

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)
Allen Michael Anthony

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Administration

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 East Seventh Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3026

E-MAIL ADDRESS

MAllen@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.

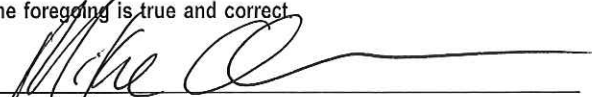
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/29/16

(month, day, year)

Signature



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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Beebe (FIRST) Mark (MIDDLE) H.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

District

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)

☐ 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 December 31, 2015.

-or-

The period covered is 07 / 01 / 2015, through December 31, 2015.

☐ **Leaving Office:** Date Left _____ / _____ / _____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is _____ / _____ / _____, through the date of leaving office.

☐ **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: 0

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)

PO Box 125

Chico

CA

95927

DAYTIME TELEPHONE NUMBER

(530) 891-3026

E-MAIL ADDRESS

mark.beebe@chicousd.org

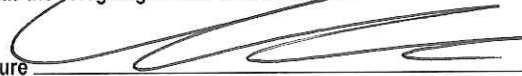
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed

2/20/16
(month, day, year)

Signature



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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Benz Mele Lea

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Chico Unified School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

14264 Kansas Ln.

Chico

CA

95973

DAYTIME TELEPHONE NUMBER

(530) 891-3117

E-MAIL ADDRESS

mbenz@chicousd.org

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

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

Date Signed

1/7/16

(month, day, year)

Signature

M. Benz

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>CUSD</u>	NAME OF SOURCE OF INCOME <u>Lake Elementary</u>
ADDRESS (<i>Business Address Acceptable</i>) <u>1163 E. 7th St. Chico, CA 95928</u>	ADDRESS (<i>Business Address Acceptable</i>) <u>4672 County Road N Orland, CA 95963</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>School District</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>School District</u>
YOUR BUSINESS POSITION <u>Principal</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (<i>Real property, car, boat, etc.</i>) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (<i>Describe</i>) <input type="checkbox"/> Other _____ (<i>Describe</i>)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (<i>Real property, car, boat, etc.</i>) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (<i>Describe</i>) <input type="checkbox"/> Other _____ (<i>Describe</i>)

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS <i>(Business Address Acceptable)</i> _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;">_____</div> <div style="text-align: right;"><i>City</i></div> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Describe)</i></div>
--	--

Comments: _____

COVER PAGE

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)

Shasta Elementary School

Division, Board, Department, District, if applicable

Chico Unified School District

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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Neighborhood in North Chico

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

169 Leora Ct

Chico

CA

95973

DAYTIME TELEPHONE NUMBER

(530) 891-3141

E-MAIL ADDRESS

bbesnard@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

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bettencourt Jo Ann F

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Rosedale Elementary

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)

☐ 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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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 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 E. 7th Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3104

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 02/22/2016
(month, day, year)

Signature

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

COVER PAGE

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

Education Services

Your Position

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 _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ 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 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

(530) 891-3000

E-MAIL ADDRESS

jbohannon@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.

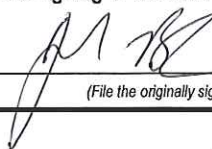
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2-22-16

(month, day, year)

Signature



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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Boyer Brian

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Chico High School

Your Position

Asst. 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 _____
☐ City of _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is ____/____/____, through December 31, 2015.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ 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 St. Chico CA 95928
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3026 boyer@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 2-22-16
(month, day, year)

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

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

Division, Board, Department, District, if applicable

Business Services

Your Position

Assistant Superintendent, Business Services

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attached

Position: See Attached

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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____ (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **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

(530) 891-3000

E-MAIL ADDRESS

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.

Date Signed 3-11-16
(month, day, year)

Signature [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**

NAME OF SOURCE OF INCOME

Bultema Piano Lessons

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Piano Lessons

YOUR BUSINESS POSITION

N/A

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Basketball Referee

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Basketball Referee

YOUR BUSINESS POSITION

Independent Contractor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☒ Other Services Provided

(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

California Form 700

Statement of Economic Interests 2014

Item #1 Attachment:

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

COVER PAGE

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

Chico Junior

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

☐ Multi-County _____

☒ City of Chico

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of Butte

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

280 Memorial Way

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3066

E-MAIL ADDRESS

pcaldera@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 02/26/2016
(month, day, year)

Signature _____
(File the original, signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Pedro A. Caldera

