

Date Initial Filing Received Filing Official Use Only

NAME OF FIL	e or print in				(84100	N E \	
Akers	ER (LASI)	(FIRST) Jacy			(MIDD Dav		
						7011	
1. Office	, Agency,	or Court					
•	•	not use acronyms) chool District					
Division	, Board, Dep	artment, District, if applicable		Your I	Position		
Nutrit	ion Servic	es		Nut	rition Supervisor		
▶ f fili	ng for multipl	e positions, list below or on an attachm	ent. (Do not use	acronyms)			
				,			
Agency				Posit	on:		
2. Juris	diction of	Office (Check at least one box)					
Stat					ge, Retired Judge, Pro ⁻ ewide Jurisdiction)	「em Judge, or Co	urt Commissioner
☐ Mult	i-County			☐ Cou	nty of		
City	_				Public School [
3. Type	of Stater	nent (Check at least one box)					
1	nual: The p	eriod covered is January 1, 2023, througher 31, 2023.	gh	Lea	uving Office: Date Left (Che	t	
		eriod covered is//	, through	 -or-	The period covered is of leaving office.	January 1, 2023,	through the date
☐ As	suming Offic	e: Date assumed/	<u></u>		The period covered is the date of leaving office		, through
☐ Ca	ndidate: Da	e of Election a	nd office sought,	if different th	an Part 1;		
1. Sche	dule Sum	mary (required)	otal number	of pages i	ncluding this cove	er page:	
Sche	dules att			. 0	Ü	, , _	
	Schedule A-	- Investments – schedule attached		Schedule C	: - Income, Loans, & Bi	usiness Positions	 schedule attached
		2 - Investments – schedule attached		Schedule D	- Income - Gifts - sch	nedule attached	
	Schedule B	Real Property - schedule attached		Schedule E	- Income – Gifts – Tra	vel Payments – s	schedule attached
-or- 🔳	None - N	lo reportable interests on any so	:hedule				
5. Verific	ation						
	ADDRESS or Agency Addr	STREET ess Recommended - Public Document)	CITY		STATE	ZII	P CODE
•	E. 7th St	,	Chico		CA	ξ	95928
DAYTIME	TELEPHONE N	UMBER		EMAIL ADDRES	SS .		
(530) 891-3	000		jakers@d	chicousd.org		
		nable diligence in preparing this statemached schedules is true and complete.				my knowledge the	e information contained
	•	Ity of perjury under the laws of the	_	•		orrect.	
					0	P. 6	
Date Si	gned 1/16	/2024	Si	ignature 🛶	Dar	JUL	100
		(month, day, year)			(File the originally signed p	appristatement with your	ming officials)



Date Initial Filing Received
Filing Official Use Only

Ple	ase type or print in ink.	
	ME OF FILER (LAST) (FIRST)	(MIDDLE)
Al	len Michael	Anthony
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms) Chico Unified School District	
	Division, Board, Department, District, if applicable	Your Position
	Chico Unified School District	Executive Director, Classified Human Resources
	▶ If filing for multiple positions, list below or on an attachment. (Do not	not use acronyms)
	Agonov	Position:
	Agency.	FUSITION.
2.	Jurisdiction of Office (Check at least one box)	
	State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	Other Public School District
3	Type of Statement (Check at least one box)	
Ο.	Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
	The period covered is/, throu December 31, 2023.	ough The period covered is January 1, 2023, through the date of leaving office.
	Assuming Office: Date assumed	☐ The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office so	sought, if different than Part 1:
4.	Schedule Summary (required) ► Total num	where of person including this cover person
	Schedules attached	mber of pages including this cover page:
	== 1	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
	concerns 2 / con / topony constant and one	
-0	or- None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	TY STATE ZIP CODE
		nico CA 95926
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(530) 891-3000	MAllen@chicousd.org
	I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle	e reviewed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.
	Date Signed 2/12/24	Signature //////
	(month, day, year)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

Please type or print in ink. NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Besnard	Bruce	Robert
1. Office, Agency, or Court		T COSOT
Agency Name (Do not use acronyms) Chico Unified School District		
Division, Board, Department, District, if	applicable	Your Position
Shasta Elementary School		Principal
▶ If filing for multiple positions, list be	low or on an attachment. (Do not	t use acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check	at least one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
3. Type of Statement (Check at)	least one box)	
Annual: The period covered is Ja December 31, 2023.		Leaving Office: Date Left/(Check one circle.)
The period covered is	, through	The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed	l	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sou	ught, if different than Part 1:
I. Schedule Summary (require	ed) ► Total numl	ber 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 in	sterests on any schedule	
5. Verification	torodis on any sonodulo	
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Po 169 Leora Ct.	ubilic Document) Chi	co CA 95973
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-2141		bbesnard@chicousd.org
I have used all reasonable diligence in herein and in any attached schedules		reviewed this statement and to the best of my knowledge the information containe
I certify under penalty of perjury un	der the laws of the State of Cali	ifornia that the foregoing is true and correct.
Date Signed 2/22/2024		Signature
(month, day, y	ear)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received

Please type or print in ink.						
IAME OF FILER (LAST)	(FIRST)			(MIDDLE)		
Bettencourt	Jo Ann			F		
. Office, Agency, or Cou	urt					
Agency Name (Do not use ac	ronyms)					
Chico Unified School D	District					
Division, Board, Department, D	ristrict, if applicable		Your Posi	tion		-
► If filing for multiple positions	s, list below or on an attachment.	/Do not use ac	ronyme)			
Firming for manapic positions	s, not bolow or on an attachment.	(DO NOI BOO GOI	onymo,			
Agency:			_ Position:		_	
2. Jurisdiction of Office	(Check at least one box)					
State		ř		Retired Judge, Pro Tem J de Jurisdiction)	Judge, or Court Commiss	ioner
Multi-County			County	of		
				Public School Distr	rict	
			Union _			
3. Type of Statement (CI	neck at least one box)					
December 31, 2	red is January 1, 2023, through 023.		Leavin	g Office: Date Left (Check on		
-or- The period cove December 31, 2	red is/	, through	of I	e period covered is Janua eaving office.	ary 1, 2023, through the c	late
	assumed		-or- □ The	e period covered is	/ / t	hrough
Assuming Office. Date	assumed	,;		date of leaving office.	,	
Candidate: Date of Elect	ion and off	fice sought, if di	fferent than I	Part 1:		
. Schedule Summary (r	required) ► Total	number of	pages inc	luding this cover pa	age:	
Schedules attached						
Schedule A-1 - Investr	ments - schedule attached	☐ Sc	hedule C - /	ncome, Loans, & Busines	ss Positions – schedule a	attached
Schedule A-2 - Investr	nents - schedule attached	☐ Sc	hedule D - /	ncome – Gifts – schedule	e attached	
Schedule B - Real Pro	perty – schedule attached	☐ Sc	hedule E - /	ncome – Gifts – Travel P	Payments – schedule atta	ched
-or- 🗌 None - No report	able interests on any schedu	ıle				
i. Verification						
MAILING ADDRESS (Business or Agency Address Recomm	REET ended - Public Document)	CITY		STATE	ZIP CODE	
1163 E. 7th Street	·	Chico		CA	95928	
DAYTIME TELEPHONE NUMBER		EM/	AIL ADDRESS			
(530) 891-3117						
	ence in preparing this statement. I nedules is true and complete. I ac				nowledge the information	contained
I certify under penalty of per	jury under the laws of the State	of California ti	nat the fore	joing is true and correc	:t.	
Date Signed 1-31-	2024	Signa	ture	Dann Be	Moncourt	
(m	onth, day, year)			YFile the originally signed paper sta	atement with your filing official.)	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Bettencourt, Jo Ann F

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Chico Turf Plus LLC	
Name	Name
3030 Thorntree Dr. Ste 3 Chico, CA 9973	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE
NATURE OF INVESTMENT Partnership Sole Proprietorship Cther	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Vice President	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
=	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	I.I

Comments: ___



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) OTIA Devers 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) ommission: member-chair 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Multi-County Other Public School District City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/_ Annual: The period covered is January 1, 2023, through (Check one circle.) December 31, 2023. ☐ The period covered is January 1, 2023, through the date The period covered is ______, through of leaving office. December 31, 2023. The period covered is ____/___ the date of leaving office. Candidate: Date of Election ______ and office sought, if different than Part 1: ____ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions – schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule Verification CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER EMAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed** Signature

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDI	DLE)
Bromley	Charise	Nic	cole
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
		Director Figural Comi	
-		Director, Fiscal Servi	ces
▶ If filing for multiple positions, list below or on ar	attachment. (Do not us	e acronyms)	
Agency:		Position:	
, .go.i.o, i		Tosition.	
2. Jurisdiction of Office (Check at least on	e box)		
State	,	Udge Retired ludge Pro	Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)	rem saage, or court commissioner
Multi-County		County of	
		Other Public School	District
City of		Other Tablic School	
3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20	23. through	Leaving Office: Date Lef	t / /
December 31, 2023.	,		eck one circle.)
-or- The period covered is/	_/, through	☐ The period covered is	January 1, 2023, through the date
December 31, 2023.	, <u>-</u>	of leaving office.	
Assuming Office: Date assumed/			, through
•		the date of leaving offi	ce.
Candidate: Date of Election	and office sought	if different than Part 1:	
			AND
4. Schedule Summary (required)	► Total number	of pages including this cover	er page:
Schedules attached			
Schedule A-1 - Investments - schedule att	ached	Schedule C - Income, Loans, & B	usiness Positions – schedule attached
Schedule A-2 - Investments – schedule att	ached	Schedule D - Income - Gifts - scl	hedule attached
Schedule B - Real Property - schedule att	ached	Schedule E - Income - Gifts - Tra	avel Payments - schedule attached
-or- In None - No reportable interests on	any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)			25222
1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico	CA EMAIL ADDRESS	95928
(530) 891-3000 ext. 20127			
I have used all reasonable diligence in preparing thi	s statement. I have revie	cbromley@chicousd.org	my knowledge the information contained
herein and in any attached schedules is true and c			my knowledge the information contained
I certify under penalty of perjury under the laws			orrect.
, and a second			٨
Date Signed 1/8/24	S	gnature (M /	
(month, day, year)			aper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

Please type or print in in	k	
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Caldera	Pedro	Α
1. Office, Agency, o	or Court	
Agency Name (Do no		
Chico Unified Sc		
Division, Board, Depart	ment, District, if applicable	Your Position
		Director of Secondary Education
▶ If filing for multiple	positions, list below or on an attachment. (Do	o not use acronyms)
Agency:		Position:
2. Jurisdiction of (Office (Check at least one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
(S <u></u>	ent (Check at least one box)	—
	od covered is January 1, 2023, through er 31, 2023.	Leaving Office: Date Left/(Check one circle.)
The peri	od covered is/, the er 31, 2023.	nrough The period covered is January 1, 2023, through the date of leaving office.
Assuming Office:	Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Date	of Election and office	e sought, if different than Part 1:
4. Schedule Summ	ary (required) ► Total nu	umber of pages including this cover page:
Schedules atta		
Schedule A-1 -	Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Investments – schedule attached	Schedule D - Income - Giffs - schedule attached
Schedule B - F	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 C	CITY STATE ZIP CODE
1163 E. 7th Stree	,	Chico CA 95926
DAYTIME TELEPHONE NUM		EMAIL ADDRESS
(530) 891-300	00	pcaldera@chicousd.org
	ble diligence in preparing this statement. I have hed schedules is true and complete. I acknow	ave reviewed this statement and to the best of my knowledge the information contained
		California that the foregoing is true and correct.
Date Signed 1/16/2	024	Signatura Padas A Caldana
Date Signed 1/10/2	(month, day, year)	Signature

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	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2272 Holly Avenue	
CITY	CITY
Chico	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$1	FAIR MARKET VALUE 1F APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,000 \$
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Loasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
8 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	S0 - \$499 S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	III :



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Student Support Coordinator Chico Unified School District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of ■ Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ______ December 31, 2023. (Check one circle.) The period covered is January 1, 2023, through the date The period covered is ______ through December 31, 2023. of leaving office. The period covered is ______, through the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1;___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule 7th Street Chico CA (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (500)891-3000 capen@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 | Signature riginally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Cariss	Timothy		Andrew	
1. Office, Agency, or	Court			
Agency Name (Do not u				
Division, Board, Departm	ent, District, if applicable	You	r Position	
		D	rector	
► If filing for multiple po	sitions, list below or on an attachment. (Do not use acronyms)	
Agency:		Pc	sition;	
2. Jurisdiction of Of	ffice (Check at least one box)			
State			udge, Retired Judge, Pro Tem Jud tatewide Jurisdiction)	dge, or Court Commissioner
Multi-County			ounty of	
			ther Public School Distric	t
3. Type of Statemen	nt (Check at least one box)			-
	d covered is January 1, 2023, through		eaving Office: Date Left (Check one	J circle.)
-or- The period December	1 covered is/	unough	The period covered is January of leaving office.	/ 1, 2023, through the date
Assuming Office:	Date assumed/		The period covered is/. the date of leaving office.	, through
Candidate: Date of	Election and offi	ce sought, if different	than Part 1:	El S
4. Schedule Summa	ry (required) ► Total	number of page:	s including this cover pag	e:
Schedules attack	hed			
Schedule A-1 - //	nvestments - schedule attached	=	C - Income, Loans, & Business	
	nvestments – schedule attached		e D - Income — Gifts — schedule a e E - Income — Gifts — Travel Pay	
Schedule B - Re	al Property – schedule attached	Scheduli	e E • Income – Gins – Traver Pay	ments – schedule attached
-or- None - No n	eportable interests on any schedu	le		
5. Verification				
MAILING ADDRESS (Business or Agency Address R	STREET Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 E. 7th Street	· ·	Chico	CA	95928
DAYTIME TELEPHONE NUMBI	ER	EMAIL ADD	RESS	
(530) 891-3000				
	e diligence in preparing this statement. I ed schedules is true and complete. I ack			wledge the information contained
I certify under penalty of	of perjury under the laws of the State	of California that the	foregoing is true and correct.	
Date Signed 2/23/202	24	Signature	T- C	
	(month, day, year)		(File the originally signed paper state)	ment with your filing official.)



