. Jurisdiction of	Office (Check at least one box)				
☐ State			☐ Judge or Cou	irt Commissioner (S	tatewide Jurisdiction)
3. <del>00.00</del>			County of		
				ic School Distri	
City of			V Other		
3. Type of Staten	nent (Check at least one box)				
Annual: The pe	eriod covered is January 1, 2015, throu	gh	☐ Leaving Off	ice: Date Left	<u> </u>
	ber 31, 2015.		(Check one)		
The pe	eriod covered is// ber 31, 2015.	, through			ry 1, 2015, through the date of
Assuming Offic	e: Date assumed/			od covered is of leaving office.	, through
Candidate: Elec	ction year and	office sought, if	different than Part 1: _		
4. Schedule Sum	mary (must complete)	Total number	of pages includir	na this cover pa	age; 1
Schedules att					
□ Schadula A-	1 - Investments - schedule attached		Schedule C - Income	e Loans & Busines	s Positions - schedule attached
	2 - Investments – schedule attached		Schedule D - Income		
	Real Property – schedule attached				ayments - schedule attached
-or-					
✓ None - No re	eportable interests on any sched	dule			
5. Verification					
MAILING ADDRESS	STREET ess Recommended - Public Document)	CITY		STATE	ZIP CODE
2455 Carmicha		Chico		CA	95928
DAYTIME TELEPHONE N	UMBER		E-MAIL ADDRESS		2
(530) 624-74	411		jcarver@chicou	sd.org	
I have used all reaso herein and in any att	nable diligence in preparing this statem ached schedules is true and complete.	ent. I have revier I acknowledge	wed this statement and this is a public docume	to the best of my krent.	nowledge the information contained
I certify under pena	Ity of perjury under the laws of the	State of Californ	nia that the foregoing	true and correc	t.
02/03	3/2016	WAPES	Land.	41	Car-
Date Signed 02/03	(month, day, year)	Si	ignature (Fil	le the originally signed stater	ment with your filing official.)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Copper	Dustin		Todd
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District		2	
Division, Board, Department, District, if applicable	*	Your Position	
		M/O Supervisor	•
▶ If filing for multiple positions, list below or on an at	tachment. (Do not use	acronyms)	,
Agency:		Position:	
Agency.		1 conton	11
2. Jurisdiction of Office (Check at least one b	ox)		
☐ State		☐ Judge or Court Commissioner (	Statewide Jurisdiction)
Multi-County		County of	
City of			ioi
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015, December 31, 2015.	through	Leaving Office: Date Left (Check one)	
The period covered is	, through	<ul> <li>The period covered is Janu leaving office.</li> </ul>	ary 1, 2015, through the date of
Assuming Office: Date assumed	<u></u>		_/, through
Candidate: Election year	and office sought, if di	ifferent than Part 1:	
4. Schedule Summary (must complete) Schedules attached	► Total number of	of pages including this cover p	age: 1
Schedule A-1 - Investments – schedule attach	ned 🗆	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – schedule attach		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property – schedule attach		Schedule E - Income - Gifts - Travel I	
-or-			
✓ <b>None</b> - No reportable interests on any s	schedule		
5. Verification	iono adio		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			
2455 Carmichael Dr.	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
( 530 ) 864-3247		dcopper@chicousd.org	
I have used all reasonable diligence in preparing this s herein and in any attached schedules is true and com			knowledge the information contained
I certify under penalty of perjury under the laws of	f the State of California	a that the foregoing is true and corre	9t.
Date Signed	Sig	nature And	
(month, day, year)		(File the originally signed stat	ement with your filing official.)

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Lvnn Crosby Jerry 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Inspire School of Arts and Sciences Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County — County of ✓ Other Public School District City of \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ Annual: The period covered is January 1, 2015, through (Check one) December 31, 2015. The period covered is  $07_{J}01_{I}$ O The period covered is January 1, 2015, through the date of leaving office. December 31, 2015. Assuming Office: Date assumed 07 \_ 01 \_ / O The period covered is \_\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_ Candidate: Election year \_\_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule 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 CITY STATE ZIP CODE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico Ca 95926 E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER icrosby@chicousd.org (530) 891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed \_\_\_\_\_02/03/2016 Signature (File the originally signed statement with your filing official.) (month, day, year)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
DeBock	Laurie	E	English
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Bidwell Jr. High School		Assistant Principal	
► If filing for multiple positions, list below or on a	n attachment. (Do not use a	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least or	ne box)		The state of the s
☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
		✓ Other Public School Distric	
City of		✓ Other	
3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20		Leaving Office: Date Left	1
December 31, 2015.	, 0	(Check one)	
The period covered is/	, through	<ul> <li>The period covered is Janua leaving office.</li> </ul>	ry 1, 2015, through the date of
Assuming Office: Date assumed/	<u></u>	The period covered is the date of leaving office.	J, through
Candidate: Election year	and office sought, if di	fferent than Part 1:	
4. Schedule Summary (must complete	Total number of	f pages including this cover pa	age: 3
Schedules attached	y Protein number o	, pages moraling and cover pe	
Schedule A-1 - Investments - schedule at	tached 🗸	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments – schedule at		Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property – schedule at	tached :	Schedule E - Income - Gifts - Travel Pa	ayments - schedule attached
-or-			
□ None - No reportable interests on ar	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE	ZIP CODE
2376 North Ave.	Chico	Ca	95926
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(530) 891-3080		ldebock@chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	is statement. I have reviewe complete. I acknowledge th	ed this statement and to the best of my ki is is a public document.	nowledge the information contained
I certify under penalty of perjury under the law			t.
Data Signal 02/04/2016	ei	natura XIIIII	M
Date Signed (month, day, year)	Sig	nature (File the originally signed state)	ment 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	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1030 Broadway	1286 & 1290 Wanderer Lane
CITY	CITY
Chico, CA	Chico, CA
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000     ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	✓ Ownership/Deed of Trust
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
S10,001 - \$100,000 OVER \$100,000	✓ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	Cynthia Wysong / Tim & Doreen Denlay
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable
	II
Comments:	

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF COURSE OF INCOME	► 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	GROSS INCOME RECEIVED		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Loan repayment	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other	Other		
(Describe)	(Describe)		
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD CONTROL OF THE		
retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of a ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws:		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
NAME OF LENDER*  ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)  ———————————————————————————————————		
	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)  —		
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years)  —		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years)		

Date Initial Filing Received
Official Use Only

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

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
EDGECOMB	MELINDA	N	MARIE
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CHICO UNIFIED SCHOOL DISTRICT			
Division, Board, Department, District, if applicable	Yo	our Position	
DISTRICT OFFICE	В	SUYER	
▶ If filing for multiple positions, list below or on an atta	chment. (Do not use acronym	ns)	
Agency:	F	Position:	
2. Jurisdiction of Office (Check at least one bo	x)		
☐ State		Judge or Court Commissioner (S	tatewide Jurisdiction)
		County of	
Multi-County		Other Public School Distric	nt .
City of		Other	
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015, to December 31, 2015.	hrough	Leaving Office: Date Left (Check one)	
The period covered is/		<ul> <li>The period covered is Janua leaving office.</li> <li>-or-</li> </ul>	ry 1, 2015, through the date of
Assuming Office: Date assumed		<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	, through
Candidate: Election year	and office sought, if different t	han Part 1:	
4. Schedule Summary (must complete)	► Total number of page	es including this cover pa	ige:
Schedules attached			
Schedule A-1 - Investments - schedule attache	d □ Schedu	ile C - Income, Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments – schedule attache		ile D - Income - Gifts - schedule	attached
☐ Schedule B - Real Property – schedule attache		ile E - Income - Gifts - Travel P	ayments - schedule attached
-or-			
✓ None - No reportable interests on any so	chedule		
5. Verification			0
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 1163 East Seventh Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL AD		
( 530 ) 891-3000	medg	ecomb@chicousd.org	
I have used all reasonable diligence in preparing this standard in any attached schedules is true and comp	atement. I have reviewed this salete. I acknowledge this is a	statement and to the best of my keepublic document.	nowledge the information contained
I certify under penalty of perjury under the laws of			t.
Date Signed02/02/2016	Signature	Melinde	Second
(month day year)		(File the originally signed states	ment with your filing official.)