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2272 Holly Avenue

CITY

Chico

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____
Yrs. remaining

☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Keri Smith

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____
Yrs. remaining

☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(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 an attachment. (Do not use acronyms)

Agency: Butte School Self-Funded Programs, JPA

Position: Director

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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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: 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
(Business or Agency Address Recommended - Public Document)

1163 E. 7th Street

CITY

Chico

STATE

CA

ZIP CODE

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

ccavanaugh@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

(month, day, year)

Signature

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

FPPC Form 700 (2015/2016)

FPPC Advice Email: advice@fppc.ca.gov

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carver John Wayne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director M/O/T

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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: 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)
2455 Carmichael Dr. Chico CA 95928

DAYTIME TELEPHONE NUMBER

(530) 624-7411

E-MAIL ADDRESS

jcarver@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

(month, day, year)

Signature

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Copper Dustin Todd

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

M/O Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge 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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ 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)
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 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
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Crosby Jerry Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Inspire School of Arts and Sciences

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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-
The period covered is 07 / 01 / 2015, through December 31, 2015.

☐ Assuming Office: Date assumed 07 / 01 / 2015

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

☐ Leaving Office: Date Left ____/____/_____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-
☐ The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 East Seventh Street

Chico

Ca

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

jcrosby@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
(month, day, year)

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
DeBock Laurie English

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Bidwell Jr. High School

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least 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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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: 3

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)

2376 North Ave.

Chico

Ca

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3080

E-MAIL ADDRESS

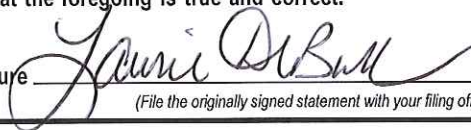
ldebock@chicousd.org

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 02/04/2016
(month, day, year)

Signature



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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1030 Broadway

CITY

Chico, CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/15 _____/_____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1286 & 1290 Wanderer Lane

CITY

Chico, CA

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/15 _____/_____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Cynthia Wysong / Tim & Doreen Denlay

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$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**

NAME OF SOURCE OF INCOME
Enloe Medical Center

ADDRESS (Business Address Acceptable)
1531 Esplanade

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital

YOUR BUSINESS POSITION
Registered Nurse

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE TERM (Months/Years)
_____% ☐ None _____

SECURITY FOR LOAN
☐ None ☐ Personal residence

☐ Real Property _____
Street address _____
City _____

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
EDGECOMB MELINDA MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CHICO UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

DISTRICT OFFICE

Your Position

BUYER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is ____/____/____, through December 31, 2015.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or- ☐ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

- ☒ **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 medgecomb@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 02/02/2016
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Enserro Joseph "VINCE" 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 Nutrition

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is ____/____/____, through December 31, 2015.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Leaving Office:** Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2015, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ Schedule A-1 - Investments – schedule attached ☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - Income – Gifts – schedule attached
☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

☒ **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 Venserro@chicousd.org

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

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

Date Signed 02/22/2016
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
German Eric Johan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

M/O Supervisor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge 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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ 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: 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)

2455 Carmichael Dr.

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 624-2547

E-MAIL ADDRESS

egerman@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

(month, day, year)

Signature

Eric German 2/3/16

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

COVER PAGE

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

Administration

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least 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 December 31, 2015.

☐ Leaving Office: Date Left ____/____/_____
(Check one)

-or-

The period covered is ____/____/_____, through December 31, 2015.

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

☐ The period covered is ____/____/_____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

3505 Bell Rd

Chico

Ca

95973

DAYTIME TELEPHONE NUMBER

(530) 343-8990

E-MAIL ADDRESS

rgovan@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

(month, day, year)

Signature

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
GRAULICH JULIE ANNE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

NVSIG RISK MANAGEMENT COMMITTEE

Your Position

Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is ____/____/____, through December 31, 2015.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or-
☐ 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: 2

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

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 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 02/25/2016
(month, day, year)

Signature

Julie A. Graulich
(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)
Keenan & Associates

ADDRESS (Business Address Acceptable)
P.O. Box 1538

CITY AND STATE
Rancho Cordova, CA

☐ 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
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Meals

▶ If Gift, Provide Travel Destination
South Lake Tahoe, CA

▶ NAME OF SOURCE (Not an Acronym)
North Valley School Insurance Group

ADDRESS (Business Address Acceptable)
2868 Prospect Park Drive, Suite 600

CITY AND STATE
Rancho Cordova, CA

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09/18/15 - / / AMT: \$109.61
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Mileage Reimbursement

▶ If Gift, Provide Travel Destination
South Lake Tahoe, CA

▶ NAME OF SOURCE (Not an Acronym)
Hanna & Brophy

ADDRESS (Business Address Acceptable)
3100 Zinfandel Drive, Suite 400

CITY AND STATE
Rancho Cordova, CA

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09/15/15 - / / AMT: \$100.00
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Meals

▶ If Gift, Provide Travel Destination
South Lake Tahoe, CA

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): / / - / / AMT: \$
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments: _____

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Griffin Elizabeth A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District, Trustee

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☒ Other Board of Trustees,
Chico Unified School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through
December 31, 2015.