Date Initial Filing Received

PIE	ease type or print in ink.			
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
	onnelly	Courtny		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms) Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Emma Wilson Elementary		Principal	
	▶ If filing for multiple positions, list below or on a	n attachment. (Do not us	acronyms)	
	Agency:		Position:	
<u></u> 2.	Jurisdiction of Office (Check at least of	ne box)		
	State		Judge, Retired Judge, Pro Ten (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School Dis	trict
3.	Type of Statement (Check at least one b	ox)		
	Annual: The period covered is January 1, 2 December 31, 2023.		Leaving Office: Date Left(Check	one circle.)
	The period covered is/ December 31, 2023.	J, through	The period covered is Jar of leaving office.	nuary 1, 2023, through the date
	Assuming Office: Date assumed/_		The period covered is the date of leaving office.	, through
	Candidate: Date of Election	and office sought	different than Part 1:	
4.	Schedule Summary (required) Schedules attached	► Total number	f pages including this cover	page:
	Schedule A-1 - Investments – schedule at	tached	Schedule C - Income, Loans, & Busir	ess Positions – schedule attached
	Schedule A-2 - Investments – schedule at	tached	Schedule D - Income - Gifts - sched	ule attached
	Schedule B - Real Property - schedule at	tached	Schedule E - Income – Gifts – Travel	Payments - schedule attached
-0	or- None - No reportable interests or	n any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE	ZIP CODE
	1163 E. 7th Streeet	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
	(530) 891-3297		cconnelly@chicousd.org	
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and the schedules in the schedule	is statement. I have revie complete. I acknowledge	ed this statement and to the best of my is is a public document.	knowledge the information contained
	I certify under penalty of perjury under the law	s of the State of Califor	that the foregoing is true and corr	ect.
	Date Signed 2/22/24 (month, day, year)		nature (File the accordally signed pages	statement with your filing official.)
	111 /1		to me may addition to the paper	y y y y y y

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

2098 Cilantro Drive	11
city Redding	СІТҮ
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
LeaseholdOther	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
business on terms available to members of the public	c without regard to your official status. Personal loans and
You are not required to report loans from a commerc business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and
business on terms available to members of the publi loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the publicologies of the publicologies. It is not in a lender's regular course of busing the course of business of the course of business of the course of t	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the publicological loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the publicological loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the publicans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's received not in a lender's regular course received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course of business received not in a lender's regular course received not in a lender's received not in a lender's regular course received not in a lender's received not in a lender'	NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————



Date Initial Filing Received Filing Official Use Only

Please type	or print in ink.			
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
Copper		Dustin	Todd	
1. Office,	Agency, or Court			
	lame (Do not use acronyms) Unified School District	×		
Division,	Board, Department, District, if applical	ole	Your Position	
Mainte	nance and Operations		M&O Manager	
► If filing	for multiple positions, list below or o	n an attachment. (Do not use	acronyms)	
Agency:			Position:	
2. Jurisd	iction of Office (Check at leas	t one box)		
State			Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	ge, or Court Commissioner
☐ Multi-	County		County of	
City o			Other Public School District	
3. Type o	of Statement (Check at least on	e box)		
Anne	ual: The period covered is January 1 December 31, 2023.		Leaving Office: Date Left(Check one of	
•	The period covered is/_ December 31, 2023.	, through	The period covered is January of leaving office.	1, 2023, through the date
Assu	uming Office: Date assumed	J	The period covered is/_ the date of leaving office.	, through
Cano	lidate: Date of Election	and office sought,	f different than Part 1:	
4. Sched	ule Summary (required)	► Total number of	of pages including this cover page	9:
Sched	ules attached		, , , , , , , , , , , , , , , , , , ,	<u> </u>
S	chedule A-1 - Investments – schedule	e attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Sc	chedule A-2 - Investments – schedule	e attached	$ \begin{tabular}{lll} \textbf{Schedule D -} & \textit{Income} - \textit{Gifts} - \textit{schedule a} \\ \end{tabular} $	
☐ Se	chedule B - Real Property – schedule	e attached	Schedule E - Income - Gifts - Travel Payr	ments – schedule attached
=	Mana N	, , ,		
	Vone - No reportable interests	on any schedule		
5. Verifica		CITY	STATE	ZIP CODE
(Business o	r Agency Address Recommended - Public Docu	ment)		
	East 7th st.	Chico	Ca.	95928
(530) 891-3095		dcopper@chicousd.org	
I have us			ed this statement and to the best of my know	wledge the information contained
	<u> </u>	·	a that the foregoing is true and correct.	
Date Sigr	ned 1/16/24	e:-	insture delication	
Date Sigi	(month, day, year)	310	nature (Vile the originally signed paper staten	ent with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.		
NAME OF FILER (LAST) CUNNIFF	(FIRST)	(MIDDLE)
	Stephanie	Jean
I. Office, Agency, or Court		
Agency Name (Do not use acronyma Chico Unified School Distric	<i>'</i>	
Division, Board, Department, District,	if applicable	Your Position
Little Chico Creek		Assistant Principal
▶ If filing for multiple positions, list b	elow or on an attachment. (Do not u	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Chec	k at least one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
3. Type of Statement (Check a	least one box)	
Annual: The period covered is December 31, 2023.		Leaving Office: Date Left//(Check one circle.)
The period covered is December 31, 2023.		 The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assume	ed/	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	t, if different than Part 1:
. Schedule Summary (requi	red) ► Total numbe	r of pages including this cover page:
Schedules attached	,	
Schedule A-1 - Investments -	- schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments -	schedule 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 i	nterests on any schedule	
i. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended -	CITY Public Document)	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
()		
I have used all reasonable diligence in herein and in any attached schedules	preparing this statement. I have revi	ewed this statement and to the best of my knowledge the information contained by this is a public document.
	_	rnia that the foregoing is true and correct.
Date Signed 1/16/2024	year)	Signature



Date Initial Filling Received Filing Official Use Only

Pl	ease type or print in ink.		
NA	AME OF FILER (LAST)	(FIRST)	(MIDDLE)
_	Darby	Caitlin	Marie
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		Board Trustee - President
	Division, Board, Department, District, if applicab	le	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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		Other Public School District
3.	Type of Statement (Check at least one		
	Annual: The period covered is January 1, December 31, 2023.		Leaving Office: Date Left/
	The period covered is	, through	•
	Assuming Office: Date assumed		☐ The period covered is/ through the date of leaving office.
	Candidate: Date of Election	and office soug	ht, if different than Part 1:
4.	Schedule Summary (required)	► Total number	er of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	or- None - No reportable interests	on any schedule	
5.	Verification Verification	on any denodate	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE ZIP CODE
	1163 E. 7 Street DAYTIME TELEPHONE NUMBER	Chi	EMAIL ADDRESS CA 95928
	(530) 891-3000		Caittin dally C chicourd ora
	I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have revidence to the complete. I acknowledge	riewed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the la	ws of the State of Califo	ornia that the foregoing is true and correct.
	Date Signed 07 - 22 - 2024 (month, day, year)		Signature (File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amazon.com, Inc.	Apple To
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
TO 1: Text (D)	
Information Tech + Retail FAIR MARKET VALUE	Consumer Electronics & Software
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
X Stock ☐ Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe)
☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	J
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
1	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	//23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	
P NAME OF BOOMESS EATTY	► NAME OF BUSINESS ENTITY
OFFICE AND ADDRESS OF THE ADDRESS OF	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , , , , , , , , , , , , , , , , , , ,	
// <u>23</u> / <u>23</u> ACQUIRED DISPOSED	//23
	מפרטפני
Comments:	



Date Initial Filing Received

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
De Luna	Amy	Marie	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Chico Unified School District			
Division, Board, Department, District, if	applicable	Your Position	
Emma Wilson Elementary Sch	ool	Assistant Principal	
▶ If filing for multiple positions, list belo	ow or on an attachment. (Do no	t use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
State	,	☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of		Other Public School Distr	
3. Type of Statement (Check at Id			
Annual: The period covered is Ja December 31, 2023.	•	Leaving Office: Date Left(Check or	ne circle.)
-or- The period covered is December 31, 2023.	, through	th The period covered is Janu of leaving office.	ary 1, 2023, through the date
Assuming Office: Date assumed		- -	/, through
Candidate: Date of Election	and office sou	ight, if different than Part 1:	
4. Schedule Summary (require	d) ► Total numi	per of pages including this cover p	age:
Schedules attached		μ.σ	
Schedule A-1 - Investments - s	chedule attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – s	chedule attached	Schedule D - Income - Gifts - schedul	
Schedule B - Real Property – s	chedule attached	Schedule E - Income - Gifts - Travel F	Payments – schedule attached
-or- None - No reportable int	arasts on any schodula		
5. Verification	erests on any schedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pu	blic Document) Chic	co CA	95928
DAYTIME TELEPHONE NUMBER	Chile	EMAIL ADDRESS	90920
(530) 891-3000	a'y		
I have used all reasonable diligence in pherein and in any attached schedules is		eviewed this statement and to the best of my lidge this is a public document.	knowledge the information contained
I certify under penalty of perjury und	er the laws of the State of Cali	fornia that the foregoing is true and corre	et.
Date Signed 1/22/24		Signature	
(month, day, ye	ar)	(File the originally signed paper s	tatement with your filing official.)



Date Initial Filing Received

Please type or print in ink.		
IAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Enserro	Joseph	P
l. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if app	licable	Your Position
		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 I	least one box)	
State	dadi dhe benj	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
State		(Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
3. Type of Statement (Check at leas	•	
Annual: The period covered is Janua December 31, 2023.	ıry 1, 2023, through	Leaving Office: Date Left/(Check one circle.)
	, throug	h The period covered is January 1, 2023, through the date
December 31, 2023.		of leaving officeor-
Assuming Office: Date assumed		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sou	ght, if different than Part 1:
. Schedule Summary (required)	► Total numi	per of pages including this cover page:
Schedules attached	P Total Hums	er or pages moluting this cover page.
Schedule A-1 - Investments – sche	edule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – sche	·	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – sche		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🔳 None - No reportable intere	ests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)	STATE ZIP CODE
2455 Carmichael dr	Chic	co Ca 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 8913000		venserro@chicousd.org
I have used all reasonable diligence in prepherein and in any attached schedules is tru		eviewed this statement and to the best of my knowledge the information contained
·	·	fornia that the foregoing is true and correct.
y promy se postary and a		
Date Signed 1.17.24		Signature
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Ple	ase type or print in ink.		
IAV	ME OF FILER (LAST) (FII	RST)	(MIDDLE)
	Callaty .T	oseph	Nulson
۱.	Office, Agency, or Court	1	
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	CUSD		Asst. Principal
	▶ If filing for multiple positions, list below or on an atta	achment. (Do not us	se acronyms)
	Agency:		Position:
	, igolog.		T CORNOTI,
2.	Jurisdiction of Office (Check at least one be	ox)	
	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
			(Statewide Jurisdiction)
	Multi-County		County of
	City of		Other Public School District
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2023,	through	Leaving Office: Date Left/
	December 31, 2023.		(Check one circle.)
	The period covered is/	, through	 The period covered is January 1, 2023, through the date of leaving office. -or-
	Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sough	t, if different than Part 1:
I.	Schedule Summary (required)	► Total number	r of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments - schedule attache	ed	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments - schedule attache	ed	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attache	ed L	Schedule E - Income - Gifts - Travel Payments - schedule attached
-C	or- None - No reportable interests on ar	y schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	1163 E. 7th St.	Chi	co CA 95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(530) 891-3000		igallaty & chicousd. org
	I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com		ewed this statement and to the best of my knowledge the information contained this is a public document.
	I certify under penalty of perjury under the laws of	the State of California	rnia that the foregoing is true and correct.
	1.1.		16/11
	Date Signed / 16/2 4 (month, day, year)		Signature (File the originally signed pager statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

_	ase type or print in ink.				
_	IE OF FILER (LAST)	(FIRST)		(MIDDLE)	
_	erman	Eric		Johan	
1. (Office, Agency, or Co	ourt			
	Agency Name (Do not use a Chico Unified School	- '			
	Division, Board, Department,	District, if applicable		Your Position	
	M&O			M&O Manager	
2	► If filing for multiple position	ns, list below or on an attachmen	t. (Do not use a		
	u uniper production	,	. ,	, ,	
	Agency:			Position;	
 2.	Jurisdiction of Office	e (Check at least one box)			
	State	,		 Judge, Retired Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) 	oner
	Multi-County			County of	
				Other Public School District	
_					
3.	Type of Statement (
	Annual: The period cov December 31,	vered is January 1, 2023, through 2023.		Leaving Office: Date Left//(Check one circle.)	
	The period cov December 31,	vered is//	, through	The period covered is January 1, 2023, through the da of leaving officeor-	ite
	Assuming Office: Date	assumed/	-	The period covered is/, the date of leaving office.	rough
	Candidate: Date of Ele	ction and	office sought, if	different than Part 1:	
4.	Schedule Summary	(required) > Too	tal number of	f pages including this cover page:	
	Schedules attached		ai iidiiibei Oi	pages including this cover page.	
				Schedule C - Income, Loans, & Business Positions – schedule at	tached
		tments – schedule attached tments – schedule attached		Schedule D - Income - Gifts - schedule attached	laonea
		roperty – schedule attached	=	Schedule E · Income – Gifts – Travel Payments – schedule attac	hed
	Schedule B - Near F	ropeny – sonedule attached			
-0	or- 🔳 None - No repo	rtable interests on any sch	edule		
5 . '	Verification				
		STREET	CITY	STATE ZIP CODE	
	(Business or Agency Address Recorn 1163 E 7th	irnended - Public Document)	Chico	Ca 95928	
	DAYTIME TELEPHONE NUMBER			MAIL ADDRESS	
	(530) 891-3095			Egerman@chicousd.org	
	7	ligence in preparing this statement		ed this statement and to the best of my knowledge the information	contained
		chedules is true and complete. I			
	I certify under penalty of pe	erjury under the laws of the Sta	ate of California	that the foregoing is true and correct.	
				0.1	
	Date Signed 1/16/2024	(month day year)	Sigr	nature (File the originally signed paper statement with your filing official.)	
		(month, day, year)		true and originary signed paper statement with your ming omciat.)	