Please type or print in ink.		х		
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)
Enserro	Joseph	"VINCE"	F	Patrick
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if applicable		Your Position		
Board, Department, etc		Director of Nutrit	tion	
▶ If filing for multiple positions, list below or on an attack	chment. (Do not us	se acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one box	d)	The second secon		<u> </u>
,;	,	☐ Judge or Court Con	missionar (S	tatawida Juriediction)
State			7250	
Multi-County		5400 M 50 / 50 / 50 / 50 / 50 / 50 / 50 /		
City of		✓ Other Public Scl	nool Distri	<u>ct</u>
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2015, th	rough	☐ Leaving Office: □	ate Left	
December 31, 2015.	rough	(Check one)	ato 2011 2	
The period covered is/	, through	<ul> <li>The period cover leaving office.</li> </ul>	ered is Janua	ry 1, 2015, through the date of
Assuming Office: Date assumed/				, through
Candidate: Election year	and office sought, it	f different than Part 1:	A001	
4. Schedule Summary (must complete)	Total number	r of pages including thi	s cover pa	age:
Schedules attached	Total Hambo	or pages meraamig an		<u> </u>
Schedule A-1 - Investments - schedule attached	] t	Schedule C - Income, Loai	ns, & Busines	s Positions - schedule attached
☐ Schedule A-2 - Investments – schedule attached	] •	Schedule D - Income - Git	ts – schedule	attached
☐ Schedule B - Real Property – schedule attached	]	Schedule E - Income – Git	ts – Travel P	ayments - schedule attached
-or-				
✓ None - No reportable interests on any sci	hedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
1163 East Seventh Street	Chico		CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	ONE IN	
(530) 891-3000		Venserro@chicousd.	org	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete	ement. I have reviete. I acknowledge	ewed this statement and to the this is a public dequiment.	best of my k	nowledge the information contained
I certify under penalty of perjury under the laws of the	he State of Califor	rnia that the foregoing is tru	e and correc	t,
Date Signed 02/22/2016	1	Signature	_	
Date Signed(month, day, year)	- '		inally signed state	ment with your filing official.)

Please type or p		(EIDOT)		ANDDER
vame of filer ( German	LASI)	(FIRST) Eric		(MIDDLE) Johan
		LIIC		Johan
	ency, or Court			
1.50	e (Do not use acronyms)			
	fied School District			·
Division, Boa	d, Department, District, if applicable		Your Position	
			M/O Supervisor	
▶ If filing for	multiple positions, list below or on an atta	chment. (Do not use	acronyms)	
			000 000 000 000 000 000 000 000 000 00	
Agency:		14. II	_ Position:	
). Jurisdicti	on of Office (Check at least one bo	x)		
State	on or onioo jonoon actionations as	-7	☐ Judge or Court Commissione	er (Statewide Jurisdiction)
-	A			T (State Made statistically)
	nty			
City of			✓ Other Public School Di	Stilot
3. Type of S	Statement (Check at least one box)			
1.00 A	The period covered is January 1, 2015, tl	nrough	Leaving Office: Date Left .	1 1
Y Amidai.	December 31, 2015.	nough	(Check one)	
-or-	The period covered is	through	O The period covered is Ja	anuary 1, 2015, through the date of
	December 31, 2015.	,	leaving office.	
Assumin	g Office: Date assumed			
			the date of leaving office	
Candida	e: Election year	and office sought, if of	different than Part 1:	
. Schedule	Summary (must complete)	► Total number	of pages including this cove	r page: 1
	es attached	rotal nambor	or pages moraling and cover	pago:
		<u>_</u>		
	dule A-1 - Investments – schedule attache		Schedule C - Income, Loans, & Bus	
	dule A-2 - Investments - schedule attache		] <b>Schedule D -</b> <i>Income – Gifts –</i> sche ] <b>Schedule E -</b> <i>Income – Gifts – Trav</i>	
-or-	dule B - Real Property - schedule attache		Schedule E = Illcome - Gins - Trav	ei rayments – scriedule attached
	<ul> <li>No reportable interests on any so</li> </ul>	hodulo		
		nedule		
MAILING ADDRE		CITY	STATE	ZIP CODE
(Business or Age	ncy Address Recommended - Public Document)			
	michael Dr.	Chico	CA	95928
	PHONE NUMBER		E-MAIL ADDRESS	
199)	624-2547		egerman@chicousd.org	
	Il reasonable diligence in preparing this sta any attached schedules is true and comp			ny knowledge the information contain
I certify und	er penalty of perjury under the laws of	he State of Californ	ia that the foregoing is true and co	rrect.
	02/03/2016	125	Sin XI	2/3/16
Date Signed	(month, day, year)	Si	gnature	statement with your filing official.)

Date Initial Filing Received Official Use Only

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

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Govan	Reginald	Bruce
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	Your Pos	sition
Administration	Assist	ant Principal
► If filing for multiple positions, list below or on a	n attachment. (Do not use acronyms)	
Agency:	Position	P4
2. Jurisdiction of Office (Check at least of	ne box)	
☐ State	☐ Judge	or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	☐ County	of
City of		Public School District
City of		
3. Type of Statement (Check at least one b	ox)	
Annual: The period covered is January 1, 20	015, through	ng Office: Date Left/
December 31, 2015.		k one)
The period covered is/	, unough	e period covered is January 1, 2015, through the date of aving office.
Assuming Office: Date assumed/	O Th	e period covered is/, through
Candidate: Election year	and office sought, if different than Pa	irt 1:
4. Schedule Summary (must complete	e) ► Total number of pages inc	cluding this cover page:
Schedules attached		namy and cord page.
Schedule A-1 - Investments - schedule at	tached Schedule C -	Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule at	tached Schedule D -	Income - Gifts - schedule attached
Schedule B - Real Property - schedule at	tached Schedule E -	Income - Gifts - Travel Payments - schedule attached
-or-		
☐ None - No reportable interests on ar	ny schedule	
5. Verification	54.4L	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE ZIP CODE
3505 Bell Rd	Chico	Ca 95973
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
(530) 343-8990	rgovan@cl	nicousd.org
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and		ent and to the best of my knowledge the information contained locument.
I certify under penalty of perjury under the law	s of the State of California that the fore	going is true and correct.
Date Signed 02/29/2016	Signature	Ky hour
(month, day, year)		(File the priginally signed statement with your filing official.)

Date Initial Filing Received Official Use Only

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

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GRAULICH	JULIE	ANNE
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
NVSIG RISK MANAGEMENT COMMITTEE		Member
► If filing for multiple positions, list below or on an attach	ment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)		
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	¥	County of
Multi-County		
City of		Other Public School District
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2015, thro December 31, 2015.	ugh	Leaving Office: Date Left/(Check one)
-or- The period covered is/	, through	O The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Election year and	d office sought, if	different than Part 1:
4. Schedule Summary (must complete)	Total number	r of pages including this cover page: 2
Schedules attached		
Schedule A-1 - Investments – schedule attached	-	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-Or-	<u>,                                    </u>	
☐ <b>None</b> - No reportable interests on any sche	dule	
5. Verification	caio	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)		
1163 E. 7th Street	Chico	CA 95969
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
( 530 ) 891-3000		jgraulich@chicousd.org
I have used all reasonable diligence in preparing this staten herein and in any attached schedules is true and complete		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of the	State of Californ	nia that the foregoing is true and correct.
Date Signed	9	Signature Delie A. Traulich
(month, day, year)		(File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Julie Anne Graulich

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
  or the "Speech" box if you made a speech or participated in a panel. These payments are not
  subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

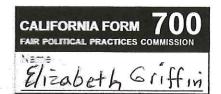
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Keenan & Associates	Hanna & Brophy
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
P.O. Box 1538	3100 Zinfandel Drive, Suite 400
CITY AND STATE	CITY AND STATE
Rancho Cordova, CA	Rancho Cordova, CA
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Conference - NVSIG Risk Mgmt. Member	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Conference - NVSIG Risk Mgmt. Member
DATE(S): 09 / 16 / 15 - 09 / 18 / 15 AMT: \$200.00	DATE(S): 09 / 15 / 15 - / AMT: \$ 100.00
► MUST CHECK ONE: ☑ Gift -or- ☐ Income	► MUST CHECK ONE:
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description  Meals	Other - Provide Description  Meals
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
South Lake Tahoe, CA	South Lake Tahoe, CA
► NAME OF SOURCE (Not an Acronym)  North Valley School Insurance Group	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2868 Prospect Park Drive, Suite 600	
CITY AND STATE	CITY AND STATE
Rancho Cordova, CA	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Conference - NVSIG Risk Mgmt. Member	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 18 / 15 - / / AMT: \$ 109.61	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
Mileage Reimbursement	
► If Gift, Provide Travel Destination South Lake Tahoe, CA	► If Gift, Provide Travel Destination
Comments:	