-or-

The period covered is through
December 31, 2015.

☐ Assuming Office: Date assumed

☐ Leaving Office: Date Left
(Check one)

☐ The period covered is January 1, 2015, through the date of
leaving office.

-or-

☐ 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: 3

Schedules attached

☐ 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

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

330-864-0549

egriffin@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

2-12-16

Signature

Elizabeth Griffin

(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 700 FAIR POLITICAL PRACTICES COMMISSION
NAME <u>Elizabeth Griffin</u>

► 1. BUSINESS ENTITY OR TRUST

Name B.L. Griffin Co.
Address (Business Address Acceptable) 2225 Fair St., Chico 95928

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Contracting firm

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /15 / /15
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☒ Corporation
Other

YOUR BUSINESS POSITION spouse of owner

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

☒ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

NONE

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

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / /15 / /15
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yes, remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

► 1. BUSINESS ENTITY OR TRUST

N/A

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Elizabeth Griffin

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

620 Sycamore St.
CITY Chico, CA 95928

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Michael Polsan

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1427 Sunset Ave.
CITY Chico, CA 95926

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Nick Jenkins
Matt Forster

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hanlon III	James	T.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Board, Department, etc

Your Position

Assistant Superintendent - Human Resources

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ **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	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
1163 East Seventh Street		Chico	CA	95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

jhanlon@chicousd.org

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

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

Date Signed 02/04/2016

(month, day, year)

Signature

James T. Hanlon III

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(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

Marigold Elementary School

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)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Chico Unified School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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 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)				
2446 Marigold Avenue		Chico	CA	95926

DAYTIME TELEPHONE NUMBER

(530) 891-3121

E-MAIL ADDRESS

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

(month, day, year)

Signature



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

COVER PAGE

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: _____

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

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)

-or-

The period covered is ____/____/_____, through December 31, 2015.

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/_____, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

☐ 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 E. 7th Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3119

E-MAIL ADDRESS

bholderm@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 2.2.16
(month, day, year)

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Holen Deanna Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Pleasant Valley High School

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least 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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **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 Avenue

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3050

E-MAIL ADDRESS

dholen@chicousd.org

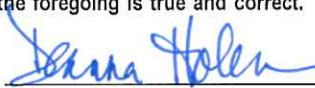
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/23/2016

(month, day, year)

Signature



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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
HOVEY	LINDA	A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

SCHOOL BOARD

Your Position

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 _____

☐ City of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ 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

(530) 891-3000

E-MAIL ADDRESS

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 02/29/2016
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Howell Sulian

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Board, Department, etc

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ **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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 East Seventh Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

JHowell@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 02/08/2016
(month, day, year)

Signature J Howell
(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) Kaiser (FIRST) Kathleen (MIDDLE) Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District VP Board Trustee

Division, Board, Department, District, if applicable

Your Position

Butte County

► 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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of Butte - Chico Unified School District

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____
Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 1163 E 7th St, Chico CA 95928

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(530) 343-3319

E-MAIL ADDRESS

KKaiser@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

2/22/16
(month, day, year)

Signature

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1838 Palm Ave

CITY
Chico

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____% ☐ None _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (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

District

Your Position

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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

1163 East Seventh Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

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 foregoing is true and correct.

Date Signed 02/29/2016
(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

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

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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other PUBLIC SCHOOL DISTRICT |

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____ (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ 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

- | | |
|---|---|
| <input type="checkbox"/> Schedule A-1 - Investments - schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments - schedule attached | <input type="checkbox"/> Schedule D - Income - Gifts - schedule attached |
| <input type="checkbox"/> Schedule B - Real Property - schedule attached | <input type="checkbox"/> 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 E 7TH ST		CHICO	CA	95928
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS	
(530) 891-3000				

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

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

Date Signed 02/22/2016
(month, day, year)

Signature Kristine Keene
(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) Kessler (FIRST) Brandon (MIDDLE) Kyle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Fairview High School

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Chico

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is 7/1/2015, through December 31, 2015.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is _____, through the date of leaving office.