Date Initial Filing Received
Filing Official Use Only

	ase type or print in ink.					
	E OF FILER (LAST)	(FIRST)	(MIDDLE)			
Go	odinez	Gloria	Garcia			
1. (Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
3	Division, Board, Department, District, if	applicable	Your Position			
	Citrus and Rosedale Element	ary	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)				
į	State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)			
[Multi-County		County of			
l	City of		Other Public School District			
3.	Type of Statement (Check at	least one box)				
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4.	Schedule Summary (require	ed) ► Total num	ber of pages including this cover page:			
	Schedules attached					
	Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached			
	Schedule A-2 - Investments –		Schedule D - Income - Gifts - schedule attached			
	Schedule B - Real Property -		Schedule E - Income - Gifts - Travel Payments - schedule attached			
-0	r- 🔳 None - No reportable in	terests on any schedule				
5. \	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	city	STATE ZIP CODE			
	1163 E 7th St	Chi	ico Ca 95928			
2	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(530) 891-3000		ggodinez@chicousd.org			
 	l have used all reasonable diligence in herein and in any attached schedules i	preparing this statement. I have s true and complete. I acknowle	reviewed this statement and to the best of my knowledge the information contained edge this is a public document.			
ı	certify under penalty of perjury und	ler the laws of the State of Ca	lifornia that the foregoing is true and correct.			
ı	Date Signed 1/16/24 (month, day, yi	var)	Signature Mana Hours (File the originally signed paper statement with your filing official.)			
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Date Initial Filing Received
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Name of Penetre (LAST)	Ple	ease type or print in ink.						
1. Office, Agency, or Court Agercy Name (<i>Do not use acronyms</i>) Chico Unified School District Division, Beard, Department, District, if applicable If filing for multiple positions, list below or on an attachment. (<i>Do not use acronyms</i>) Agency. Position: 2. Jurisdiction of Office (<i>Check at least one box</i>) State Stat	NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		
Agency Name (**Do not use acronyms) Chico Unified School District Division, Board, Department, District if applicable **If filing for multiple positions, list below or on an attachment. (**Do not use acronyms) **Agency:** **Position:** **Posi	G	Gunderson	John			Allen		
Chico Unified School District Division, Board, Department, District, if applicable If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: Position:	1.	Office, Agency, or Court						
Division, Board, Department, District, if applicable Vour Position None - No reportable interests on any schedule Schedule At - Investments - schedule attached Schedule B - Real Property - Schedule		Agency Name (Do not use acronyms)						
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Agency:		Division, Board, Department, District, if	applicable		Your Po	osition		
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State		It thing for multiple positions, list bei	ow or on an attachment.	(Do not use	acronyms)			
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Multi-County	2.	Jurisdiction of Office (Check	at least one box)					
Multi-County City of Multi-County of Other Public School District		State			_	•	dge, or Court Commission	oner
City of Dother Public School District					•	,		
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through December 31, 2023. Or								
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Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 280 Memorial Way Chico CA 95926 DAYTIME TELEPHONE NUMBER (530) 891-3066 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 1/16/24 Signature	Τ.	- ' '	•u) ► 10ta	n number	or pages in	cluding this cover pat	ge	
Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached 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 EMAIL ADDRESS jgunderson@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 1/16/24 Signature		Schedule A-1 - Investments -	schedule attached	_	Schedule C	- Income, Loans, & Business	Positions – schedule at	tached
-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 jgunderson@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 1/16/24 Signature		_		-	Schedule D	- Income - Gifts - schedule	attached	
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 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 1/16/24 Signature		Schedule B - Real Property -	schedule attached		Schedule E	- Income – Gifts – Travel Pa	yments - schedule attac	hed
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 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 1/16/24 Signature								
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I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/16/24 Signature		DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS			
herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/16/24 Signature		(530) 891-3066			jgunderso	n@chicousd.org		
Date Signed 1/16/24 Signature							owledge the information	contained
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Filing Official Use Only

Please type or print in ink.				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Hartman	Marie		Wagner	
1. Office, Agency, or	Court			
Agency Name (Do not a	use acronyms)			
Chico Unified Scho	ool District			
Division, Board, Departm	nent, District, if applicable	Yo	ur Position	
		С	irector	
► If filing for multiple po	ositions, list below or on an attachment. (De	o not use acronym	s)	
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State			ludge, Retired Judge, Pro Tem Jud Statewide Jurisdiction)	age, or Court Commissioner
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City of			Other Public School Distric	
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-or-	d covered is/, tl	hrough	☐ The period covered is January	y 1, 2023, through the date
	r 31, 2023.	illough	of leaving office.	
Assuming Office:	Date assumed	5)	The period covered is the date of leaving office.	/, through
Candidate: Date of	of Election and office	e sought, if differen	t than Part 1:	
4. Schedule Summa	ary (required) ► Total n	umber of page	s including this cover pag	ge:
Schedules attac	• • •		, ,	0======
Schedule A-1 -	Investments – schedule attached	Schedu	le C - Income, Loans, & Business	Positions - schedule attached
	Investments – schedule attached	Schedu	le D - Income - Gifts - schedule	attached
Schedule B - R	eal Property - schedule attached	Schedu	le E - Income – Gifts – Travel Pa	yments - schedule attached
::	reportable interests on any schedule	ə		
5. Verification	OTDEET	CITY	STATE	ZIP CODE
MAILING ADDRESS (Business or Agency Address	STREET Recommended - Public Document)	CITY	SIAIE	ZIF CODE
279 Brookvine Ci		Chico	CA	95973
(530) 891-300		EMAIL ADI		
I have used all reasonal	ole diligence in preparing this statement. I h	ave reviewed this s	man@chicousd.org tatement and to the best of my knowledge.	owledge the information contained
	ned schedules is true and complete. I acknowledge of perjury under the laws of the State of			
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Date Signed	(month, day, year)	Signature	(File the originally signed paper state	lement with your fiting official.)



Date Initial Filing Received

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Heath	Shawneese	Cunningha	am
1. Office, Agency, or Court			
Agency Name (Do not use acron Chico Unified School Dist	•		
Division, Board, Department, Distr	ict, if applicable	Your Position	-
<u> </u>		Principal- Marigold School	
► If filing for multiple positions, li	st below or on an attachment. (Do not use	acronyms)	***
Agency:		Position:	
2. Jurisdiction of Office (C	heck at least one box)		
State		Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	e, or Court Commissioner
Multi-County		County of	<u>x</u>
City of		Other Public School District	
3. Type of Statement (Chec			,
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-or- The period covered December 31, 2023	is, through 3.	☐ The period covered is January of leaving office.	1, 2023, through the date
Assuming Office: Date ass	umed	The period covered is	, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (rec	uired) ► Total number	of pages including this cover page	: 1
Schedules attached	, , , , , , , , , , , , , , , , , , , ,	or had a management of the factor of the fac	11
Schedule A-1 - Investmer	nts – schedule attached	Schedule C - Income, Loans, & Business P	ositions - schedule attached
Schedule A-2 - Investmen	nts – schedule attached	Schedule D - Income - Gifts - schedule att	
Schedule B - Real Proper	ty – schedule attached	Schedule E - Income - Gifts - Travel Paym	ents – schedule attached
-or- No reportab	do intereste en any schedula		
5. Verification	le interests on any schedule		
MAILING ADDRESS STRE		STATE	ZIP CODE
(Business or Agency Address Recommend 1163 E. 7th Street	ed - Public Document) Chico	CA	95928
DAYTIME TELEPHONE NUMBER	Criico	EMAIL ADDRESS	00020
(530) 891-3000		sheath@chicousd.org	
I have used all reasonable diligen-	ce in preparing this statement. I have review ules is true and complete. I acknowledge t	ved this statement and to the best of my know	ledge the information contained
I certify under penalty of perjur	y under the laws of the State of Californi	ia that the foregoing is true and correct.	
Date Signed 1/16/2024	Si	gnature Shawan L.	Heath
	i, day, year)	(File the originally signed paper stateme	ent With your filing official.)



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Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Denna 1. Office, Agency, or Court Agency Name (Do not use acronyms) Asst. Phnapal Chico Unified School District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ Position: ___ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County County of Other Public School District City of 3. Type of Statement (Check at least one box) N Annual: The period covered is January 1, 2023, through Leaving Office: Date Left _____/_ (Check one circle.) December 31, 2023. -or-☐ The period covered is January 1, 2023, through the date The period covered is ______, through of leaving office. December 31, 2023. The period covered is ______, through the date of leaving office. Candidate: Date of Election ___ _____ and office sought, if different than Part 1:__ Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS ZIP CODE STREET STATE (Business or Agency Address Recommended - Public Document) 95973 CA 475 East Avenue EMAIL ADDRESS DAYTIME TELEPHONE NUMBER dholen @, chicousd.org (530) 891-3050 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed Signature (File the originally signed paper statement with your filing official.)



(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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	ease type or print in ink.		
NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
_	JONES	Scott	P.
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable	Э	Your Position
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	Agency:		Position:
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	Multi-County		County of
	City of		Other Public School District
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ა.	Type of Statement (Check at least one		
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	December 31, 2023.		of leaving officeor-
	Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sou	ght, if different than Part 1:
4.	Schedule Summary (required)	► Total numb	per of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	or-None - No reportable interests	on any schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY ent)	STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	()		
	I have used all reasonable diligence in preparing herein and in any attached schedules is true and		eviewed this statement and to the best of my knowledge the information contained dge this is a public document.
	I certify under penalty of perjury under the la	·	
	Date Signed 01/21/2024		Signature Your Green

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



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Plε	ease type or print in ink,				
NA	ME OF FILER (LAST) (FIRST)		(MIDDLE)		
K	amph Jessica		Ann		
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms) Chico Unified School District				
	Division, Board, Department, District, if applicable		Your Position		
	Marsh Junior High School		Principal		
	► If filing for multiple positions, list below or on an attachment. (<i>I</i>	Do not use			
	The state of the s	20 NOT 000	acionymay		
	Agency:		Position:		
 2.	Jurisdiction of Office (Check at least one box)				
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	Multi-County		County of		
	City of		Other Public School District		
2	Type of Statement (Check at least one box)				
J.	Annual: The period covered is January 1, 2023, through		Leaving Office: Date Left/		
	December 31, 2023.		(Check one circle.)		
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	Assuming Office: Date assumed/	-	The period covered is/, through the date of leaving office.		
	Candidate: Date of Election and office	ce sought, i	f different than Part 1;		
1.	. Schedule Summary (required) ► Total number of pages including this cover page:				
	Schedules attached	iumser (pages including this cover page.		
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached		
	Schedule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached		
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- None - No reportable interests on any schedule					
_	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
	28 Rose Garden Ct.	Chico	CA 95973		
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	(530) 966-6226		jkamph@chicousd.org		
	I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ackr	nave review	ed this statement and to the best of my knowledge the information contained		
	I certify under penalty of perjury under the laws of the State of	of California	a that the foregoing is true and correct.		
	0.100.10.4		Nelly SA		
	Date Signed 2/20/24 (month, day, year)	Sig	(File the originally signed placer statement with your filing official.)		
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Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Kristine Diane Keene 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Director, State and Federal Programs ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: __ Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County County of Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ___ December 31, 2023. (Check one circle.) -or-The period covered is January 1, 2023, through the date The period covered is ___ of leaving office. December 31, 2023. ☐ The period covered is _____/___ Assuming Office: Date assumed _____/___ the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1:_ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 E. 7th Street Chico CA 95928 DAYTIME TELEPHONE NUMBER **EMAIL 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 1/16/24 (File the originally signed paper statement with your filing official.) (month, day, year)



Date Initial Filing Received

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Vincent Matt Kermen 1. Office, Agency, or Court Agency Name (Do not use acronyms) Assistant Principal Chico Unified School District Division, Board, Department, District, if applicable ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ Position: 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) Multi-County _____ County of Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left _____/_ December 31, 2023. (Check one circle.) ☐ The period covered is January 1, 2023, through the date The period covered is of leaving office. December 31, 2023. ☐ The period covered is _______, through Assuming Office: Date assumed ____ the date of leaving office. Candidate: Date of Election _ and office sought, if different than Part 1: 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-X None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 95928 148 Delaney EMAIL ADDRESS DAYTIME TELEPHONE NUMBER mkermene chicousal (530) **890** - 3050 K31111 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. (File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) 056 N 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Principa ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ____ December 31, 2023. (Check one circle.) ☐ The period covered is January 1, 2023, through the date The period covered is _______, through of leaving office. December 31, 2023. The period covered is _ Assuming Office: Date assumed _____/__ the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property – schedule attached None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 0642 DAYTIME TELEPHONE NUMBER I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. **Date Signed** Signature nth your filing official.)