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. (MIDDLE) NAME OF FILER Elizabeth 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) State County of \_ Multi-County \_\_\_\_\_ Doller Board of Trustees, Chico Unified School City of \_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_ (Check one) December 31, 2015. O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_\_, through December 31, 2015. O The period covered is \_\_\_ Assuming Office: Date assumed \_\_\_\_\_ the date of leaving office. and office sought, if different than Part 1: \_\_ Candidate: Election year \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_\_\_ Schedules attached Schedule 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 None - No reportable interests on any schedule 5. Verification (Business or Agency Address Recommended - Public Document) E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER 530-864-0549 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. certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

#### Investments, Income, and Assets of Business Entitles/Trusts (Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST
B. L. Griffin Co.
Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ဩ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS  CONTRACTING TWIM  FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  SO - \$1,999 \$2,000 - \$10,000 \$\$2,000 - \$10,000 \$\$10,001 - \$100,000 \$\$100,001 - \$1,000,000 \$\$100,001 - \$1,000,000 \$\$Over \$1,000,000  NATURE OF INVESTMENT  Partnership Sole Proprietorship Corporation  YOUR BUSINESS POSITION SPOUSE of DWNEY
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)  \$0 - \$499
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Name of Business Entity, if Investment or Assessor's Parcel Number or Street Address of Real Property.
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE LIST DATE
NATURE OF INTEREST Property Ownership Deed of Trust Stock Partnership
Leasehold Cther
Trs. remaining  Check box if additional schedules reporting invasoments on the process are attached.

► 1. BUSINESS ENTITY OR TRUST

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



ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  620 Sycamore St.	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  1427 Sun Set Ave,  CITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$1,000,000  \$100,001 - \$1,000,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$1,000,000  Over \$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  OVER \$100,000  SOURCES OF RENTAL INCOME: If you own a 10% or greater	NATURE OF INTEREST  Ownership/Deed of Trust  Leasehold
interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None  Michael Polsan	interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None  None  None  None  None  None  None  None  None
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
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)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Hanlon III	James	§	Γ.
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			<del></del>
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Board, Department, etc		Assistant Superintendent	- Human Resources
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acro	onyms)	
Agency:		Position:	
0 1 1 1 1 1 1 1 0 1	·	endar and an analysis and an a	
2. Jurisdiction of Office (Check at least one	box)		
☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
City of		Other Public School Distri	ct
3. Type of Statement (Check at least one box	)		
Annual: The period covered is January 1, 2015 December 31, 2015.	5, through	Leaving Office: Date Left (Check one)	
The period covered is	, through	<ul> <li>The period covered is Janua leaving office.</li> <li>-or-</li> </ul>	ry 1, 2015, through the date of
Assuming Office: Date assumed/		O The period covered is the date of leaving office.	J, through
Candidate: Election year	and office sought, if different	ent than Part 1:	
4. Schedule Summary (must complete)	Total number of a	savas instrudinas this savas no	
Schedules attached	► Total number of p	ages including this cover pa	ige
Schedule A-1 - Investments – schedule atta	ched Sch	edule C - Income, Loans, & Busines	s Positions – schedule attached
Schedule A-2 - Investments – schedule atta		edule D - Income - Gifts - schedule	
Schedule B - Real Property – schedule atta		edule E - Income - Gifts - Travel Pa	
-or-			
✓ None - No reportable interests on any	schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	OL:	0.4	05000
1163 East Seventh Street  DAYTIME TELEPHONE NUMBER	Chico	IL ADDRESS	95928
	200		
( 530 ) 891-3000		nlon@chicousd.org	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co			nowledge the information contained
I certify under penalty of perjury under the laws	of the State of California th	at the foregoing is true and correc	t./ /
Date Signed	Signate	ure James 1-th	anlon
(month, day, year)		(File the originally signed state)	nent with your filing official.)

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Heath Shawneese Cunningham 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Marigold Elementary School Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_ Position: 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ ✓ Other Chico Unified School District City of \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2015, through December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_/\_\_\_/ leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_ the date of leaving office. Candidate: Election year \_\_\_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) Chico 2446 Marigold Avenue CA 95926 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3121 sheath@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/05/2016

Signature.

(month, day, year)

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

Date Initial Filing Received
Official Use Only

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

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Holderman	Brian		Scott
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
		Principal	
► If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)	
Agency:		Position:	
Agency.		T CONTONIA	
2. Jurisdiction of Office (Check at least on	e box)		
☐ State		☐ Judge or Court Commissioner (	Statewide Jurisdiction)
Multi-County		County of	
City of		✓ Other Public School	
3. Type of Statement (Check at least one bo	ox)		
Annual: The period covered is January 1, 20 December 31, 2015.		Leaving Office: Date Left (Check one)	
-or- The period covered is/	/, through	The contraction of the contracti	ary 1, 2015, through the date of
Assuming Office: Date assumed/			/, through
Candidate: Election year	_ and office sought, if d	ifferent than Part 1:	
4. Schedule Summary (must complete	) ► Total number o	of pages including this cover p	page:
Schedules attached			
Schedule A-1 - Investments - schedule att	ached $\Box$	Schedule C - Income, Loans, & Busine	ess Positions - schedule attached
Schedule A-2 - Investments - schedule att	ached $\square$	Schedule D - Income - Gifts - schedu	le attached
Schedule B - Real Property - schedule att	ached $\square$	Schedule E - Income - Gifts - Travel I	Payments – schedule attached
-or-			
✓ None - No reportable interests on an	y schedule		题是别与4. 在4. 生活的
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	A 5 TO A	E-MAIL ADDRESS	
( 530 ) 891-3119		bholderm@chicousd.org	
I have used all reasonable diligence in preparing thin herein and in any attached schedules is true and continued in the schedules in the schedules is true and continued in the schedules in the	s statement. I have review	ed this statement and to the best of my	knowledge the information contained
I certify under penalty of perjury under the laws			ct.
Date Signed 2,2.16 (month, day, year)	Sig	nature (File the originally signed state	ement with your filing official.)

Date Initial Filing Received Official Use Only

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

Please type or print in ink.			
NAME OF FILER (LAST) (	FIRST)		(MIDDLE)
Holen	Deanna		Lynn
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Pleasant Valley High School		Assistant Principal	
▶ If filing for multiple positions, list below or on an attachmen	nt. (Do not use acron	yms)	
Agency:		Position:	
		107 C 112 C 112 C	
2. Jurisdiction of Office (Check at least one box)			
☐ State		Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
City of		Other Public School Distri	ct
3. Type of Statement (Check at least one box)	4/9		
Annual: The period covered is January 1, 2015, through December 31, 2015.		Leaving Office: Date Left (Check one)	<i></i>
The period covered is	, through	O The period covered is Janua leaving office.	ary 1, 2015, through the date of
Assuming Office: Date assumed	<del>,</del> .	<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	_/, through
Candidate: Election year and of	fice sought, if differer	it than Part 1:	
4. Schedule Summary (must complete) ► To	tal number of pa	ges including this cover pa	age:
Schedules attached			
Schedule A-1 - Investments – schedule attached	☐ Sche	dule C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Sche	dule D - Income - Gifts - schedule	e attached
Schedule B - Real Property – schedule attached	Sche	dule E - Income – Gifts – Travel P	ayments - schedule attached
-or-			
✓ None - No reportable interests on any schedu	le		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 1475 East Avenue	Chico	CA	95926
DAYTIME TELEPHONE NUMBER		ADDRESS	00020
( 530 ) 891-3050	V-03	en@chicousd.org	
I have used all reasonable diligence in preparing this statemen herein and in any attached schedules is true and complete.	t. I have reviewed thi	s statement and to the best of my k	nowledge the information contained
I certify under penalty of perjury under the laws of the St		15 (1975) 10 (1975) 15 (19	t.
Date Signed	Signatur	e Jenna tolen	_
(month, day, year)		(File the originally signed state)	ment with your filing official.)

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) HOVEY LINDA 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position SCHOOL BOARD **BOARD MEMBER** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ Position: \_\_ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ Other Public School District City of \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_/\_\_\_, through leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_\_, through the date of leaving office. Candidate: Election year \_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 1 Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3000 xxxxxx@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 <u>02/2</u>9/2016 Signature (File the originally signed statement with your filing official.)

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Sulian Howell 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Assistant Principal Board, Department, etc ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ Other Public School District City of \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2015, through December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_ leaving office. December 31, 2015. O The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ Candidate: Election year \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS JHowell@chicousd.org (530) 891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 02/08/2016 Signature (File the originally signed statement with your filing official.)