☐ 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: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1418 Scottsdale CT Chico CA 95926

DAYTIME TELEPHONE NUMBER

(530) 891-3092

E-MAIL ADDRESS

bkessler@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
(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kistle Julia Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Facilities & Construction Department

Your Position

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 _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ 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: 2

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ **None** - No reportable interests on any 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 jkistle@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 2/15/16
(month, day, year)

Signature Julia M. Kistle
(File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name

Julia Marie Kistle

► NAME OF SOURCE (Not an Acronym)
Clark & Sullivan Constructors

ADDRESS (Business Address Acceptable)
2024 Opportunity Dr #150, Roseville, CA 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Valley Contractors Exchange Crab Feed

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 16	\$ 60.00	Seat at Table
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)
Darden Architects

ADDRESS (Business Address Acceptable)
6790 N West Ave, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
C.A.S.H. Conference 2015

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 23 / 16	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (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 attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is ____/____/____, through December 31, 2015.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2015, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ 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 xxxxx@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 02/18/2016
(month, day, year)

Signature _____
(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)
Keenan & Associates

ADDRESS (Business Address Acceptable)
P.O. Box 1538

CITY AND STATE
Rancho Cordova, CA

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Confernece -NVSIG Risk Mmgt Member

DATE(S): 09/16/15 - 09/18/15 AMT: \$ 250.00
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
MEALS

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): - AMT: \$
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)
Hanna & Brophy

ADDRESS (Business Address Acceptable)
3100 Zinfandel Drive, Site 400

CITY AND STATE
Rancho Cordova, CA

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference NVSIG Risk Mgmt Member

DATE(S): 09/16/15 - 09/18/16 AMT: \$ 100.00
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Meals

▶ If Gift, Provide Travel Destination

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): - AMT: \$
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ If Gift, Provide Travel Destination

Comments:

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

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

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 _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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 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 E. 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3000 jkruger@chicousd.org

I have used all reasonable diligence in preparing this 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 02/18/2016
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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

Chico Unified School District

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public Charter School

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ 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 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	CITY	STATE	ZIP CODE
-----------------	--------	------	-------	----------

(Business or Agency Address Recommended - Public Document)

335 W. Sacramento Avenue

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3090

E-MAIL ADDRESS

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
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lindstrom Scott Curtis

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

District

Your Position

EAHI Coordinator

► 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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ 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 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 East 7th Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

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

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Loustate (FIRST) Gary (MIDDLE) M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Board

Your Position

Trustee

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge 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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____ (Check one)☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.☐ 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 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)

DAYTIME TELEPHONE NUMBER

(530) 893-3310

E-MAIL ADDRESS

G.Loustate@gmail.com

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

2-29-16

(month, day, year)

Signature

Gary M Loustate

(File the originally signed statement 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

Western Life

GENERAL DESCRIPTION OF THIS BUSINESS

Life Insurance

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☒ Other Life Insurance
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

Comments: _____

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

Dolinda F. Lonsdale Special Needs Trust
Name

14014 Limousin Dr. Chico Ca
Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Commercial Rental

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION Trustee

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☒ \$1,001 - \$10,000

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

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

018-490-160-000, 018-490-157-000

CITY

Chico Ca

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Kelsey Torres

Jay Gilepise

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Marchant

(FIRST)

Jay

(MIDDLE)

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)

☐ 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 December 31, 2015.

-or-

The period covered is / / , through December 31, 2015.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is / / , through the date of leaving office.

☐ 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 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

(530) 891-3000

E-MAIL ADDRESS

jmarchant@chicousd.org

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

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

Date Signed 02/08/2016
(month, day, year)

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McKay David Stephen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Educational Services

Your Position

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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Chico Public Schools

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 E. 7th St

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

dmckay@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 02/08/2016

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McLaughlin Holly

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified

Division, Board, Department, District, if applicable

Parkview Elementary

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)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Chico Unified School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ 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: 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
(Business or Agency Address Recommended - Public Document)

133 Echo Peak Ter.

CITY

Chico

STATE

CA

ZIP CODE

95928

DAYTIME TELEPHONE NUMBER

(530) 864-0997

E-MAIL ADDRESS

hmcLaughlin@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

2/8/16

(month, day, year)

Signature

H. McLaughlin

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Moll Andrew James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CUSD

Division, Board, Department, District, if applicable

Fair View High School

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)

☐ 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 December 31, 2015.