Date Initial Filing Received
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A PUBLIC DOCUMENT

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 Your Position **Facilities Department** Director ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left _____/_ (Check one circle.) December 31, 2023. -01-| | The period covered is January 1, 2023, through the date The period covered is ______, through of leaving office. December 31, 2023. The period covered is ______, through Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election ____ _____ and office sought, if different than Part 1;_ Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached Or- None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 1163 E. 7th Street CA 95928 Chico DAYTIME TELEPHONE NUMBER EMAIL 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 February 21, 2024 Signature (month, day, year)

SCHEDULE A-2 Investments, Income, and Assets

of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
A-Line	
Name	Name
1635 Lazy Trail Drive, Chico CA 95926	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
Durham Unified School District Hamilton Unified School District	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	[1

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► NAME OF SOURCE United Buildin)		NAME OF SOURCE	E (Not an Acrony	m)	
ADDRESS (Business Address Acceptable) 275 Fairchild Avenue, Chico, CA 95973			-	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVIC		DURCE	-	BUSINESS ACTIVIT	TY, IF ANY, OF S	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	- 11	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
6 3 23	250.00 \$	Baseball Tickets	-		\$:	
	\$	(g		\$	-	
	\$	9	-		\$:	
► NAME OF SOURCE	E (Not an Acronym	r)		► NAME OF SOURC	E (Not an Acrony	m)	
ADDRESS (Busine	ss Address Accepta	ble)	-	ADDRESS (Busines	s Address Accep	table)	
BUSINESS ACTIV	ITY, IF ANY, OF SO	DURCE		BUSINESS ACTIVIT	TY, IF ANY, OF S	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$		9	/	\$	-	
	\$	-	-		\$		
	\$		3		\$	-	
NAME OF SOURCE	E (Not an Acronym	n)		► NAME OF SOURC	E (Not an Acrony	rm)	
ADDRESS (Busine	ss Address Accepta	ble)		ADDRESS (Busines	ss Address Accep	table)	
BUSINESS ACTIV	ITY, IF ANY, OF SO	DURCE	=	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	-	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$		-		\$		
	\$		-		\$		
	\$		_		\$		
Comments:							



Date Initial Filing Received
Filing Official Use Only

	ase type or print in ink.	
NAN	ME 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
	▶ If filing for multiple positions, list below or on an attachment. (Do not u	se acronyms)
	Agency: Chico Unified School District	Position: Executive Director Human Resources
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
	Multi-County	County of
	City of	Other Public School District
3	Type of Statement (Check at least one box)	
J.		Landing Office: Date Left
	Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
	The period covered is, through December 31, 2023.	The period covered is January 1, 2023, through the date of leaving officeoror-
	Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sough	nt, if different than Part 1:
4	Schedule Summary (required) ► Total numbe	r of pages including this cover page:
ï	Schedules attached	or pages including this cover page.
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-C	r- None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	1163 E. 7th Street Chico	CA 95928
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(530) 891-3000	dkoll@chicousd.org
	I have used all reasonable diligence in preparing this statement. I have revi herein and in any attached schedules is true and complete. I acknowledge	lewed this statement and to the best of my knowledge the information contained e this is a public document.
	I certify under penalty of perjury under the laws of the State of Califo	rnia that the foregoing is true and correct.
		A/1//
		Signature Office of Signature (Signature of Signature of
	(month, day, year)	(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Plea	se type or print in ink.	
NAME	E OF FILER (LAST) (FIRST)	(MIDDLE)
	Konkin Rebecca	Ann
1. (Office, Agency, or Court	
	Agency Name (Do not use acronyms)	
100	Chico Unified School District	
[Division, Board, Department, District, if applicable	Your Position
		Member
1	If filing for multiple positions, list below or on an attachment. (Do not u	use acronyms)
	Azzani	Position:
	Agency:	Position.
2.	Jurisdiction of Office (Check at least one box)	
	State	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
		(Statewide Jurisdiction)
[Multi-County	County of BATE
[City of	Other Public School District
_		AT-
J.	Type of Statement (Check at least one box)	The section Officer Date Laff
l	Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/(Check one circle.)
	-or- The period covered is/, through	☐ The period covered is January 1, 2023, through the date
		of leaving office.
7	Assuming Office: Date assumed 12,15,202	☐ The period covered is/, through
		the date of leaving office.
[Candidate: Date of Election and office soug	ht, if different than Part 1;
4.	Schedule Summary (required) ► Total number	er of pages including this cover page:
	Schedules attached	
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments – schedule attached Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	r- None - No reportable interests on any schedule	
5. \	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	Raley 121 Blvd	ico CA 95928
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(530 1321-7665	Rebeccakon kino hot mail.com
	I have used all reasonable diligence in preparing this statement. I have re herein and in any attached schedules is true and complete. I acknowled	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
	I certify under penalty of perjury under the laws of the State of Calif	ornia that the foregoing is true and correct.
	Date Signed 3/14/24	$\langle \rangle_{0} \rangle_{0}$
	Date Signed (month, day, year)	Signature (File the originally somed paper statement with your filing official.)
	1 1 22 1	A CONTRACT OF THE PROPERTY OF

SCHEDULE A-1 Investments

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

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Schwob Brokengenicont	Robin Hood Stoole schort
GENERAL DESCRIPTION OF THIS BUSINESS	
OLINE SEGGINI HON OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAID MADIET MADE	
FAIR MARKET VALUE \$10,001 - \$10,000	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	WAJURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /23 / /23	
//23//23 ACQUIRED DISPOSED	//23
NAME OF BUSINESS ENTITY	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SELECTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000\$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INIVERTMENT
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
	Income Received of \$500 of More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	WALLEGABLE, CIOT BATE.
//23//23_ ACQUIRED DISPOSED	
	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	SELECTED SECOND HON OF THIS BOOMESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, ,,,,,,	THE CONSEL, LIST DATE.
//23//23/ ACQUIRED DISPOSED	
אסמסוועבט טוסרטקבט	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	▶ 1. BUSINESS ENTITY OR TRUST
OANC medizolfrom + Roley 1314C	Raley 141 LLC Sugital Center
Raley 131 BIV) Chies	Name Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	☐ 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: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \(\frac{123}{23} \) \(\frac{123}{23} \) \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,000 \$10000,000 \$10000,000 \$10000,000 \$10000,000 \$10000,000 \$10000,000 \$10000,00
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION Duna
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY Language west Konken LL C	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
PT 64. 2e Bvilding Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE LIST DATE:	City or Other Precise Location of Real Property
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Properly Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Yrs. remaining Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

5 Avbum Cress Conny Chico (2)	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 23739 Vine Park Comm
FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,001 - \$1,000,000 \$10,000,000 \$10,000,000 \$10,000,000 \$10,000,000 \$10,000,000 \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER* 4660 Commy Ro-J6 Coppy, C	NAME OF LENDER*
Touch Loud Lead to color	11
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
ADDRESS (Business Address Acceptable)	
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None	BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None HIGHEST BALANCE DURING REPORTING PERIOD	BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None	BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) % None
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Wonths/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————

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
SANC Taylor // Porodise Medial Group	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) Pales 13/8/VIII Mongrove	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE 1010 SVITEA	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 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	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.) Sale of (Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	l
* You are not required to report loans from a commercial le a retail installment or credit card transaction, made in the	ending institution, or any indebtedness created as part of e lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym))/	► NAME OF SOURC	E (Not an Acronym,)
ADDRESS (Business Address Acceptable)	A -	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVI	TY, IF ANY, OF SC	DURCE
DATE (mm/dd/yy) VALUE DESCRI	PTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
\$			\$	
\$			\$	
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptab	ole)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	ΓΥ, IF ANY, OF SO	URCE
DATE (mm/dd/yy) VALUE DESCRIF	PTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
			\$	
			\$	
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	-
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SO	URCE
DATE (mm/dd/yy) VALUE DESCRIP	TION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$			\$	•
s			s	:=
Comments:				

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

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

· For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
·	
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
*	4-22 C
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):/
MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAME OF	FILER (LAST)	(FIRST)		(MIDDLE)	
Krug	,	Jaclyn		(MIDDEE)	
1. Off	ice, Agency, or Court				
Age	ncy Name (Do not use acronyms)				
	nico Unified School District				
Divi	sion, Board, Department, District, if applicable		Y	our Position	
Bu	siness Services			Assistant Superintendent	
>	f filing for multiple positions, list below or on ar	attachment. (Do not us	e acronyr	ns)	
Age	ency:			Position:	
2 1	windiction of Office and				
	risdiction of Office (Check at least on	e box)			
	State			Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner
	Multi-County			County of	
	City of			Other Public School Distric	et
	pe of Statement (Check at least one be				
_	Annual: The period covered is January 1, 20			Leaving Office: Date Left	Ĭ Ĭ
	December 31, 2023.	• •	1,	(Check one	
	The period covered is/	/, through		The period covered is Januar of leaving office.	y 1, 2023, through the date
	Assuming Office: Date assumed/_			The period covered is the date of leaving office.	through
	Candidate: Date of Election	and office sought,	if differe	nt than Part 1:	
4. Sc	hedule Summary (required)	► Total number	of page	es including this cover pag	
Sci	hedules attached		. •	, ,	
Г	Schedule A-1 - Investments – schedule att.	ached	Schedu	lle C - Income, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investments – schedule att.		_	ile D - Income - Gifts - schedule	
	Schedule B - Real Property - schedule atta	ached	Schedu	ile E - Income – Gifts – Travel Pay	ments – schedule attached
	=				
	None - No reportable interests on	any schedule			
	ification				
	ING ADDRESS STREET ness or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE
_	63 E. 7th Street	Chico		CA	95928
	IME TELEPHONE NUMBER		EMAIL AD	DRESS	
(53				r@chicousd.org	
here	re used all reasonable diligence in preparing thin in and in any attached schedules is true and c	s statement. I have revier omplete. I acknowledge	wed this s this is a p	statement and to the best of my kno public document.	wledge the information contained
l cer	tify under penalty of perjury under the laws	of the State of Californ	ia that tl	ne foregoing is true and correct.	1
Date	Signed 01/23/2024	Si	ignature	Haclim?	ngn
	(month, day, year)		-	(File the originally signed paper state	ment with your filing official.)

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.			
IAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Lando	Thomas	Michael	
l. Office, Agency, or Court			
Agency Name (Do not use acronyms) Chico Unified School District			
Division, Board, Department, District, if applic	cable	Your Position	
Board of Trustees		Vice-President	
▶ If filing for multiple positions, list below or	on an attachment. (Do not us	e acronyms)	-
Agency:		Position:	
2. Jurisdiction of Office (Check at le	ast one box)		
State		Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction)	ge, or Court Commissioner
Multi-County		County of	
City of		Other Chico Unified School	District
3. Type of Statement (Check at least			
Annual: The period covered is Januar December 31, 2023.		Leaving Office: Date Left (Check one	
The period covered is December 31, 2023.	/, through	The period covered is January of leaving office.	1, 2023, through the date
Assuming Office: Date assumed		The period covered is the date of leaving office.	through
Candidate: Date of Election	and office sough	t, if different than Part 1:	
4. Schedule Summary (required)	► Total number	of pages including this cover pag	e:
Schedules attached			
Schedule A-1 - Investments - sched	dule attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - sched	dule attached	Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property - sched	dule attached	Schedule E - Income – Gifts – Travel Pay	ments – schedule attached
-or- None - No reportable intere	sts on any schedule		
5. Verification	and any contradic		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public E 3 Carson Street #8	Occument) Chico	CA	95928
DAYTIME TELEPHONE NUMBER	011100	EMAIL ADDRESS	
(530) 354-1649		tlando@chicousd.org	
I have used all reasonable diligence in prepa	aring this statement. I have revi	ewed this statement and to the best of my know	owledge the information contained
herein and in any attached schedules is tru	e and complete. I acknowledge	e this is a public document.	1
I certify under penalty of perjury under t	he laws of the State of Califo	rnia that the foregoing is true and correct.	
Date Signed 02/05/2024		Signature	
(month, day, year)		Je the originally signed pager state	ement with your filing official.)

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
California Virtual Academies	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
50 Moreland Rd, Simi Valley CA 93065	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Charter School	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Middle School Instructional Lead	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)	(For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2,)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in th to members of the public without regard to your official s	lending institution, or any indebtedness created as part of e lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Pusings Address Association)	% None
ADDRESS (Business Address Acceptable)	SCOUDITY FOR LOAN
	SECURITY FOR LOAN
DUCINESS ACTIVITY IF ANY OF LENDED	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
·	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Streel address City
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Real Property Street address City Guarantor
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property Streel address City
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property Street address City Other



Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.			
NA	Me of filer (Last) LopeZ	(FIRST) Marisol	(MIDDLE)	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms) Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	▶ If filing for multiple positions, list below or on a	n attachment. (Do not use	acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least of	ne box)		
	State		Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	ge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School District	»
3.	Type of Statement (Check at least one b	oox)		
	Annual: The period covered is January 1, 2. December 31, 2023.	023, through	Leaving Office: Date Left/	
	The period covered is	_/, through	The period covered is January of leaving office.-or-	1, 2023, through the date
	Assuming Office: Date assumed/		The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
4.	Schedule Summary (required)	► Total number	of pages including this cover page	9 :
	Schedules attached			
	Schedule A-1 - Investments - schedule at	tached	Schedule C - Income, Loans, & Business F	
	Schedule A-2 - Investments – schedule at	l -	Schedule D - Income - Gifts - schedule at	
	Schedule B - Real Property – schedule at	tached L	Schedule E - Income – Gifts – Travel Payr	nents – schedule attached
-(or- 🗌 None - No reportable interests o	n any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE	ZIP CODE
	1163 E. 7th Street	Chi	co CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3000	sia atatament I bassa sasias	and this statement and to the best of way know	uladae the information contained
	I have used all reasonable diligence in preparing the herein and in any attached schedules is true and			viedge the information contained
	I certify under penalty of perjury under the law	s of the State of Californ	ia that the foregoing is true and correct.	
	Date Signed 1/25/2024 (month, day, year)	Si	gnature M Jenez (Fill the originally signed paper statem	ent with your filing official.)
_				

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1250 GIENShire LN	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Chico	CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
∠ Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None	None
Victor	
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	Ш
Comments:	



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-16	ase type or print in ink.					
NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Lo	ove	Rachel			Josephir	ne
1.	Office, Agency, or Court					
	Agency Name (Do not use acronym	s)				
	Chico Unified School Distric	t				
	Division, Board, Department, District,	if applicable		Your Po	sition	***
	Alternative Education			Assist	ant Principal	
	▶ If filing for multiple positions, list t	pelow or on an attachment. (Do	not use	acronyms)		
	Agency:			Position	:	;
2 .	Jurisdiction of Office (Che	ck at least one box)	-			
	State				Retired Judge, Pro Tem Juride Jurisdiction)	dge, or Court Commissioner
	Multi-County			County	of	
	City of				Public School Distric	
3.	Type of Statement (Check a					
	Annual: The period covered is December 31, 2023.	January 1, 2023, through		Leavi	ng Office: Date Left (Check one	
	-or- The period covered is December 31, 2023.	, th	rough		ne period covered is Januar leaving office.	y 1, 2023, through the date
	Assuming Office: Date assum	ed/			ne period covered is e date of leaving office.	, through
	Candidate: Date of Election	and office	sought,	if different than	Part 1:	
4.	Schedule Summary (requi	red) ► Total nu	ımber d	of pages in	cluding this cover pag	ge:
	Schedules attached	,		, 5	, ,	
	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 Pag	yments - schedule attached
-0	or- No reportable	interests on any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended -		CITY		STATE	ZIP CODE
	1163 East Seventh St.	·	Chico		CA	95928
	DAYTIME TELEPHONE NUMBER		1	EMAIL ADDRESS		-
	(530) 891-3092			rlove@chic	ousd.org	
	I have used all reasonable diligence in herein and in any attached schedule					owledge the information contained
	l certify under penalty of perjury u	nder the laws of the State of	Californi	a that the for	egoing is true and correct.	
	D				1/1	
	Date Signed 2/5/24 (month, da	(, year)	Sig	gnature	(File the originally signed paper state	ement with your filing official.)