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	Holeen Elizabeth
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)  Chico Cler, and School  Division, Board, Department, District, If applicable	Some VP Board Truste
Butte Counts	
▶ If filing for multiple positions, list below or on an attachment. (D	o not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	Wounty of Butte - Chicolingies S
City of	Other Dro Yn T
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through December 31, 2015.	Leaving Office: Date Left
The period covered is/, the December 31, 2015.	orrough  O The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is
Candidate: Election year and office so	ought, if different than Part 1:
4. Schedule Summary (must complete) ► Total no Schedules attached	umber of pages including this cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule E - Income - Gifts - Travel Payments - schedule attached
Or-  None - No reportable interests on any schedule	
5. Verification 1163 & 714 Stycl	1700 CA 95928
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE <sup>1</sup> ZIP CODE
DAYTIME TELEPHONE NUMBER (530) 343-33/9	E-MAIL ADDRESS KKaisev Chicous D. OV9
I have used all reasonable diligence in preparing this statement. I ha herein and in any attached schedules is true and complete. I acknow	we reviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of	California that the foregoing is true and correct.
Date Signed 2 (22)	Signature (File the originally signed statement with your filing official.)
Virginia Cap 1 Cap	i grand organization and your ming official,

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

CALIFORNIA FORM 7	00 Ission
Name	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  1838 Palm Are  CITY  Chico	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 <b>※</b> 1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	∐ None
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

Date Initial Filing Received

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Kamph Jessica Ann 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position District Assistant Principal, Chico Junior High School ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ Position: \_ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_ County of \_ Other Public School City of \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ December 31, 2015, (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_/\_\_\_\_, through leaving office. December 31, 2015. -or-O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_\_/\_\_ the date of leaving office. and office sought, if different than Part 1: \_ Candidate: Election year \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3000 jkamph@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the forgeoing is true and correct. Date Signed \_\_\_\_02/29/2016 Signature (File the originally signed statement with your filing official.) (month, day, year)

Date Initial Filing Received
Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
KEENE	KRISTINE		DIANE
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CHICO UNIFIED SCHOOL DISTRICT			
Division, Board, Department, District, if applicable	Υ	our Position	
	F	PRINCIPAL	
▶ If filing for multiple positions, list below or on an a	ttachment. (Do not use acronyr	ns)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	box)		
☐ State		Judge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County	П	County of	
City of		Other PUBLIC SCHOOL	DISTRICT
City of		Other	
3. Type of Statement (Check at least one box,			
Annual: The period covered is January 1, 2015 December 31, 2015.	, through	Leaving Office: Date Left (Check one)	J
The period covered is/		The period covered is Janualeaving officeor-	ary 1, 2015, through the date of
Assuming Office: Date assumed/		The period covered is the date of leaving office.	, through
Candidate: Election year	and office sought, if different	than Part 1:	
4. Schedule Summary (must complete)	► Total number of pag	es including this cover p	age: <u>1</u>
Schedules attached			
Schedule A-1 - Investments – schedule attac	hed Schedu	ıle C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – schedule attac		ıle D - Income - Gifts - schedul	
☐ Schedule B - Real Property – schedule attack	hed Schedu	ıle E - Income – Gifts – Travel F	Payments – schedule attached
-or-			
✓ None - No reportable interests on any	schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 1163 E 7TH ST	CHICO	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL AI		
( 530 ) 891-3000			
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor			nowledge the information contained
I certify under penalty of perjury under the laws of			ct.
Date Signed	Signature	Bustine The	ne
(month, day, year)		(File the originally signed state	ement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Lessler 1. Office, Agency, or Court Agency Name (Do not use acronyms) Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County . County of \_ City of Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is leaving office. December 31, 2015. O The period covered is \_\_\_\_ Assuming Office: Date assumed \_ the date of leaving office. Candidate: Election year and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY ZIP CODE (Business or Agency Address Recommended - Public Document) (hico CA 95926 (530) 991-3092 5 Kessle r@chicousD. ora I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct-02, 22, 2016 (month, day, year) Date Signed . Signature (File the originally signed statement-with your filing official.)

Date Initial Filing Received

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

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. (MIDDLE) NAME OF FILER (LAST) (FIRST) Julia Marie Kistle 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Facilities & Construction Department 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 or Court Commissioner (Statewide Jurisdiction) County of \_ ☐ Multi-County — Other Public School District City of \_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_ Annual: The period covered is January 1, 2015, through (Check one) December 31, 2015. O The period covered is January 1, 2015, through the date of The period covered is \_ leaving office. December 31, 2015. O The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_\_/\_\_ the date of leaving office. \_\_\_\_ and office sought, if different than Part 1: \_\_\_ Candidate: Election year \_\_\_ 4. Schedule Summary (must complete)  $\triangleright$  Total number of pages including this cover page:  $\frac{2}{3}$ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-**None** - No reportable interests on any schedule 5. Verification ZIP CODE CITY STATE MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) Chico CA 95928 1163 East Seventh Street E-MAIL ADDRESS DAYTIME TELEPHONE NUMBER jkistle@chicousd.org (530) 891-3000 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature **Date Signed** (File the originally signed statement with your filing official.) (month, day, year)

#### SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Julia Marie Kistle

► NAME OF SOURCE (Not an Acronym)  Clark & Sullivan Constructors	► NAME OF SOURCE (Not an Acronym)  Darden Architects
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2024 Opportunity Dr #150, Roseville, CA 95678	6790 N West Ave, Fresno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Valley Contractors Exchange Crab Feed	C.A.S.H. Conference 2015
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
02 , 05 , 16	<u>02 , 23 , 16</u> <u>\$ 50.00</u> <u>Dinner</u>
	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
	\$
Comments:	

Please type or print in ink.	
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Koll	David
1. Office, Agency, or Court	<
Agency Name (Do not use acronyms)	
Chico Unified School District	
Division, Board, Department, District, if applicable	Your Position
Board, Department, etc	Director, Principal, etc
▶ If filing for multiple positions, list below or on an attachme	ent. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	Dublic Cob cal District
City of	Outer
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through December 31, 2015.	ch Leaving Office: Date Left
The period covered is//	, through O The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed	O The period covered is/, through the date of leaving office.
Candidate: Flortion year	office sought, if different than Part 1:
and c	onice sought, if different than Fart 1.
4. Schedule Summary (must complete) ► To	otal number of pages including this cover page:
Schedules attached	
☐ Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	✓ Schedule E - Income – Gifts – Travel Payments – schedule attached
-or-	
☐ <b>None -</b> No reportable interests on any schedu	lule
5. Verification	
MAILING ADDRESS STREET	CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	
	Chico CA 95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
( 530 ) 891-3000	xxxxx@chicousd.org
I have used all reasonable diligence in preparing this statemer herein and in any attached schedules is true and complete.	ent. I have reviewed this statement and to the best of my knowledge the information contain.  I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the St	itate of California that the foregoing is true and correct.
Date Signed02/18/2016	Signature
(month day year)	/File the originally signed statement with your filing official \

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
David Koll

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
  or the "Speech" box if you made a speech or participated in a panel. These payments are not
  subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Keenan & Associates	Hanna & Brophy		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
P.O. Box 1538	3100 Zinfandel Drive, Site 400		
CITY AND STATE	CITY AND STATE		
Rancho Cordova, CA	Rancho Cordova, CA		
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Confernece -NVSIG Risk Mmgt Member	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Conference NVSIG Risk Mgmt Member		
DATE(S): 09, 16, 15 - 09, 18, 15 AMT: \$ 250.00	DATE(S): 09, 16, 15 - 09, 18, 16 AMT: \$ 100.00		
► 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  Meals		
► If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination		
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
CITY AND STATE	CITY AND STATE		
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE(S):/	DATE(S):		
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income		
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel		
Other - Provide Description	Other - Provide Description		
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination		
Comments:			

Date Initial Filing Received
Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Kruger	Jaclyn		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
The common of th		Director	
► If filing for multiple positions, list below or on an atta	uchment. (Do not		
Agency:		Position:	
2. Jurisdiction of Office (Check at least one bo		0,-21	
The second secon	~)		S. L II I I I
☐ State		☐ Judge or Court Commissioner (S	i destinate de la compania del la compania del la compania de la compania del la com
Multi-County			
City of		Other Public School Distr	ict
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015, the December 31, 2015.	nrough	Leaving Office: Date Left (Check one)	
The period covered is/	, through	The period covered is Janual leaving office.	ary 1, 2015, through the date of
Assuming Office: Date assumed		<ul> <li>or-</li> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	, through
Candidate: Election year	and office sought,	100 175	
4. Schedule Summary (must complete)	► Total numb	er of pages including this cover p	age:
Schedules attached			
☐ Schedule A-1 - Investments - schedule attache	d	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
☐ Schedule A-2 - Investments – schedule attache		Schedule D - Income - Gifts - schedule	
☐ Schedule B - Real Property – schedule attache		Schedule E - Income - Gifts - Travel F	
-or-			
☐ None - No reportable interests on any so	hedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	1077=
(530) 891-3000		jkruger@chicousd.org	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and complete.			nowledge the information contained
I certify under penalty of perjury under the laws of t	he State of Califo	ornia that the foregoing is true and correc	et.
Date Signed		Signature Hacken	Light
(month, day, year)		(File the miginally signed state.	ment with your filing official.)