-or-

The period covered is / through December 31, 2015.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is / through the date of leaving office.

☐ 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 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

(530) 891-3000

E-MAIL ADDRESS

amoll@chicoUSD.org

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

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

Date Signed 2/26/16
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) MORRIS (FIRST) MICHAEL (MIDDLE) JOSEPH

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Educational Services

Your Position

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 _____ ☒ Other Public School District

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is ____/____/____, through December 31, 2015.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____ (Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or- ☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ 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 ADDRESS
530 891-3000 mmorris@chico.usd.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 2/26/2016
(month, day, year)

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

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
Chico Unified School District

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)

<input type="checkbox"/> State	<input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input checked="" type="checkbox"/> Other Public School District

3. Type of Statement (Check at least one box)

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2015, through December 31, 2015.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one)
-or-	<input type="checkbox"/> The period covered is January 1, 2015, through the date of leaving office.
The period covered is ____/____/____, through December 31, 2015.	-or-
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> 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

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1420 Neal Dow Ave		Chico	CA	95926
DAYTIME TELEPHONE NUMBER (530) 891-3110		E-MAIL ADDRESS 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.

Date Signed 02/5/16
(month, day, year)

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Parisky (FIRST) Jeanne (MIDDLE) W

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Chico Unified School District
Division, Board, Department, District, if applicable Assistant Superintendent
Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.
-or- The period covered is _____, through December 31, 2015.
☐ **Assuming Office:** Date assumed _____
☐ **Leaving Office:** Date Left _____
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or-
☐ 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: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☒ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 891-3000 ext 103

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 2-29-16 Signature Jeanne Parisky
(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 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

1. BUSINESS ENTITY OR TRUST

Name Karsky Farms

Address (Business Address Acceptable) 6280 Bennett Rd

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION Partner of Husband

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input checked="" type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

Anderson Stelling \$1,600,000

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

6280 Bennett Rd

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:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$10,001 - \$100,000	<u> </u> / <u> </u> / <u>15</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

Name _____

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6280 Bennett Rd

CITY
Chico CA 95926

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/15 ACQUIRED _____/_____/15 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5928 Anita Rd

CITY
Chico 95926

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/15 ACQUIRED _____/_____/15 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% ☐ None 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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% ☐ None 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

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 <u>Harrel Parsky - Farming</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>Parsky Farms</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Partner</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	--

Comments: _____

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Robinson (FIRST) Eileen (MIDDLE) L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified 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: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other School District - Unified

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ 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 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 E. 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER

(330) 895-3863

E-MAIL ADDRESS

erobinson@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

2/25/2016
(month, day, year)

Signature

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rodgers Kimberly Jeanne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Emma Wilson Elementary

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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1530 W. Eighth Avenue

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3297

E-MAIL ADDRESS

krodgers@chicousd.org

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

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

Date Signed 02/22/2015
(month, day, year)

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (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

BIDWELL JUNIOR HIGH SCHOOL

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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of BUTTE COUNTY

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____
Schedules attached

☐ 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 EAST 7TH STREET

CHICO

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3080

E-MAIL ADDRESS

jroth@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

(month, day, year)

Signature

Judith C. Roth

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Schrock Kristen Joelle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

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 Butte

☒ City of Chico

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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 attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

2090 Amanda Way

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3285

E-MAIL ADDRESS

kschrock@chicousd.org

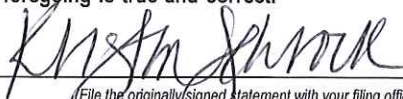
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 02/03/2016

(month, day, year)

Signature



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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Shepherd John R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Pleasant Valley High School

Division, Board, Department, District, if applicable

Chico Unified School District

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)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Chico Unified School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____ (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ 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: 0

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)

195 Delaney Drive

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3050

E-MAIL ADDRESS

jshepherd@chicousd.org

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

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

Date Signed 02/26/2016
(month, day, year)

Signature

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

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

CHAPMAN ELEMENTARY

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

☐ Multi-County _____

☒ City of CHICO

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of BUTTE

☐ Other PUBLIC SCHOOL DISTRICT

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1071 EAST 16TH STREET

CHICO

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3100

E-MAIL ADDRESS

ESHERIDA@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 02/17/2016

(month, day, year)

Signature

Erica Sheridan

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

COVER PAGE

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

Special Education

Your Position

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 _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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 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		esnedeker@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 3/2/16
(month, day, year)

Signature Snedeker, Eric
(File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (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)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 East 7th St.