Date Initial Filing Received Filing Official Use Only

чеаѕе туре ог ргіпт іп іпк.			
AME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Macaulay	Melinda		
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if application	le	Your Position	
		Asst. Vice Principal	
▶ If filing for multiple positions, list below or or	n an attachment. (Do not us	e acronyms)	
Agency:		Position;	
. Jurisdiction of Office (Check at least	one box)		
State	,	Judge, Retired Judge, Pro Tem J	ludge or Court Commissioner
		(Statewide Jurisdiction)	augo, or obuit commissions
Multi-County		County of	
City of		Other Public School Distr	
B. Type of Statement (Check at least on	e box)		
Annual: The period covered is January 1 December 31, 2023.	, 2023, through	Leaving Office: Date Left(Check or	
The period covered is/_ December 31, 2023.	, through	The period covered is Janua of leaving office.	ary 1, 2023, through the date
Assuming Office: Date assumed		**	, through
Candidate: Date of Election	and office sought	, if different than Part 1:	
Cabadula Cumman, (naminad)			
Schedule Summary (required) Schedules attached	► Total number	of pages including this cover page	age:
Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Busines	ss Positions – schedule attached
Schedule A-1 - Investments – schedule Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property – schedule		Schedule E - Income - Gifts - Travel P	Payments - schedule attached
concease 2 hour, spon,			
- or- Mone - No reportable interests	on any schedule		
i. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docur 1163 E 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	011100	EMAIL ADDRESS	00020
(530) 891-3000		mmacaulay@chicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true a		ewed this statement and to the best of my k	nowledge the information contained
I certify under penalty of perjury under the	aws of the State of Califor	nia that the foregoing is true and correc	ıt.
		l a a l	nation and
Date Signed 1/19/2024	5	Signature Melinda M	ecaul au
(month, day, year)		(File the originally signed paper st	alement with your filing office



Date Initial Filing Received Filing Official Use Only

PΙΘ	ease type or print in ink.	
NΑ	ME OF FILER (LAST) (FIRST)	(MIDDLE)
	Marchant Jay	
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms) Chico Unified School District	
	Division, Board, Department, District, if applicable	Your Position
	Educational Services	Assisistant Superintendent
	▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)
		9
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	Other Public School District
2	Type of Statement (Check at least one box)	
٠.	Annual: The period covered is January 1, 2023, through	Leaving Office: Date Left/
	December 31, 2023.	(Check one circle.)
	The period covered is	The period covered is January 1, 2023, through the date of leaving office.
	Assuming Office: Date assumed	☐ The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office soug	ht, if different than Part 1:
1	Schedule Summary (required) ► Total number	or of name including this course your
τ.	Schedules attached	er of pages including this cover page:
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
	Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	or- None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	1163 E.7th Street Chic	o CA. 95928
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
	(530) 891-3000	jmarchant@chicousd.org
	I have used all reasonable diligence in preparing this statement. I have re- herein and in any attached schedules is true and complete. I acknowledge	viewed this statement and to the best of my knowledge the information contained ge this is a public document.
	I certify under penalty of perjury under the laws of the State of Calife	
		111
	Date Signed February 22, 2024	Signature
	(month, day, year)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Filing Official Use Only

Make Kay David Stephen 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, applicable Bidwell Junior High School District	PΙε	ease type or print in ink.			
1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Bidwell Junior High School If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Sistewide Jurisdiction) Guty of	NΑ	ME OF FILER (LAST)	(FIRST)	(MIDDLE	
Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable 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 State State Statement (Check at least one box) City of Innut: The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: The period covered is January 1, 2023, through the date of leaving office. Candidate: Date of Election and office sought, if different than Part 1: Schedule A1 - Investments - schedule attached Schedule A2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B	N	1cKay	David	Steph	nen
Chico Unified School District Divisor, Board, Department, District, if applicable Bidwell Junior High School If fling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position Position: Position: Agency: Divisidiction of Office (Check at least one box) State Divisidiction of Office (Check at least one box) State Divisidiction of Office (Check at least one box) Divisidiction of Other Public Office Other Divisidiction of Other Divisidi	1.	Office, Agency, or Court			
Bidwell Junior High School If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tern Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County					
If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:		Division, Board, Department, District, if applicable	;	Your Position	
Position: Position: Position: Position: Position: Position:		Bidwell Junior High School		Principal	
State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County County of County of County of Public School District		▶ If filing for multiple positions, list below or on	an attachment. (Do not us	e acronyms)	
State		Agency:		Position:	
Multi-County County of County of Other Public School District	2.	Jurisdiction of Office (Check at least of	one box)		
City of Public School District		State			n Judge, or Court Commissioner
City of Public School District		Multi-County		County of	
Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is, through December 31, 2023. The period covered is, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. The period covered is, through December 31, 2023. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. Or				Other Public School Dis	strict
Annual: The period covered is January 1, 2023, through December 31, 2023. The period covered is, through December 31, 2023. The period covered is, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. Assuming Office: Date assumed, through December 31, 2023. The period covered is, through December 31, 2023. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. The period covered is, through the date of leaving office. Or	3.	Type of Statement (Check at least one	box)		
The period covered is		Annual: The period covered is January 1, 2 December 31, 2023.			
Assuming Office: Date assumed		The period covered is/	_/, through	of leaving office.	nuary 1, 2023, through the date
A. Schedule Summary (required) Schedules attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - schedule attached Schedule D - Income - Gifts - Travel Payments - Schedule attached Schedule D - Income - Gifts - Travel Payments - Schedule attached Schedule D - Income - Gifts - Travel Payments - Schedule attached Schedule D - Income - Gifts - Travel Payments - Schedule attached Schedule		Assuming Office: Date assumed/_		☐ The period covered is	
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Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule State		Schedule A-1 - Investments - schedule a	ittached		
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 4100 Nord Hwy Chico CA 95973 DAYTIME TELEPHONE NUMBER (530) 891-3080 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 1/16/2024 Signature					
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 4100 Nord Hwy Chico CA 95973 DAYTIME TELEPHONE NUMBER (530) 891-3080 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 1/16/2024 Signature		Schedule B - Real Property – schedule a	ittached	Schedule E - Income – Gifts – Travel	Payments – schedule attached
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 4100 Nord Hwy Chico CA 95973 DAYTIME TELEPHONE NUMBER (530) 891-3080 EMAIL ADDRESS (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 1/16/2024 Signature	-c	or- 🔳 None - No reportable interests o	on any schedule		
(Business or Agency Address Recommended - Public Document) 4100 Nord Hwy Chico CA 95973 DAYTIME TELEPHONE NUMBER (530) 891-3080 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 1/16/2024 Signature	5.	Verification			
DAYTIME TELEPHONE NUMBER (530) 891-3080 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 1/16/2024 Signature			CITY	STATE	ZIP CODE
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 1/16/2024 Signature		4100 Nord Hwy	Chico	CA	95973
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 1/16/2024 Signature		DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/16/2024 Signature					
Date Signed 1/16/2024 Signature		I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	his statement. I have review complete. I acknowledge	wed this statement and to the best of my this is a public document.	knowledge the information contained
		I certify under penalty of perjury under the law	ws of the State of Californ	ia that the foregoing is true and corr	ect.
		D 4 0: 4 1/16/2024		WUS!	
		9	Si		statement with your filing official.)



Date Initial Filing Received

Ple	ase type or print in ink.					
IAV	ME OF FILER (LAST) (FIRST)			(MIDDLE)		_
M	oll Andr	·ew		James		
١.	Office, Agency, or Court					_
	Agency Name (Do not use acronyms) Chico Unified School District					
	Division, Board, Department, District, if applicable		Your Po	sition		
	Alternative Education		Princi	ipal		
	▶ If filing for multiple positions, list below or on an attachn	ment. (Do not use		<u></u>		
	Agency:		Position	11::=		
2.	Jurisdiction of Office (Check at least one box)					
	State			Retired Judge, Pro Tem Juvide Jurisdiction)	dge, or Court Commissioner	
	Multi-County		County	of		
	City of		Other	Public School Distric	ot	
	Type of Statement (Check at least one box)					_
	Annual: The period covered is January 1, 2023, thround December 31, 2023.	ugh	Leav	ing Office: Date Left (Check one		
	The period covered is/	, through		he period covered is Januar fleaving office.	y 1, 2023, through the date	
	Assuming Office: Date assumed//		<u> </u>	ne period covered is e date of leaving office.	/, through	
	Candidate: Date of Election	and office sought,	if different than	Part 1:		
1	Schedule Summary (required)	Total number	of posses in	oluding this sover po	na. 1	
τ.	Schedules attached	rotal number (or pages in	cluding this cover pag	ge. <u>'</u>	
	Schedule A-1 - Investments - schedule attached		1		Positions – schedule attached	t
	Schedule A-2 - Investments - schedule attached		,	Income - Gifts - schedule		
	Schedule B - Real Property – schedule attached		Schedule E -	Income – Gifts – Travel Pa	yments – schedule attached	
-C	or- 🔀 None - No reportable interests on any s	chedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	1163 East Seventh St.	Chico		CA	95928	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(530) 891-3000	ant I have review	amoll@chi		auladas the information contain	
	I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete				owiedge the information contail	ieu
	I certify under penalty of perjury under the laws of the	State of Californ	ia that the for	egoing is true and correct.	18	
	Date Signed 1/24/24	Si	gnature	MIL		
	(month, day, year)			(File the originally signed paper state	ement with your filing official.)	



Date Initial Filing Received
Filing Official Use Only

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Morris	John	Nelson
1. Office, Agency, or Cou	ırt	
Agency Name (Do not use acc Chico Unified School D		
Division, Board, Department, Di	istrict, if applicable	Your Position
M&O		Director Maintenance operations Transportation
► If filing for multiple positions	, list below or on an attachment. (Do not	use acronyms)
Agency:		Position;
2. Jurisdiction of Office	(Check at least one box)	
State	,	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
1 1		Other Public School District
3. Type of Statement (ch		
• • • • • • • • • • • • • • • • • • • •	red is January 1, 2023, through	Leaving Office: Date Left//
-or- The period cover December 31, 20	red is, through 023.	The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date a	assumed/	The period covered is/, through the date of leaving office.
Candidate: Date of Electi	ion and office soug	pht, if different than Part 1:
4. Schedule Summary (r	equired) > Total numb	er of pages including this cover page:
Schedules attached	oquilou) Piotai numbi	er or pages including this cover page.
Schedule A-1 - Investn	nents – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attach
Schedule A-2 - Investn	nents – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Pro	perty – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
Or Mono No removed	:	
5. Verification	able interests on any schedule	
	REET CITY	STATE ZIP CODE
(Business or Agency Address Recommo		o Ca 95928
DAYTIME TELEPHONE NUMBER	Chic	o Ca 95928
(530) 891-3095		jmorris@chicousd.org
I have used all reasonable dilig	ence in preparing this statement. I have re- nedules is true and complete. I acknowledge	viewed this statement and to the best of my knowledge the information cont
		fornia that the foregoing/is true and correct.
Date Signed	5 4 onth, day, year)	Signature (File the originally signed upper statement with your filing official.)



Date Initial Filing Received

Please type (or print in ink.			
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)	
Mullins		Emily	Elizabeth	
1. Office,	Agency, or Court			
	ame (Do not use acronyms) Unified School District	P		
Division, E	Board, Department, District, if applicat	ole	Your Position	-
			Principal	
► If filing	for multiple positions, list below or or	n an attachment. (Do not us	e acronyms)	
Agency:			Position:	
2. Jurisdi	ction of Office (Check at least	t one box)		
State			Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction)	e, or Court Commissioner
☐ Multi-C	County		County of	
City of			Other Public School District	
3 Type o	f Statement (Check at least on			
	 The period covered is January 1 December 31, 2023. 		Leaving Office: Date Left/_ (Check one ci	
-(The period covered is/ December 31, 2023.	, through	☐ The period covered is January 1 of leaving office.	·
Assu	ming Office: Date assumed	<i></i>	The period covered is/_ the date of leaving office.	, through
☐ Cand	idate: Date of Election	and office sought	, if different than Part 1:	
4. Schedu	ule Summary (required)	► Total number	of pages including this cover page	
	ules attached	P rotal number	or pages mendanig and cover page.	
So	hedule A-1 - Investments - schedule	e attached	Schedule C - Income, Loans, & Business Pe	ositions – schedule attached
So	hedule A-2 - Investments - schedule	e attached	Schedule D - Income - Gifts - schedule att	
So	hedule B - Real Property - schedule	e attached	Schedule E - Income – Gifts – Travel Paym	ents – schedule attached
-or- 🗏 A	lone - No reportable interests	on any schedule		
5. Verifica		on any schedule		
MAILING AD		CITY	STATE	ZIP CODE
·	Agency Address Recommended - Public Docu	,	CA	95928
	East Seventh Street	Chico	EMAIL ADDRESS	93920
(530) 891-3000			
I have use			emullins@chicousd.org wed this statement and to the best of my know this is a public document.	edge the information contained
			nia that the foregoing is true and correct.	
•			0, 11	
Date Sign			ignature Willey	ed with your filing official i
	(month, day, year)		(File the originally signed paper stateme	in wan your ming omeral.)