Date Initial Filing Received

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) La Bar Daniel Richard 1. Office, Agency, or Court Agency Name (Do not use acronyms) Inspire School of Arts & Sciences Division, Board, Department, District, if applicable Your Position Chico Unified School District Assistant Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of ✓ Other Public Charter School City of \_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_\_\_, through December 31, 2015. leaving office. O The period covered is \_\_\_ Assuming Office: Date assumed \_\_\_\_\_/\_\_\_ the date of leaving office. Candidate: Election year \_\_\_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None · No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 335 W. Sacramento Avenue Chico CA 95926 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3090 dlabar@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed \_\_\_03/01/2016 Signature . (month, day, year) (File the originally signed statement with your filing official.)

Date Initial Filing Received
Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Lindstrom Scott Curtis 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position District EMHI Coordinator ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: \_ Agency: \_ 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_ Multi-County \_\_\_\_ ✓ Other Public School District City of \_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_/\_\_\_\_ leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_ the date of leaving office. \_\_\_\_\_ and office sought, if different than Part 1: \_ Candidate: Election year \_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1 Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East 7th Street Chico CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3000 slindstr@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, Date Signed \_\_\_\_02/29/2016 Signature (month, day, year) (File the originally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
1. Office, Agency, or Court	0 0.1 9		
Agency Name (Do not use acronyms) Chico Unified	School Distric	- Your Deather	\$
Division, Board, Department, District, if appli	cable	Your Position Trustee	
▶ If filing for multiple positions, list below o	r on an attachment. (Do not use a	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at le	east one box)		
State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County		County of	1211
City of		Mother Public Sch	now District
3. Type of Statement (Check at least	one box)		
Annual: The period covered is Januar December 31, 2015.	y 1, 2015, through	Leaving Office: Date Left (Check one)	J
The period covered is December 31, 2015.	/, through	<ul> <li>The period covered is Januar leaving office.</li> </ul>	y 1, 2015, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving office.	/, through
Candidate: Election year	and office sought, if diff	erent than Part 1:	
4. Schedule Summary (must com Schedules attached	plete) ► Total number of	pages including this cover pa	ge:
Schedule A-1 - Investments - sched	dule attached S	chedule C - Income, Loans, & Business	s Positions – schedule attached
Schedule A-2 - Investments - sched		ichedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule	dule attached S	ichedule E - Income - Gifts - Travel Pa	yments – schedule attached
-or-  ☐ None - No reportable interests	on any schedule		
5. Verification 14014 Limons	2	A )	95973
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY	STATE	ZIP CODE
1		MAN ADDDDOO	
DAYTIME TELEPHONE NUMBER $(530)$ 893 -3310	E	MAIL ADDRESS G Loustale @ Gmail	com
I have used all reasonable diligence in prepa herein and in any attached schedules is true			owledge the information contained
I certify under penalty of perjury under the	ne laws of the State of California	that the foregoing is true and correct	
Date Signed 2-29-16	Clan	ature Day m So	nstale
(month, day, year)	Sign	(File the originally signed statem	ent with your filing official.)

#### **SCHEDULE A-1 Investments**

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

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Western Life	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Life Insurance	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \times \$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 Life Tyshrance	□ Stock □ Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Sci	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 15 / / 15	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	a available son, endinessable of vertical and
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
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
MATERIAL SECURITION OF SECURITION OF SECURITION	
NATURE OF INVESTMENT	NATURE OF INVESTMENT  Stock Other
Stock Other (Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Sci	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	/ / 15 / / 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	- III
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 Qver \$1,000,000
P. Arrelon: Arlenden: P. con Arlenden:	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Sci	☐ Partnership ○ Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	.a. 5
Comments:	

#### SCHEDULE A-2

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Diolinda F. Loustale Special Needs Trast	
Name 14014 Limpisin Dr Chico Ca	Name
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	
Commercial Rental	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000/	\$2,000 - \$10,000/
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION TOWN Tex	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 <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$VER \$100,000	\$0 - \$499 \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000 ☐ \$1,001 - \$10,000	│
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INGOME OF \$10,000 OR MORE (Allach a separate sheet if necessary)   None or   Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)  None or Names listed below
STATE OF THE STATE	
NOTECH RECENT FROM EN SENE ACA REMAIN ONE ANALMETENNE - T	EMPTHURSTHEN TO AN INCIDENT NEEDS AND DROPED VALUE OF OR
H-ASH UEY AHE HUSIN SSENTINY OR TRUS	A INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:  ☐ INVESTMENT ☐ REAL PROPERTY	Check one box:
INVESTIMENT   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
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
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
·	FDDC Forms 700 (2015 (2016) Cala A 2

Comments:\_

#### **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
-490-160-000, 019-490-157-000	
CITY Chico Ca	CITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000     ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust 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	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 o income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source income of \$10,000 or more.
neisch lorres	
	-
Kelsey Torres Jay Gilepise	
Jay Gilepise	
Jay Gilepise	
* You are not required to report loans from commercial	olic without regard to your official status. Personal loans an
* You are not required to report loans from commercion business on terms available to members of the pub	olic without regard to your official status. Personal loans an
* You are not required to report loans from commerce business on terms available to members of the publicans received not in a lender's regular course of business.	olic without regard to your official status. Personal loans an usiness must be disclosed as follows:
* You are not required to report loans from commerce business on terms available to members of the publicans received not in a lender's regular course of business of LENDER*	olic without regard to your official status. Personal loans an usiness must be disclosed as follows:  NAME OF LENDER*
* You are not required to report loans from commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)	olic without regard to your official status. Personal loans an usiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
* You are not required to report loans from 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	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
* You are not required to report loans from 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  INTEREST RATE  TERM (Months/Years)	Dilic 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)
* You are not required to report loans from 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  INTEREST RATE  Whome	olic without regard to your official status. Personal loans and susiness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  None
* You are not required to report loans from 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  INTEREST RATE TERM (Months/Years)  Mone  HIGHEST BALANCE DURING REPORTING PERIOD	Dilic without regard to your official status. Personal loans and susiness 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
* You are not required to report loans from commerce 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  Whone  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Dilic 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  \$500 - \$1,000  \$1,001 - \$10,000

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Marchant Da	y .
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Chico Unified School District	Vous Desiller
Division, Board, Department, District, if applicable	Your Position
5	Principal
▶ If filing for multiple positions, list below or on an attachment. (Do n	not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	D.18. C.1. 15:114
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through December 31, 2015.	Leaving Office: Date Left/
-or-	(Check one)  The period covered is January 1, 2015, through the date of
The period covered is/, through December 31, 2015.	leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election year and office soug	ht, if different than Part 1:
	nber of pages including this cover page:
Schedules attached	
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
✓ None - No reportable interests on any schedule	
5. Verification  MAILING ADDRESS STREET CITY	OTATE TO ACCE
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
1163 East Seventh Street Chico	CA 95928
DAYTIME TELEPHONE NUMBER ( 530 ) 891-3000	E-MAIL ADDRESS jmarchant@chicousd.org
	reviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of Ca	
	and the die foregoing is true and detect.
Date Signed 02/08/2016	Signature
(month, day, year)	(File the originally signed statement with your filing official.)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
McKay	David	5	Stephen
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 attac	hment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box	<u> </u>		
☐ State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
Multi-County		County of	*
West and the second sec		Other Chico Public School	
City of		Other        Other      Othe	<u> </u>
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2015, the	ough	Leaving Office: Date Left	
December 31, 2015.		(Check one)	
The period covered is/	, through	<ul> <li>The period covered is Januar leaving office.</li> <li>-or-</li> </ul>	y 1, 2015, through the date of
Assuming Office: Date assumed		<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	<i>J</i> , through
Candidate: Election year a	nd office sought, if	different than Part 1:	
4. Schedule Summary (must complete)	Total number	of pages including this cover pa	ge:
Schedules attached			
Schedule A-1 - Investments – schedule attached	Г	Schedule C - Income, Loans, & Business	s Positions – schedule attached
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule	
☐ Schedule B - Real Property – schedule attached		Schedule E - Income – Gifts – Travel Pa	
-or-			
✓ None - No reportable interests on any sch	nedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 1163 E. 7th St	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	011100	E-MAIL ADDRESS	
(530) 891-3000		dmckay@chicousd.org	
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple			owledge the information contained
I certify under penalty of perjury under the laws of th			•
00/00/0040		() H	
Date Signed	_ S	ignature	
(month, day, year)		/ (File the originally signed statem	ent with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) McLaughlin 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Division, Board, Department, District, if applicable Your Position Parkview Elementaru Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ■ Multi-County — ☐ County of \_ Mother Chico Unified School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is \_ December 31, 2015. O The period covered is \_ Assuming Office: Date assumed \_\_\_\_ the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: . Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) Chico 133 Echo Peak Ter. E-MAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed Signature with your filing official.)

Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	
	DREW JAMES
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable	Your Position
Fair View High School	Principal
▶ If filing for multiple positions, list below or on an attachment. (L	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	
City of	Mother Public School District
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through	Leaving Office: Date Left/
December 31, 2015.	(Check one)
The period covered is/, tl December 31, 2015.	through O The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed	
Candidate: Election year and office s	sought, if different than Part 1:
4. Schedule Summary (must complete) ► Total n	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
None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
11/03 Cost Seventh Street	Chico. CA 95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
Lhave used all reasonable dilinence in preparing this statement. The	amoll@chicousd.org
herein and in any attached schedules is true and complete. I acknowledge	
I certify under penalty of perjury under the laws of the State of	f California that the foregoing is true and correct.
Date Signed 2/26/16	Signature
(month, day, year)	(File the originally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)  (FIRST)  (FIRST)	HAEL JOSEPH
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:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2015, through December 31, 2015.	Leaving Office: Date Left/(Check one)
The period covered is, throperation December 31, 2015.	ugh O The period covered is January 1, 2015, through the date of leaving office.
Assuming Office: Date assumed/	O The period covered is/, through the date of leaving office.
Candidate: Election year and office sou	ght, if different than Part 1:
4. Schedule Summary (must complete) ► Total nur Schedules attached	mber of pages including this cover page:
☐ Schedule A-1 - Investments — schedule attached ☐ Schedule A-2 - Investments — schedule attached ☐ Schedule B - Real Property — schedule attached	☐ Schedule C - Income, Loans, & Business Positions — schedule attached ☐ Schedule D - Income — Gifts — schedule attached ☐ Schedule E - Income — Gifts — Travel Payments — schedule attached
-or-	
✓ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	hico CA 95928
S30 891-300	E-MAIL ADDRESS MMORRIS @ Chicous door
herein and in any attached schedules is true and complete. I acknowle	//
I certify under penalty of perjury under the laws of the State of Co	alifornia that the foregoing is true and correct
Date Signed 2/26/2016	Signature Malage Morris
(month, day, year)	(File the originally signed statement with your filing official.)

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov



### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Murgia David Michael 1. Office, Agency, or Court Agency Name (Do not use acronyms) Neal Dow Elementary Division, Board, Department, District, if applicable Your Position Chico Unified School District Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ City of \_\_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_\_, through December 31, 2015. leaving office. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_/\_\_\_ the date of leaving office. Candidate: Election year \_\_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1420 Neal Dow Ave Chico CA 95926 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3110 dmurgia@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature TYVIII Date Signed \_

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

Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
1. Office, Agency, or Court	banne	
Agency Name (Do not use acronyms)  Chico Unifical School  Division, Board, Department, District, if applicable	District Your Position	Asstant Sprintendent
► If filing for multiple positions, list below or on an attac	hment. (Do not use acronyms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box	☐ Judge or C	Sourt Commissioner (Statewide Jurisdiction)
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2015, the December 31, 2015.	(Check on	
The period covered is/	leaving -or-	
Assuming Office: Date assumed	the dat	eriod covered is, through te of leaving office.
4. Schedule Summary (must complete)  Schedules attached	- Total number of pages includ	ling this cover page:
Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached	Schedule D - Incol	me, Loans, & Business Positions – schedule attached me – Gifts – schedule attached me – Gifts – Travel Payments – schedule attached
☐ <b>None</b> - No reportable interests on any sch	nedule	
5. Verification	Chuo	CA 95978
MAILING ADDRESS (Business or Agency Address Recommended - Public Document)    163	E-MAIL ADDRESS ement. I have reviewed this statement ar	
I certify under penalty of perjury under the laws of th		
Date Signed 2-29-15 (month, day, year)	_ Signature	(File the originally signed statement with your filing official.)
	17	

#### **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
Harsky Farms	
16280 Bennett Rd	Name
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$0 - \$1,999   \$2,000 - \$10,000  /	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Parker of Husbing	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ \$1,001 - \$10,000	\$0 - \$499
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)  None or Names listed below  Anderson Shelling 91, 600,000	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
INVESTMENT PREAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity 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   J	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   J
NATURE OF INTEREST  ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining  Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2015/2016) Sch. A-2

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  CITY  CACCO A 95926  FAIR MARKET VALUE   S2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED    DOVER \$1,000,000   ACQUIRED   DISPOSED    Other   Disposed   Disposed   Disposed   Disposed    The sement   Case   Caccord   Caccord   Caccord   Disposed    The sement   Case   Caccord   C	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS    STATE
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years) %
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Guarantor, if applicable	HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000  Guarantor, if applicable
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. INCOME RECEIVED	► 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Larrel Parstey - Farming	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Parsky Faims	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
D. Lee	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
TOUR BUSINESS FOSTION	TOOK BUSINESS FUSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other(Describe)
N SPANNIN	# VSSESSES
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	S:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	Oddialitor
OVER \$100,000	Other
	Other(Describe)
Comments:	

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (MIDDLE) Kobinson 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unifier School District Division, Board, Department, District, if applicable Your Position Trustee ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of City of \_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_\_\_ December 31, 2015. (Check one) The period covered is \_\_\_\_\_\_\_ through O The period covered is January 1, 2015, through the date of December 31, 2015. leaving office. O The period covered is \_\_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached □ Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule Verification MAILING ADDRESS CITY (Business or Agency Address Recommended -DAYTIME TELEPHONE NUMBER (330) 895-386 crobinson @ Chicousd 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** Signatu(e (month, day, year) (File the originally signed statement with your filing official.)

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Rodgers	Kimberly		Jeanne
	Tambony		ocarine
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District		Name Provide	
Division, Board, Department, District, if applicable		Your Position	
Emma Wilson Elementary		Principal	
▶ If filing for multiple positions, list below or on an a	attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	hox)		
☐ State	2019	☐ Judge or Court Commissioner (	Statewide Jurisdiction)
Multi-County		County of	ň
***		Other Public School Distr	:
City of	•	✓ Other Tablic Corroot Distr	ICL
3. Type of Statement (Check at least one box,	)		
✓ Annual: The period covered is January 1, 2015	, through	Leaving Office: Date Left	
December 31, 2015.		(Check one)	
-or- The period covered is/	, through		ary 1, 2015, through the date of
December 31, 2015.		leaving office.	
Assuming Office: Date assumed/		O The period covered is the date of leaving office.	/, through
Candidate: Election year	and office sought, if di		
NAS			
I. Schedule Summary (must complete)  Schedules attached	► Total number o	f pages including this cover p	age:
Schedule A-1 - Investments – schedule attac	hod	Schedule C - Income, Loans, & Busine	as Danitions — schodule attached
Schedule A-2 - Investments – schedule attac		Schedule D - Income – Gifts – schedul	
Schedule B - Real Property – schedule attac		Schedule E - Income – Gifts – Travel F	
-or-		Johnson Cina Maron	aymonia concada attachea
■ None - No reportable interests on any	schedule		
. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document) 1530 W. Eighth Avenue	Chico	CA	95926
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	93920
(530) 891-3297	100	krodgers@chicousd.org	
I have used all reasonable diligence in preparing this sherein and in any attached schedules is true and con	statement. I have reviewe	ed this statement and to the best of my k	knowledge the information containe
I certify under penalty of perjury under the laws o		78.00 76 90.0 90	et.
Data 8:1 02/22/2015		Kind I Pro	1010
Date Signed (month, day, year)	Sigr	nature /File the originally signed state	ement with your filing official.)

#### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) ROTH **JUDITH** CAROLE 1. Office, Agency, or Court Agency Name (Do not use acronyms) CHICO UNIFIED SCHOOL DISTRICT Division, Board, Department, District, if applicable Your Position BIDWELL JUNIOR HIGH SCHOOL **PRINCIPAL** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) County of BUTTE COUNTY Multi-County \_\_\_\_\_ Other \_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_/\_\_\_ leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_/\_\_ the date of leaving office. Candidate: Election year \_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) CA 1163 EAST 7TH STREET CHICO 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3080 iroth@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, Date Signed \_\_\_\_02/03/2016

Signature

(month, day, year)

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

Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Schrock	Kristen		Joelle
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
		Principal	
▶ If filing for multiple positions, list below or on ar	attachment. (Do not use	acronyms)	
Agency:		Position:	
2 Jurisdiction of Office (at a tract			
2. Jurisdiction of Office (Check at least on	e DOX)	<u>19 </u>	
State		☐ Judge or Court Commissioner (	Statewide Jurisdiction)
Multi-County		County of Butte     Butte	
☑ City of Chico		✓ Other Public School Distr	rict
3. Type of Statement (Check at least one bo	) (x)		
Annual: The period covered is January 1, 20 December 31, 2015.	15, through	Leaving Office: Date Left (Check one)	<i></i>
The period covered is/	J, through	<ul> <li>The period covered is Janual leaving office.</li> </ul>	ary 1, 2015, through the date of
Assuming Office: Date assumed/	<u>J</u>		/, through
Candidate: Election year	_ and office sought, if di	fferent than Part 1:	
l. Schedule Summary (must complete	Total number of	of names including this cause.	
Schedules attached	) ► Total number o	of pages including this cover p	oage:
Schedule A-1 - Investments - schedule atta	ached	Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments – schedule atta	The second secon	Schedule D - Income - Gifts - schedu	
Schedule B - Real Property - schedule atta	ached []	Schedule E - Income - Gifts - Travel I	Payments – schedule attached
-or-			
✓ None - No reportable interests on any	y schedule		
. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)	Chico	CA	95928
2090 Amanda Way  DAYTIME TELEPHONE NUMBER	The speciment of the	E-MAIL ADDRESS	90920
( 530 ) 891-3285		kschrock@chicousd.org	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and or	s statement. I have reviewe	ed this statement and to the best of my l	knowledge the information containe
I certify under penalty of perjury under the laws		50 56 W 98 W	ct.
Date Signed02/03/2016	Sigr	nature MSM XI	Moul
(month, day, year)		File the originally/signed stat.	ement with your filing official \

Date Initial Filing Received Official Use Only

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Shepherd	John	Î	R
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Pleasant Valley High School			
Division, Board, Department, District, if applica	able You	r Position	
Chico Unified School District	Pr	incipal	
▶ If filing for multiple positions, list below or o	on an attachment. (Do not use acronyms	)	
Agency:	Po	sition:	
2. Jurisdiction of Office (Check at leas	st one box)		
State	☐ Jı	dge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County			
City of		ther Chico Unified School	
Gity 01			
3. Type of Statement (Check at least or	ne box)		
Annual: The period covered is January 1 December 31, 2015.		eaving Office: Date Left Check one)	
The period covered is/_ December 31, 2015.		The period covered is Januar leaving office.	ry 1, 2015, through the date of
Assuming Office: Date assumed	17.7	The period covered is the date of leaving office.	J, through
Candidate: Election year	and office sought, if different that	n Part 1:	
4. Schedule Summary (must compl	ete) ► Total number of pages	including this cover pa	ge: 0
Schedules attached			
Schedule A-1 - Investments - schedul			s Positions - schedule attached
Schedule A-2 - Investments – schedul		D - Income - Gifts - schedule	
Schedule B - Real Property – schedule	attached Schedule	E - Income - Gifts - Travel Pa	syments – schedule attached
-or-  ✓ None - No reportable interests on	any schedule		
5. Verification	arry sorround		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document			
195 Delaney Drive  DAYTIME TELEPHONE NUMBER	Chico E-MAIL ADDR	CA	95928
( 530 ) 891-3050		rd@chicousd.org	
I have used all reasonable diligence in preparin herein and in any attached schedules is true a	g this statement. I have reviewed this state	ement and to the best of my kn	owledge the information contained
I certify under penalty of perjury under the			
	/	1 1/4 /	
Date Signed	Signature		
(month, day, year)		(File the originally signed statem	ent with your filing official.)

Date Initial Filing Received

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

(month, day, year)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) SHERIDAN **ERICA** LORRAINE 1. Office, Agency, or Court Agency Name (Do not use acronyms) CHICO UNIFIED SCHOOL DISTRICT Division, Board, Department, District, if applicable Your Position **CHAPMAN ELEMENTARY PRINCIPAL** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ✓ County of BUTTE ☐ Multi-County . Other PUBLIC SCHOOL DISTRICT City of CHICO 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is . leaving office. December 31, 2015. O The period covered is \_\_\_ Assuming Office: Date assumed ..... the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1071 EAST 16TH STREET CHICO CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS ESHERIDA@CHICOUSD.ORG (530) 891-3100 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed \_\_\_\_\_02/17/2016 Signature.

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



Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Snedeker	Eric		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
Special Education		Director	
▶ If filing for multiple positions, list below or on a	ın attachment. (Do not use acror	nyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least o	ne box)		
☐ State	[	☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County		County of	
City of		Other Public School Distri	Ct .
3. Type of Statement (Check at least one b	oox)		
Annual: The period covered is January 1, 20	O15. through	Leaving Office: Date Left	1 1
December 31, 2015.		(Check one)	
The period covered is/	, through	<ul> <li>The period covered is Janual leaving office.</li> <li>-or-</li> </ul>	ary 1, 2015, through the date of
Assuming Office: Date assumed/_		<ul> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	_/
Candidate: Election year	and office sought, if differer	_	
4. Schedule Summary (must complete	Total number of na	nges including this cover pa	auo.
Schedules attached	y Proteir Hamber of pa	iges metaling this cover pe	age
Schedule A-1 - Investments - schedule at	tached Sche	dule C - Income, Loans, & Busines	ss Positions - schedule attached
☐ Schedule A-2 - Investments – schedule at		dule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule at	tached Sche	dule E - Income - Gifts - Travel Pa	ayments - schedule attached
-or-			
✓ None - No reportable interests on ar	ıy schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE	ZIP CODE
1163 East Seventh Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		ADDRESS	
(530) 891-3000	esne	edeker@chicousd.org	
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and of			nowledge the information contained
I certify under penalty of perjury under the law	s of the State of California that	the foregoing is true and correct	t.
Date Signed 3/2/16	Signatur		
(month, day, year)		(File the originally signed staten	nent with your filing official.)

**Date Signed** 

(month, day, year)

### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

**COVER PAGE** Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Spaggiari Renee Camille 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Asst. Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_ County of City of \_\_\_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_/\_\_\_ December 31, 2015. leaving office. O The period covered is \_\_\_ Assuming Office: Date assumed \_\_\_\_ the date of leaving office. Candidate: Election year \_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East 7th St. Chico Ca 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3050 rspaggiari@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

signed statement with your filing official.)

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Staley	Kelly		Jan
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	)	Your Position	
District Office		Superintendent	
▶ If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		,
☐ State	a <b>f</b> 2.	☐ Judge or Court Commissioner (	Statewide Jurisdiction)
		S-11 F350	
Multi-County		County of	
City of		Other Public School Distr	ict
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, 2		Leaving Office: Date Left	1 1
December 31, 2015.		(Check one)	<del></del>
The period covered is/ December 31, 2015.	_/, through	<ul> <li>The period covered is Janu- leaving office.</li> <li>-or-</li> </ul>	ary 1, 2015, through the date of
Assuming Office: Date assumed/_		1.70	_/, through
Candidate: Election year	and office sought, if c	SEE AND COMMON TOWN TO THE CONTROL CON	
4. Schedule Summary (must complet	e) Total number	of pages including this cover p	5
Schedules attached	o) Protar number (	or pages including this cover p	age:
Schedule A-1 - Investments - schedule a	attached 🗸	Schedule C - Income, Loans, & Busine	ss Positions - schedule attached
Schedule A-2 - Investments – schedule a		Schedule D - Income - Gifts - schedul	
Schedule B - Real Property – schedule a	ittached	Schedule E - Income - Gifts - Travel F	Payments – schedule attached
-or-			
□ None - No reportable interests on a	ny schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume)	CITY	STATE	ZIP CODE
1163 East Seventh Street	Chico	CA	95973
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
( 530 ) 891-3000		kstaley@chicousd.org	
I have used all reasonable diligence in preparing t herein and in any attached schedules is true and	nis statement. I have review complete. I acknowledge the	ed this statement and to the best of my kais is a public document.	nowledge the information contained
I certify under penalty of perjury under the law	vs of the State of California	a that the foregoing is true and correc	t.
Date Signed03/01/2016	Sic	nature Hally	
(month, day, year)		(File the originally signed state	ment with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Staley, Kelly