Chico

Ca

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3050

E-MAIL ADDRESS

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.

Date Signed 2/4/16
(month, day, year)

Signature R. Spaggiari
(file the original signed statement with your filing official.)

COVER PAGE

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

District Office

Your Position

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

☐ 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 December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **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: 5

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

95973

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

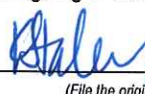
kstaley@chicousd.org

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

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

Date Signed 03/01/2016
(month, day, year)

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 _____
Staley, Kelly _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Tri Counties Bank	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) 780 Mangrove Avenue, Chico, CA	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE Husband's Employment	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION None	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None TERM (Months/Years) _____ SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	--

Comments: _____

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
 Stutz, Artinano, Shinoff & Holtz

ADDRESS (Business Address Acceptable)
 2488 Historic Decatur Road #200; San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legal Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 15	\$ 40.00	Boxed Nuts / Candy
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: This unsolicited gift arrives annually from a legal firm no longer utilized by CUSD. The gift, with no value attached, is placed in the CUSD staff room for all staff to enjoy.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Staley, Kelly

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$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)
Association of California School Administrators

ADDRESS (Business Address Acceptable)
1029 J Street Suite 500

CITY AND STATE
Sacramento, CA 95814

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 100.08
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description _____
ACSA Superintendent Council member; mileage reimbursed for all council members.

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Sullivan	Theodore	William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director of Elementary Education

► 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>Butte</u> |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

3. Type of Statement (Check at least one box)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2015, through December 31, 2015. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one) |
| -or- | <input type="radio"/> The period covered is January 1, 2015, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2015. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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 7th Street		Chico	CA	95928
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(530) 891-3000		tsulliva@chicousd.org		

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

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

Date Signed 02/22/2016
(month, day, year)

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

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(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

Citrus Avenue Elementary

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)

☐ 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 December 31, 2015.

-or- The period covered is 07 / 01 / 2015, through December 31, 2015.

☒ **Assuming Office:** Date assumed 07 / 01 / 2015

☐ **Leaving Office:** Date Left _____ / _____ / _____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is _____ / _____ / _____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. Verification

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

1163 E. 7th St.

CITY

Chico

STATE

CA

ZIP CODE

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3107

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 02/22/2016

(month, day, year)

Signature

Rachel Tadeo

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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

Information Services

Your Position

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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Assuming Office: Date assumed ____/____/____

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 East Seventh Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

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
(month, day, year)

Signature

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

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)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ 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 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

Ca

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3050

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 02/04/2016

(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

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

Personnel Commission

Your Position

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

☒ Other School District

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is / through December 31, 2015.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is / through the date of leaving office.

☐ 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 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 /Street

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3000

E-MAIL ADDRESS

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

(month, day, year)

Signature

(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 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jane Dolan

► 1. BUSINESS ENTITY OR TRUST

Jane Dolan, Probate Referee

Name

389 Connors Ct. Ste A Chico CA 95926

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$0 - \$1,999

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15

ACQUIRED

____/____/15

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☒ Sole Proprietorship

☐ Other _____

YOUR BUSINESS POSITION owner

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15

ACQUIRED

____/____/15

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☐ Sole Proprietorship

☐ Other _____

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15

ACQUIRED

____/____/15

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15

ACQUIRED

____/____/15

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: ownership is of office equipment & office furniture

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

1814 Broadway Street

CITY

Chico CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Scott & Amanda Chambless

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

706 Bidwell Drive

CITY

Chico CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

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

1355 East 10th Street

CITY

Chico CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining

☒ see comment below

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2732 Revere Lane

CITY

Chico CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining

☒ Deed of Trust

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

This DOT is A Demand Note payable upon sale or re-finance. Property is owned by a nephew.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: 10th Street: this property is the sole & separate interest of spouse

FPPC Form 700 (2015/2016) Sch. B

FPPC Advice Email: advice@fppc.ca.gov

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Jane Dolan

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

CSU, Chico Research Foundation

ADDRESS (Business Address Acceptable)

25 Main Street Chico CA 95929

BUSINESS ACTIVITY, IF ANY, OF SOURCE

non-profit organization (educational)

YOUR BUSINESS POSITION

Project Co-Director

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Bob Mulholland

ADDRESS (Business Address Acceptable)

1051 Adlar Court Chico CA 95926

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Political consultant

YOUR BUSINESS POSITION

NA

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: Bob Mulholland is spouse