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink.

NAI	1E OF FILER (LAST) Odlum (FIRST) Rhondo	(MIDDLE)
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms)	0.
	Chico Unified School District	Principal
	Division, Board, Department, District, if applicable	Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	State	 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	☐ City of	Other Public School District
3.	Type of Statement (Check at least one box)	
	Annual: The period covered is January 1, 2023, through December 31, 2023.	Leaving Office: Date Left/
	The period covered is/, through December 31, 2023.	The period covered is January 1, 2023, through the date of leaving officeor-
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sought,	if different than Part 1:
4.	Schedule Summary (required) ► 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
-0	OF- None - No reportable interests on any schedule	
5.	Verification	
	MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	10076 Lott Rd Du	wham CA 95938
	DAYTIME TELEPHONE NUMBER (530, 520 - 2234	EMAIL ADDRESS
	I have used all reasonable diligence in preparing this statement. I have review herein and in any attached schedules is true and complete. I acknowledge t	
	I certify under penalty of perjury under the laws of the State of California	ia that the foregoing is true and correct.
	Date Signed 1/16/24 Signed	gnature PLD//
	(month, day, year)	(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 10036	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1884 Cum mings In Applicable, List Date: \$2,000 - \$10,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 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 Rob Darco Sta
	Judge Temple
	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$1,001 - \$10,000 \$1,000 OVER \$100,000	\$500 - \$1,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	11.



Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Ontiveros	Richard		Robert	
I. Office, Agency, or Court			à	d
Agency Name (Do not use acronym	5)			
Chico Unified School Distric	*			
Division, Board, Department, District,	if applicable	You	ur Position	
TRansportation		Т	ransportation Supervisor	
► If filing for multiple positions, list b	elow or on an attachment. (Do	not use acronyms	()	
A		D.	osition:	
Agency:		PO	SITION:	
2. Jurisdiction of Office (Chec	k at least one box))
State			udge, Retired Judge, Pro Tem Judatewide Jurisdiction)	dge, or Court Commissioner
Multi-County			ounty of	
			ther Public School Distric	
3. Type of Statement (Check a	•			of T
Annual: The period covered is December 31, 2023.	January 1, 2023, through		Leaving Office: Date Left (Check one	
-or- The period covered is December 31, 2023.	, th	lougii	The period covered is January of leaving office.	y 1, 2023, through the date
Assuming Office: Date assume	ed/	*(The period covered is the date of leaving office.	through, through
Candidate: Date of Election	and office	sought, if different	than Part 1:	
Cahadula Cummani /roqui	rod\ T ()	1	* . t . P	
Schedule Summary (requi	euj ► Iotai nu	imber of page.	s including this cover pag	je:
Schedule A-1 - Investments -	- schedule attached	Schedul	e C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments -	- schedule attached		D - Income - Gifts - schedule	
Schedule B - Real Property -	- schedule attached	Schedul	e E - Income – Gifts – Travel Pay	ments – schedule attached
-or- None - No reportable	interests on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended -		CITY	STATE	ZIP CODE
10155 Orchard Way	,	ive Oak	Ca	95953
DAYTIME TELEPHONE NUMBER		EMAIL ADD		
(530) 216-9355		bontive	ros@chicousd.org	
I have used all reasonable diligence in herein and in any attached schedules				owledge the information contained
I certify under penalty of perjury u	nder the laws of the State of	California that the	foregoing is true and correct.	
D 4: 01: 04/47/0004		61	han	//
Date Signed 01/17/2024 (month, day,	vear)	Signature	(File the originally signed paper state	ment with your filing official.)



Date Initial Filling Received

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Pardini	Sara	Jeanne	
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 bel	low or on an attachment. (Do not a	-: ·	
Agency:		Position:	
2. Jurisdiction of Office (Check			
·	at least one dox)		
State		Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of	
City of		Other Public School Distr	rict
3. Type of Statement (Check at I			
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Annual: The period covered is Ja December 31, 2023.	inuary 1, 2023, through	Leaving Office: Date Left (Check or	
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December 31, 2023.	/	of leaving office.	ary 1, 2020, unough the date
Assuming Office: Date assumed	1 1	-OF- The period covered is	, through
Assuming Office: Date assumed		the date of leaving office.	
Candidate: Date of Election	and office soug	ht, if different than Part 1:	
4. Schedule Summary (require	(a) ► Total number	er of pages including this cover p	age:
Schedules attached			
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Busine	
Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property -	schedule attached	Schedule E - Income – Gifts – Travel F	Payments – schedule attached
==			
-or- None - No reportable in	terests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	CITY ublic Document)	STATE	ZIP CODE
1163 East 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 891-3000		spardini@chicousd.org	
I have used all reasonable diligence in herein and in any attached schedules i		viewed this statement and to the best of my keep this is a public document.	knowledge the information contained
I certify under penalty of perjury und	der the laws of the State of Califo	ornia that the foregoing is true and correc	ct.
Date Signed 2/19/24		Signature CO	andro
(month, day, y	ear)	(File the originally signed paper s	tatement with your filing official.)



Date Initial Filing Received

Plea	ase type or print in ink.					
	E OF FILER (LAST)	(FIRST)			(MIDDLE)	
Pa	sillas	Sara			М	
1. (Office, Agency, or Co	urt				
,	Agency Name <i>(Do not use a</i> Chico Unified School I	- ·				
Ì	Division, Board, Department, i	District, if applicable		Your P	osition	
3	► If filing for multiple position	ns, list below or on an attachmen	nt. (Do not use	acronyms)		· · · · · · · · · · · · · · · · · · ·
	Agency:		==	Position	on:	
2.	Jurisdiction of Office	Check at least one box)				
	State			_	e, Retired Judge, Pro Tem Ju ewide Jurisdiction)	udge, or Court Commissioner
	Multi-County			Cour	ty of	
ا				Othe	Public School Distri	ct
3.	Type of Statement (c	heck at least one box)				
	December 31,	ered is January 1, 2023, through 2023.	1	Lea	ving Office: Date Left(Check one	
	-or- The period cov December 31, 3	ered is/	, through		The period covered is Janua of leaving office.	ry 1, 2023, through the date
	Assuming Office: Date	assumed	-		The period covered is the date of leaving office.	, through
[Candidate: Date of Elec	ction and	office sought,	if different tha	n Part 1:	
4.	Schedule Summary (required) ► To	tal number	of pages in	ncluding this cover pa	ge:
	Schedules attached			. 0		
	Schedule A-1 - Inves	tments - schedule attached		Schedule C	- Income, Loans, & Busines	s Positions - schedule attached
	Schedule A-2 - Inves	tments - schedule attached		Schedule D	- Income - Gifts - schedule	attached
	Schedule B - Real Pr	roperty – schedule attached		Schedule E	- Income - Gifts - Travel Pa	ayments - schedule attached
-0	r- 🗌 None - No repo	rtable interests on any sch	edule			
5. \	Verification					
	MAILING ADDRESS (Business or Agency Address Recomi	STREET mended - Public Document)	CITY		STATE	ZIP CODE
	1163 E. 7th St.		Chico		CA	95926
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRES	3	
	(530) 891-3026			spasillas@	Ochicousd.org	
		gence in preparing this statemen chedules is true and complete. I				nowledge the information contained
1	certify under penalty of pe	erjury under the laws of the St	ate of Californ	ia that the fo	regoing is true and correct	t. 2
ı	Date Signed January 16		Si	ignature	Curany	de annual cuith annua Clima de C. L.
		month, day, year)			(File the originally signed paper sta	noment with your ming official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION **SCHEDULE B** Interests in Real Property (Including Rental Income) Sara M. Pasillas

> ASSE	SSOR'S PARCEL NUMBER OR STREET ADDRESS	\rceilF	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
100	Tait St.	П	1409 Jackson St.
CITY		Ш	CITY
Ger	ber, CA 96035	Ш	Red Bluff, CA 96086
\$2 \$1 \$1	MARKET VALUE IF APPLICABLE, LIST DATE: 2,000 - \$10,000		FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATU	RE OF INTEREST	П	NATURE OF INTEREST
■ 0\	wnership/Deed of Trust Easement	Ш	Ownership/Deed of Trust Easement
	Leasehold		Leasehold Other
IF RE	NTAL PROPERTY, GROSS INCOME RECEIVED	Ш	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
_	- \$499 \$500 - \$1,000 \$1,001 - \$10,000	П	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$1	0,001 - \$100,000 OVER \$100,000	Ш	\$10,001 - \$100,000 OVER \$100,000
intere	RCES OF RENTAL INCOME: If you own a 10% or greater set, list the name of each tenant that is a single source of the of \$10,000 or more.		SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
-	lone		None
		Ш	
— 10			
* You busi		with	nding institution made in the lender's regular course of tout regard to your official status. Personal loans and s must be disclosed as follows:
* You busi loan	ness on terms available to members of the public is received not in a lender's regular course of bus	with	out regard to your official status. Personal loans and s must be disclosed as follows:
* You busi loan	ness on terms available to members of the public	with	out regard to your official status. Personal loans and s must be disclosed as follows: NAME OF LENDER*
* You busi loan	ness on terms available to members of the public is received not in a lender's regular course of bus OF LENDER*	with	out regard to your official status. Personal loans and smust be disclosed as follows: NAME OF LENDER* Tri Counties Bank
* You busi loan	ness on terms available to members of the public is received not in a lender's regular course of bus	with	nout regard to your official status. Personal loans and is must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable)
* You busi loan NAME	ness on terms available to members of the public is received not in a lender's regular course of bus E OF LENDER* RESS (Business Address Acceptable)	with	out regard to your official status. Personal loans and smust be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926
* You busi loan	ness on terms available to members of the public is received not in a lender's regular course of bus OF LENDER*	with	nout regard to your official status. Personal loans and is must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable)
* You busi loan	ness on terms available to members of the public is received not in a lender's regular course of bus E OF LENDER* RESS (Business Address Acceptable)	with	out regard to your official status. Personal loans and smust be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926
* You busi loan	ness on terms available to members of the public is received not in a lender's regular course of bus of LENDER* RESS (Business Address Acceptable) NESS ACTIVITY, IF ANY, OF LENDER	with	nout regard to your official status. Personal loans and is must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER
* You busi loan NAME ADDR	ness on terms available to members of the public is received not in a lender's regular course of buse of Lender* RESS (Business Address Acceptable) NESS ACTIVITY, IF ANY, OF LENDER REST RATE TERM (Months/Years)	with	nout regard to your official status. Personal loans and is must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE 4.25 TERM (Months/Years) 20 year fixed
* You busi loan NAME ADDR	ness on terms available to members of the public is received not in a lender's regular course of buse of Lender* RESS (Business Address Acceptable) NESS ACTIVITY, IF ANY, OF LENDER REST RATE TERM (Months/Years)	with	nout regard to your official status. Personal loans and is must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE 4.25 None None
* You busi loan NAME ADDR	ness on terms available to members of the public is received not in a lender's regular course of buse of Lender* RESS (Business Address Acceptable) NESS ACTIVITY, IF ANY, OF LENDER REST RATE TERM (Months/Years)	with	nout regard to your official status. Personal loans and is must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE 4.25 None HIGHEST BALANCE DURING REPORTING PERIOD
* You busi loan NAME ADDR BUSIN INTER HIGH	ness on terms available to members of the public is received not in a lender's regular course of buse of Lender* RESS (Business Address Acceptable) NESS ACTIVITY, IF ANY, OF LENDER REST RATE TERM (Months/Years) None EST BALANCE DURING REPORTING PERIOD 100 - \$1,000	with	nout regard to your official status. Personal loans and is must be disclosed as follows: NAME OF LENDER* Tri Counties Bank ADDRESS (Business Address Acceptable) 780 Mangrove Ave. Chico, CA 95926 BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE 4.25 None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000

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

139 West Lassen #25	
CITY	
CITY	CITY
Chico, CA	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
Justin Downey	
	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	III



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
PATRICK	BEVERLY	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) CHICO UNIFIED SCHOOL DISTRIC	СТ	
Division, Board, Department, District, if applicab	le	Your Position
PERSONNEL COMMISSION		COMMISSIONER
▶ If filing for multiple positions, list below or or	an attachment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one box)	
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County	· · · · · · · · · · · · · · · · · · ·	County of
City of		Other PUBLIC SCHOOL DISTRICT
3. Type of Statement (Check at least one	e box)	
Annual: The period covered is January 1, December 31, 2023.	2023, through	Leaving Office: Date Left/(Check one circle.)
The period covered is/ December 31, 2023.	, through	The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed	:	☐ The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (required)	► Total number	of pages including this cover page: 4
Schedules attached		
Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE ZIP CODE
1163 E 7TH ST	CHICO	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000		BEVERLYPATRICK7@GMAIL.COM
I have used all reasonable diligence in preparing herein and in any attached schedules is true an	this statement. I have review d complete. I acknowledge t	yed this statement and to the best of my knowledge the information contained his is a public document.
I certify under penalty of perjury under the la	aws of the State of Californi	a that the foregoing is true and correct.
Date Signed 2 (1912 4 (month, day, year)	Sig	gnature (File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
417 HICKORY ST	1720-1722 SHERIDAN AVE
CITY	CITY
CHICO	CHICO
- Control	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
You are not required to report loans from a commerc	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and
You are not required to report loans from a commerci business on terms available to members of the public	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and
You are not required to report loans from a commercion business on terms available to members of the public loans received not in a lender's regular course of bus	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
You are not required to report loans from a commercion business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable)	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whome HIGHEST BALANCE DURING REPORTING PERIOD	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commerce business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) "None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	ial lending institution made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 787 HUMBOLDT AVE CITY CHICO FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST Ownership/Deed of Trust Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$10,001 - \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER* ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years) % None
,