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  277 Saint Augustine	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Chico, CA 95926	CITY
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     10,001 - \$1,000,000     ACQUIRED   DISPOSED   Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$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 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	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Brian and Kelly Parsons	
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of busi	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	11

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

(Other than Gifts and Travel Payments)

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

► 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)
780 Mangrove Avenue, Chico, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment	3
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
None	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
	\$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	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	
retail installment or credit card transaction, made in t	I lending institutions, or any indebtedness created as part of a he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:
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	200 <b>-</b> 0
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	EDDC Form 700 /2015 /2016) Sch

### SCHEDULE D Income - Gifts

70 00000000000					
	E (Not an Acronym) o, Shinoff & Ho	alt <del>z</del>	► NAME OF SOURCE	(Not an Acrony	/m)
to action to the contract of t			ADDRESS (Busines	e Address Accer	ntable)
E 10.50	ss Address Acceptab		ADDRESS (Business	s Audress Accel	orable)
		#200; San Diego, CA			
	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	SOURCE
Legal Firm					
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12,08,15	\$	Boxed Nuts / Candy		\$	
//	\$	*		\$	_
	\$			\$	
NAME OF SOURC	E (Not an Acronym)		▶ NAME OF SOURCE	(Not an Acron	ym)
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	_
	\$			\$	_
	\$			\$	<u> </u>
NAME OF SOURC	E (Not an Acronym)		► NAME OF SOURCE	E (Not an Acron	ym)
ADDRESS (Busines	ss Address Acceptab	ole)	ADDRESS (Busines	s Address Acce	ptable)
BUSINESS ACTIVI	TY, IF ANY, OF SOU	IRCE	BUSINESS ACTIVIT	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Staley, Kelly

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
  or the "Speech" box if you made a speech or participated in a panel. These payments are not
  subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Association of California School Administrators	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1029 J Street Suite 500	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	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
► 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:	

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Sullivan	Theodore	3	William
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	You	ur Position	
	Di	rector of Elementary Ed	ducation
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use acronyms	;)	
Agency:	Po	osition:	
2. Jurisdiction of Office (Check at least of	ne box)		
☐ State	☐ Ju	udge or Court Commissioner (S	Statewide Jurisdiction)
☐ Multi-County	<b>▽</b>   c	ounty of Butte	
☐ City of			
3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20 December 31, 2015.		_eaving Office: Date Left Check one)	
The period covered is/ December 31, 2015.	_/, through		ary 1, 2015, through the date of
Assuming Office: Date assumed			, through
Candidate: Election year	and office sought, if different that	an Part 1:	
4. Schedule Summary (must complete	Total number of page	e including this cover n	and Company
Schedules attached	Total number of pages	s including this cover p	aye
Schedule A-1 - Investments - schedule at	tached Schedule	C - Income, Loans, & Busine	ss 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 on ar	y schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document	) Chico	CA	95928
1071 East 7th Street  DAYTIME TELEPHONE NUMBER	E-MAIL ADDI		93920
( 530 ) 891-3000		@chicousd.org	
	To the or the second second	9	moulades the information contained
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and or	complete. I acknowledge this is a pu	blic document.	
I certify under penalty of perjury under the law	s of the State of California that the	foregoing is true and correct	ct.
Date Signed	Signature	CIXI	
(month, day, year)	Signature	(File the originally signed state	ement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Tadeo Rachel Ann 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Citrus Avenue Elementary Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ Position: 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State 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, 2015, through Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of leaving office. December 31, 2015. Assuming Office: Date assumed 07 101 / O The period covered is \_ the date of leaving office. Candidate: Election year \_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- ■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE (Business or Agency Address Recommended - Public Document) Chico 1163 E. 7th St. CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3107 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed \_\_\_\_02/22/2016 Signature = (month, day, year) (File the originally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Vincent John Everd 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Information Services Director ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: \_\_ Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of . ✓ Other Public School District 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2015. O The period covered is \_\_\_\_ Assuming Office: Date assumed \_\_\_\_/\_\_\_/\_ the date of leaving office. Candidate: Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East Seventh Street Chico CA 95928 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3000 jvincent@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed \_\_\_\_02/22/2016 Signature (month, day, year) (File the originally signed statement with your filing official.)

Date Initial Filing Received

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Whittaker Damon Andrew 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Assistant Principal ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: \_\_\_ Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County \_\_\_\_ County of \_ ✓ Other Public School District City of \_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_\_ December 31, 2015. (Check one) -or-O The period covered is January 1, 2015, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2015. O The period covered is \_\_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_ the date of leaving office. Candidate: Election year \_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_ Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1475 East Ave. Chico 95928 Ca DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530) 891-3050 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document, I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed \_\_\_\_02/04/2016 Signature (month, day, year) (File the originally signed statement with your filing official.)

### STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Dolan Jane 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Personnel Comission Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ Position: \_\_ 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_\_ County of \_ City of \_\_\_ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left \_\_\_\_/\_\_\_\_ December 31, 2015. (Check one) -or-The period covered is \_\_\_\_/\_\_\_, through O The period covered is January 1, 2015, through the date of leaving office. December 31, 2015. Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_\_ O The period covered is \_\_\_\_\_ the date of leaving office. Candidate: Election year \_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_ Schedules attached Schedule A-1 - Investments - schedule attached ✓ Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule 5. Verification STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 East 7th /Street Chico CA 95926 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS ( 530 ) 891-3000 jdolan@sbcglobal.net I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed** Signature (month, day, year) (File the originally signed statement with your filing official.)

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

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	· · · · · · · · · · · · · · · · · · ·
Jane Dolan	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Jane Dolan, Probate Referee	Scriptorial a
Name	Name
389 Connors Ct. Ste A Chico CA 95926	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one  ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  ✓ None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jane Dolan

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1814 Broadway Street	706 Bidwell Drive
CITY	CITY
Chico CA	Chico CA
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement	☑ Ownership/Deed of Trust ☐ Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☑ \$1,001 - \$10,000
✓ \$10,001 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.   None
Scott & Amanda Chambless	
	The second secon
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and less must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
☐ Guarantor, if applicable	Guarantor, if applicable

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Jane Dolan

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1355 East 10th Street	2732 Revere Lane
CITY	CITY
Chico CA	0.52,709
Chico CA	Chico CA
FAIR MARKET VALUE   S2,000 - \$10,000   \$10,001 - \$1,000,000   Over \$1,000,000   Over \$1,000,000   Column   Colu	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	Leasehold Vrs. remaining Deed of Trust 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	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None
	This DOT is A Demand Note payable upon sale or re-finance. Property is owned by a nephew.
	ending institutions made in the lender's regular course o 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 busin	re-finance. Property is owned by a nephew.  ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business.	re-finance. Property is owned by a nephew.  ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)	re-finance. Property is owned by a nephew.  ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
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	re-finance. Property is owned by a nephew.  lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	re-finance. Property is owned by a nephew.  ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	re-finance. Property is owned by a nephew.  lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  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  NTEREST RATE TERM (Months/Years)	re-finance. Property is owned by a nephew.  lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business activity. If any, of lender  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE TERM (Months/Years)	re-finance. Property is owned by a nephew.  lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*
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  NTEREST RATE TERM (Months/Years)	re-finance. Property is owned by a nephew.  lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*

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

CALIFORNIA FORM	700
Name	
Jane Dolan	

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CSU, Chico Research Foundation	Bob Mulholland
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
25 Main Street Chico CA 95929	1051 Adlar Court Chico CA 95926
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
non-profit organization (educational)	Political consultant
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Project Co-Director	NA
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$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.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of(Real property, car, boat, etc.)
(Real property, car, boat, etc.)  Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other(Describe)
(Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
retail installment or credit card transaction, made in the	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
1000500 /0	% None
ADDRESS (Business Address Acceptable)	CECURITY FOR LOAM
	SECURITY FOR LOAN  None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
Service Servic	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Silver desires
<b>\$500 - \$1,000</b>	City
\$1,001 - \$10,000	Consenter
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
D 4 M H H 3 1 1	# # #
Comments: Bob Mulholland is spouse	