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1519 HEMLOCK ST	·
CITY	CITY
CHICO	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 / /23 / /23	\$2,000 - \$10,000
410,001 - \$100,000	\$10,001 - \$100,000
■ \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs. remaining Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$1,001 - \$10,000 \tag{9}
■ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
∐ None	None
	[]
	11
	11
	al lending institution made in the lender's regular course of
	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busing	ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ADDRESS (Dusiness Address Acceptable)	ADDITESS (Business Autress Acceptable)
DISCINECE ACTIVITY IS ANY OF LENDED	BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER	BOSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
, ,	
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
=================================	заанито, п арриовою
(I	
Comments:	



Date Initial Filing Received

Filing Official Use Only

Please type or print					
NAME OF FILER (LAST	` <u> </u>	(MIDDLE)			
Payne	Shanon	Joell			
1. Office, Agend	cy, or Court				
• •	o not use acronyms) I School District				
Division, Board, D	epartment, District, if applicable	Your Position			
		Principal			
► If filing for mul	tiple positions, list below or on an attachment. (Do not				
		D 25			
Agency:		Position:			
2. Jurisdiction	of Office (Check at least one box)				
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			
Multi-County		County of			
		Other Public School District			
	ement (Check at least one box)				
Annual: The	e period covered is January 1, 2023, through cember 31, 2023.	Leaving Office: Date Left/(Check one circle.)			
- or- The	e period covered is/, through				
Assuming O	office: Date assumed/	The period covered is/, through the date of leaving office.			
Candidate:	Date of Election and office sour	ght, if different than Part 1:			
A Schodula Su	ımmary (required) ► Total numb	or of negree including this server negree			
Schedules a		er of pages including this cover page:			
Schedule	A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached			
	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached				
Schedule	B - Real Property - schedule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached			
-Or- None	- No reportable interests on any schedule				
5. Verification	- No reportable interests on any schedule				
MAILING ADDRESS	STREET CITY	STATE ZIP CODE			
	Address Recommended - Public Document)				
1163 E 7th S		co Ca 95926			
	-3000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		spayne@chicousd.org eviewed this statement and to the best of my knowledge the information contained			
	r attached schedules is true and complete. I acknowled				
I certify under p	enalty of perjury under the laws of the State of Calif	fornia that the foregoing is true and correct.			
Date Signed 1.	16.2024	Signature Thank December			
	(month, day, year)	(File the originally signed paper statement with your filing official.)			



Date Initial Filing Received Filing Official Use Only

Please ty	oe or print in ink					
AME OF F	LER (LAST)	(FIRST)		(MIDDI	_E)	
Reynoz	a	Sydney		Bre	anne	
. Offic	e, Agency, or	Court				
•	Name (Do not us o Unified Scho	• '				
Divisio	n, Board, Departme	nt, District, if applicable		Your Position		
Nutri	tion Services			Nutrition Specialist		
▶ If fi	ling for multiple pos	itions, list below or on an attachment.	(Do not use	acronyms)		
Agend	y:			Position:		
. Juris	diction of Off	ICE (Check at least one box)				
Sta	ite			Judge, Retired Judge, Pro T (Statewide Jurisdiction)	em Judge, or Court Commissio	ner
☐ Mu	Iti-County			County of		
				Other Public School D	District	
		(Check at least one box)				
M A	December 3	covered is January 1, 2023, through 31, 2023.			ck one circle.)	
	The period December	covered is	through	☐ The period covered is of leaving office.	January 1, 2023, through the dal	e
_ A	ssuming Office: [Date assumed	_	☐ The period covered is the date of leaving office	, thr ee.	ough
□ c	andidate: Date of	Election and o	ffice sought,	if different than Part 1:		
l. Sch	edule Summar	ry (required) ► Tota	l number	of pages including this cove	er page:	
Sch	edules attach					
	Schedule A-1 - In	vestments - schedule attached		Schedule C - Income, Loans, & Bu	usiness Positions – schedule att	ached
	Schedule A-2 - In	vestments - schedule attached		Schedule D - Income - Gifts - sch	edule attached	
	Schedule B - Rea	I Property – schedule attached		Schedule E - Income - Gifts - Tra	vel Payments – schedule attach	ied
-or- 🔳	None - No re	portable interests on any sched	lule			
5. Verif	cation					
	G ADDRESS ss or Agency Address Re	STREET commended - Public Document)	CITY	STATE	ZIP CODE	
116	3 E. 7th St		Chico	CA	95928	
DAYTIN	ie telephone numbe	R		EMAIL ADDRESS		
530				sreynoza@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.					ontained	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
				Q	10.	
Date S	igned 1/16/202		Si	gnature WWW	Vunosa	
	-	(month, day, year)		(File the originally signed p	aper statement with your filing official.)	



Date Initial Filing Received

Please type or print in				
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Robinson	Eileen		Lie	
1. Office, Agency	, or Court			
Agency Name (Do	, ,			
Chico Unified S				
Division, Board, Dep	artment, District, if applicable	You	ur Position	
Board of Educa	ation	В	oard Member	
▶ If filing for multip	e positions, list below or on an attachment. (E	o not use acronyms	;)	
Agency:		Po	osition:	
2. Jurisdiction of	Office (Check at least one box)			
State			udge, Retired Judge, Pro Tem J Itatewide Jurisdiction)	udge, or Court Commissioner
Multi-County		C	ounty of	
City of		<u> </u>	ther Public School Distr	ict
3. Type of Stater	nent (Check at least one box)			
Annual: The p Decer	eriod covered is January 1, 2023, through nber 31, 2023.		eaving Office: Date Left (Check on	
	eriod covered is/, t nber 31, 2023.	•	The period covered is Janua of leaving office.	ary 1, 2023, through the date
Assuming Office	ce: Date assumed/	_ [•	, through
Candidate: Da	te of Election and office	sought, if different	than Part 1:	
4. Schedule Sum	mary (required) ► Total n	umber of page:	s including this cover pa	ode:
Schedules at			, and the second	
Schedule A-	1 - Investments – schedule attached	Schedule	C - Income, Loans, & Busines	s Positions – schedule attached
_	2 - Investments – schedule attached		D - Income - Gifts - schedule	
Schedule B	- Real Property – schedule attached	Schedule	E - Income - Gifts - Travel Pa	ayments - schedule attached
Or Mone				
5. Verification	lo reportable interests on any schedule)		
MAILING ADDRESS	STREET	CITY	CTATE	710,0005
(Business or Agency Addr	ess Recommended - Public Document)	CITT	STATE	ZIP CODE
1163 E. 7th Str		Chico	CA	95928
(530) 891-3	5007.EVA	EMAIL ADDR		
l have used all reaso	nable diligence in preparing this statement. I ha ached schedules is true and complete. I ackn	ave reviewed this sta	con@chicousd.org stement and to the best of my know the comment	nowledge the information contained
	Ity of perjury under the laws of the State of			
		220 I DI -	0:0 V	1 -
Date Signed 3/12	(month, day, year)	Signature	(File the originally signed paper sta	ntement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

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 acronym Chico Unified School Distric	<i>'</i>				
Division, Board, Department, District,	if applicable	Your Position			
Sierra View Elementary		Principal			
▶ If filing for multiple positions, list I	pelow or on an attachment. (Do not use	e acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Che	ck at least one box)				
State		Judge, Retired Judge, Pro Tem Juget (Statewide Jurisdiction)	udge, or Court Commissioner		
Multi-County		County of			
		Other Public School Distri			
3. Type of Statement (Check a					
Annual: The period covered is December 31, 2023.	,	Leaving Office: Date Left(Check on-			
The period covered is December 31, 2023.	The period covered is/, through, through				
Assuming Office: Date assum	ed/				
Candidate: Date of Election	and office sought,	if different than Part 1:			
4. Schedule Summary (requi	red) ► Total number	of pages including this cover pa	ge: 1		
Schedules attached			, 		
Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached		
Schedule A-2 - Investments	Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached				
Schedule B - Real Property	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 -	CITY CITY	STATE	ZIP CODE		
1598 Hooker Oak Avenue	Chico	CA	95926		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(530) 891-3117		krodgers@chicousd.org			
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
I certify under penalty of perjury u	nder the laws of the State of Californ	nia that the foregoing is true and correct			
Date Signed 2/1/24		ignature Kmly Rod	jers)		
(month, day	, your,	(riie trie onymaliy signed paper stal	ment with your filing official.)		



Date Initial Filing Received
Filing Official Use Only

Please type or pri	INT IN INK.				
IAME OF FILER (LA	,			(MIDDLE)	
Schrock	Kri	sten		Joelle	
. Office, Age	ncy, or Court				
Agency Name	(Do not use acronyms)				
Chico Unifi	ed School District				
Division, Board	, Department, District, if applicable		Your Posit	ion	
Little Chico	Creek Elementary		Princip	al	
► If filing for n	nultiple positions, list below or on an attac	chment. (Do not use	acronyms)		
Agency:			Position:		
rigolioy.					
2. Jurisdictio	n of Office (Check at least one box	()			
State			-	Retired Judge, Pro Tem Jude Jurisdiction)	dge, or Court Commissioner
Multi-Count	y		County	of	<u></u>
City of			Other	Public School Distric	ot
	atement (Check at least one box)				
Annual:	The period covered is January 1, 2023, the December 31, 2023.	nrough	Leavin	g Office: Date Left (Check one	
	The period covered is/	through		e period covered is Januar eaving office.	y 1, 2023, through the date
Assuming	Assuming Office: Date assumed/, through the date of leaving office.				
Candidate	: Date of Election	and office sought, i	if different than F	Part 1:	
l. Schedule	Summary (required)	► Total number o	of pages incl	uding this cover pag	ne:
Schedules			, ,		; ;;
Schedu	ıle A-1 - Investments – schedule attache	<u> </u>	Schedule C - /	ncome, Loans, & Business	Positions - schedule attached
Schedu	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached				attached
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached					
-or- □ <i>Non</i>	e - No reportable interests on any	schedule			
5. Verification	l				
MAILING ADDRES	S STREET cy Address Recommended - Public Document)	CITY		STATE	ZIP CODE
1163 E. 7tl	· ·	Chico		CA	95928
DAYTIME TELEPH			EMAIL ADDRESS		
(53057)			kschrock@d	chiocousd.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	he State of Californi	ia that the foreg	joing is true and correct.	Na.
Date Signed	1/16/24	Siç	gnature //	1811 81	more
	(month, day, year)			(File the originally signed paper state	ement 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	► 1. BUSINESS ENTITY OR TRUST
North Rim ADventure Sports	
Name	Name
1768 E. 2nd St.	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one
	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000/_23/_23 \$10,001 - \$100,000 ACQUIRED DISPOSED	\$2,000 - \$10,000/_23/23 \$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	MATURE OF INVESTMENT
Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	A IDENTIFY THE ODGG NAGONE DESCRIPTION OF THE ODGG NAGONE DESC
SHARE OF THE GROSS INCOME RECEIVED (INCLUDE FOUR PRO RAIA	A ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below	None or Inames listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Denogration of Business Activity or	Description of Business Astronomy
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000/_23/_23
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
	Tarthership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
are attacking	are attached
	1.1
Comments:	



Date Initial Filing Received

Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Shepherd	John		Raymor	nd 	
1. Office, Agency, or (Court				
Agency Name (Do not use	• •				
Chico Unified Schoo					
Division, Board, Departmen	t, District, if applicable	Your F	osition		
Human Resources		Assi	stant Superintendent		
▶ If filing for multiple positi	ions, list below or on an attachment. (E	о поt use acronyms)			
Agency:		Positi	on:		
2. Jurisdiction of Office	Ce (Check at least one box)				
State			e, Retired Judgo, Pro Tem Ju ewide Jurisdiction)	udge, or Court Commissioner	
Multi-County		Cour	nty of		
			Public School Distric	ct	
3. Type of Statement					
Annual: The period of December 31	overed is January 1, 2023, through	Lea	ving Office: Date Left (Check one		
-or- The period co December 31	overed is/, t , 2023.		The period covered is Januar of leaving office.	,	
Assuming Office: Da	: Date assumed/, through the date of leaving office.				
Candidate: Date of El	ection and office	e sought, if different tha	n Part 1:		
4. Schedule Summary	(required) ► Total n	umber of pages in	ncluding this cover pag	de:	
Schedules attache		, 5	у и и и и и и и и и и и и и и и и и и и	· · · · · · · · · · · · · · · · · · ·	
Schedule A-1 - Inve	stments – schedule attached	Schedule C	• Income Loans & Business	Positions – schedule attached	
	stments - schedule attached		- Income - Gifts - schedule		
	Property – schedule attached		- Income - Gifts - Travel Pa		
-or- 🔳 None - No rep	ortable interests on any schedule				
5. Verification					
MAILING ADDRESS (Business or Agency Address Reco	STREET	CITY	STATE	ZIP CODE	
1163 E. 7th St.	•	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		00020	
(530) 891-3000		jshepherd	@chicousd.org		
I have used all reasonable d herein and in any attached s	iligence in preparing this statement. I has schedules is true and complete. I acknow	ve reviewed this stater	nent and to the best of my kno	owledge the information contained	
	perjury under the laws of the State of				
			1	X	
Date Signed 2/22/24	(month day took)	Signature	12 111		
	(month, day, year)		(File the originally signed paper state	prient with your filing official.)	



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT Please type or print in ink.

riease type c	<u> </u>			
NAME OF FILER	(LAST)	(FIRST)	(MIDDLI	
Sheridan		Erica	Lorra	aine
1. Office, A	Agency, or Court			
Agency Na	me (Do not use acronyms)			
Chico U	nified School District			
Division, B	oard, Department, District, if applicable		Your Position	
Chico H	lgh School		Assistant Principal	
► If filing	for multiple positions, list below or on	an attachment, (Do not us	e acronyms)	s
Agency: _			Position:	
2. Jurisdie	ction of Office (Check at least of	one box)		
State			Judge, Retired Judge, Pro Te (Statewide Jurisdiction)	m Judge, or Court Commissioner
Multi-C	ounty		County of	
City of			Other Public School D	
3. Type of	Statement (Check at least one	hox)		
	al: The period covered is January 1,		Leaving Office: Date Left	1 1
	December 31, 2023.	2020, tillough		k one circle.)
-0	The period covered is/ December 31, 2023.	, through	The period covered is Jacobian of leaving office.	anuary 1, 2023, through the date
Assur	ning Office: Date assumed/_		The period covered is the date of leaving office	through
Candi	date: Date of Election	and office sought	, if different than Part 1:	
4. Schedu	le Summary (required)	► Total number	of pages including this cover	r nage:
	les attached	, , , , , , , , , , , , , , , , , , , ,	or pages moraling and cover	
☐ Scl	hedule A-1 - Investments – schedule a	attached	Schedule C - Income, Loans, & Bus	riness Positions - schedule attached
	nedule A-2 - Investments – schedule	=======================================	Schedule D - Income - Gifts - sche	dule attached
Scl	hedule B - Real Property - schedule a	attached	Schedule E - Income – Gifts – Trav	el Payments - schedule attached
-or- 🔳 N	one - No reportable interests o	on any schedule		
Verificat	tion			
MAILING AD	DRESS STREET Agency Address Recommended - Public Docume	city city	STATE	ZIP CODE
·	7th Street	Chico	CA	95928
	LEPHONE NUMBER		EMAIL ADDRESS	
(530	891-3000		esherida@chicousd.org	
	d all reasonable diligence in preparing in any attached schedules is true and			ny knowledge the information contained
I certify u	nder penalty of perjury under the la	ws of the State of Califor	nia that the foregoing is true and co	rrect.
			0	11
Date Signe		s	ignature Wuca	Alleredelle
	(month, day, year)		(File the originally signed pay	per statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

PΙέ	ease type or print in ink.			
NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	*
S	Skala	Jennifer	Leann	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	l	Your Position	
			Director of Student Suppor	t & Special 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 of	ana havi		
۷.		ine box)		
	State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	age, or Court Commissioner
	Multi-County		County of	
			Other Public School Distric	et
_	City of		Other - same correct Drawn	·
3.	Type of Statement (Check at least one	box)		
	Annual: The period covered is January 1, December 31, 2023.	2023, through	Leaving Office: Date Left(Check one	
	-or- The period covered is/		☐ The period covered is Januar	y 1, 2023, through the date
	December 31, 2023.		of leaving office.	
	Assuming Office: Date assumed	07 _ 2023	☐ The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and office sought,	if different than Part 1;	
4	Cahadula Cummany (naguinad)			
4.	contains cumming (required,	► Total number o	of pages including this cover pag	ge:
	Schedules attached			
	Schedule A-1 - Investments - schedule a	attached	Schedule C - Income, Loans, & Business	
	Schedule A-2 - Investments – schedule a		Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property – schedule a	ittached 🗀	Schedule E - Income - Gifts - Travel Page	yments – schedule attached
-0	or- No reportable interests of	on any schodula		
_	Verification	in any schedule		
J.	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Docume	nt)		ZIF CODE
	1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico	CA EMAIL ADDRESS	95963
	(530) 891-3000 ext 20462			
	I have used all reasonable diligence in preparing	this statement. I have review	jskala@chicousd.org	owledge the information contained
	herein and in any attached schedules is true and			owiedge the information contained
	I certify under penalty of perjury under the la	ws of the State of Californi	a that the foregoing is true and correct.	
			Dona Da- 8	1/2/_
	Date Signed 2/26/24	Się	gnature / / /	1108
	(month, day, year)		(File the originally signed paper state	ement with your tiling official.)



Date Initial Filing Received

Ple	ease type or print in ink.			
	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Si	iplin Jr.	Durell	Brando	on
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if application	able	Your Position	
	▶ If filing for multiple positions, list below or	on an attachment. (Do not use	e acronyms)	
			-	
	Agency:		Position:	
_	Jurisdiction of Office (Check at lea	st one box)		
	State	,	Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
	Multi-County		County of	
ž	City of		Other Public School Dist	trict
_ 3.	Type of Statement (Check at least of	ne box)		
	Annual: The period covered is January December 31, 2023.		Leaving Office: Date Left	/ one circle.)
	The period covered is	01 <u></u>	☐ The period covered is Janu of leaving office.	,
	Assuming Office: Date assumed	<i>I</i>	•	, through
	Candidate: Date of Election	and office sought,	if different than Part 1:	
4.	Schedule Summary (required)	► Total number	of pages including this cover p	page:
	Schedules attached	, , , , , , , , , , , , , , , , , , , ,	er pages mereanig and server p	
	Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Busine	ess Positions - schedule attached
	Schedule A-2 - Investments – schedu	le attached	Schedule D - Income - Gifts - schedu	ule attached
	Schedule B - Real Property - schedu	le attached	Schedule E - Income - Gifts - Travel	Payments – schedule attached
-(or- None - No reportable interes	's on any schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	CITY	STATE	ZIP CODE
	112 Commonwealth Ct	Chico	CA	95973
	DAYTIME TELEPHONE NUMBER	000	EMAIL ADDRESS	
	(530) 321-5599		dsiplin@chicousd.org	
	I have used all reasonable diligence in prepar herein and in any attached schedules is true			knowledge the information contained
	I certify under penalty of perjury under the	laws of the State of Californ	nia that the foregoing is true and corre	ect.
				1
	Date Signed OI · I 7 · 2024 (month, day, year)	s	ignature (File the originally signed paper	statement with your filing official.)

SCHEDULE A-1 Investments

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

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

	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
3	Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Robinhood	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Investments	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <u>/23</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
*	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
Income received of 4000 of Male (Report of Scriedule C)	Income Neceived of \$500 of Note (Report on Scriedile C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /23 / /23	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	5.5. 5525
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	3
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAID MADVET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,000 - \$10,000 S10,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	PartnershipIncome Received of \$0 - \$499Income Received of \$500 or More (Report on Schedule C)
IE ADDITION DE LIGE DATE:	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
O	
Comments	



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Smith	Erica	Ann	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Chico Unified School District			
Division, Board, Department, District, if applicab	e	Your Position	
Superintendent's Office		Director Communications 8	& Community Relations
▶ If filing for multiple positions, list below or on	an attachment. (Do not u	ise acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	dge, or Court Commissioner
Multi-County		County of	
City of		Other Public School Distric	
3. Type of Statement (Check at least one			
Annual: The period covered is January 1, December 31, 2023.		Leaving Office: Date Left(Check one	
The period covered is/ December 31, 2023.		 The period covered is January of leaving office. 	, 1, 2023, through the date
Assuming Office: Date assumed		The period covered is	, through
Candidate: Date of Election	and office sough	t, if different than Part 1:	
4. Schedule Summary (required)	► Total number	r of pages including this cover pag	e:
Schedules attached			
Schedule A-1 - Investments - schedule		Schedule C - Income, Loans, & Business	
Schedule A-2 - Investments - schedule		Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedule	attached	Schedule E - Income - Gifts - Travel Pay	ments – schedule attached
-or- None - No reportable interests	on anv schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	011100	EMAIL ADDRESS	33320
(530) 891-3000 ext. 20149		erica.smith@chicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	this statement. I have reviell complete. I acknowledge	ewed this statement and to the best of my know	wledge the information contained
I certify under penalty of perjury under the la			
Date Signed 2/29/24 (month, day, year)		Signature Zuica Lu	and with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.						
NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		
S	Staley	Kelly			Jan		
1.	Office, Agency, or Court						_
	Agency Name (Do not use acronyr Chico Unified School Distri	<i>'</i>					
	Division, Board, Department, Distric	, if applicable		Your Pos	ition		
				Super	intendent		
	► If filing for multiple positions, list	below or on an attachment	. (Do not use	acronyms)			-
	Agency; =			Position	-		-0.0
2.	Jurisdiction of Office (Che	ck at least one box)					_
	State			_	Retired Judge, Pro Temide Jurisdiction)	Judge, or Court Commissioner	
	Multi-County			County	of		= 0
	City of			Other	Public School Dist	rict	
3.	Type of Statement (Check	at least one box)					_
	Annual: The period covered is December 31, 2023.	January 1, 2023, through		Leavi	ng Office: Date Left (Check o	ne circle.)	
	The period covered is December 31, 2023.		, through		e period covered is Janu leaving office.	uary 1, 2023, through the date	
	Assuming Office: Date assur	ned/		☐ Th	e period covered is date of leaving office.	/, through	
	Candidate: Date of Election	and	office sought, i	if different than	Part 1:		_
4.	Schedule Summary (requ	ired) ► Tot	al number o	of pages inc	luding this cover p	page:	
	Schedules attached						
	Schedule A-1 - Investments	- schedule attached				ess Positions – schedule attached	
	Schedule A-2 - Investments				Income - Gifts - schedu		
	Schedule B - Real Property	- schedule attached		Schedule E -	Income – Gifts – Travel I	Payments – schedule attached	
-(or- 🗌 None - No reportable	interests on any sche	edule				
5.	Verification						
	MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	CITY		STATE	ZIP CODE	- 20
	1163 East 7th Street	,	Chico		CA	95928	
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS			=0
	(530) 891-3000			kstaley@cl	nicousd.org		
	I have used all reasonable diligence herein and in any attached schedule		. I have review	ed this stateme	nt and to the best of my l	knowledge the information contains	d
	I certify under penalty of perjury	under the laws of the Sta	te of Californi	a that the fore	going is true and corre	ct.	
	Date Signed January 24, 202		Sig	gnature Kelly	Staley (File the originally signed paper s	Digitally signed by Kelly Staley Date: 2024.01.24 12:42:47 -08'00'	
	(monin, u	y, y var/			i, no me originally signed paper s	nation of this your ming officially	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kelly Staley

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
THINKE OF BOOKING OF MICOIME	NAME OF SOURCE OF INCOME
Tri Counties Bank	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
63 Constitution Drive, Chico, CA 95973	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment (Appraiser)	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
n/a	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2,)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2,)
Sale of	Sale of
(Real property, car, boal, etc.)	(Real property, car, boat, etc.) Loan repayment
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Describe)	(Describe)
(Describe) Other(Describe)	(Describe)
Other(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	Other(Describe)
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows:	Other(Describe) PERIOD Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available a status. Personal loans and loans received not in a lender's vs:
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official	Other
Other	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follows:	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
Other	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other
Other	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

2-06-24

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Starkey	Marjie		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Chico Unified School District			
Division, Board, Department, District, if applicat	ie	Your Position	
Marigold Elementary School		Assistant Principal	
▶ If filing for multiple positions, list below or or	n an attachment. (Do not use a	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
State		Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	udge, or Court Commissioner
Multi-County		County of	,
City of		Other Public School Distri	ct
3. Type of Statement (Check at least on			
Annual: The period covered is January 1 December 31, 2023.	•	Leaving Office: Date Left(Check one	
The period covered is/ December 31, 2023.	, through	☐ The period covered is Janua of leaving office.	ry 1, 2023, through the date
Assuming Office: Date assumed	J	**	J, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (required)	► Total number of	pages including this cover pa	ue.
Schedules attached		p-geo monutang amo ooter pa	
Schedule A-1 - Investments - schedule	attached S	ichedule C - Income, Loans, & Business	s Positions - schedule attached
Schedule A-2 - Investments - schedule	attached	ichedule D - Income - Gifts - schedule	attached
Schedule B - Real Property - schedule	attached	chedule E - Income - Gifts - Travel Pa	yments - schedule attached
-or- No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documents)	CITY nent)	STATE	ZIP CODE
1163 E. 7th St.	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	E	MAIL ADDRESS	
(530) 891-3121		nstarkey@chicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true ar			owledge the information contained
I certify under penalty of perjury under the I	aws of the State of California	that the foregoing is true and correct	
Date Signed 02-06-2024	Sign	ature ivialle Starkey	Digitally signed by Marjie Starkey Date: 2024.02.06.09-53:36-08'00'
(month, day, year)		(File the originally signed paper stat	ement with your filing official.)



Date Initial Filing Received

Please type or print	in ink.	
NAME OF FILER (LAST	(FIRST)	(MIDDLE)
Steinbach	Kellie	Ann Iverson
I. Office, Agen	cy, or Court	
Agency Name (L	Do not use acronyms)	
Chico Unified	d School District	
Division, Board, D	Department, District, if applicable	Your Position
		Principal
► If filing for mu	tiple positions, list below or on an attachment. (
Agency:		Position:
2. Jurisdiction	of Office (Check at least one box)	
State	The second actions and actions are actions as a second action and actions are actions as a second action action actions are actions as a second action actions are actions as a second action action actions are actions as a second action action actions are actions as a second action actions are actions as a second action action actions are actionated actions as a second action action actions are actionated actions as a second action action actions action actio	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
State		(Statewide Jurisdiction)
Multi-County		County of
		D 11' O 1 1 1 1 1 1 1
 Type of Star 	tement (Check at least one box)	
De	e period covered is January 1, 2023, lhrough cember 31, 2023	Leaving Office: Date Left(Check one circle.)
	e period covered is	through The period covered is January 1, 2023, through the date of leaving office,
Assuming C	Office: Date assumed/	71
Candidate:	Date of Election and off	office sought, if different than Part 1:
Cabadula C	Immost (required)	
	ımmary (required) ► Total	al number of pages including this cover page:
Schedules	attacned	
Schedule	A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	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 schedu	dule
i. Verification		
MAILING ADDRESS	STREET	CITY STATE ZIP CODE
1163 E. 7th	Address Recommended - Public Document) Strept	Chico CA 95928
DAYTIME TELEPHOI		EMAIL ADDRESS
(530) 89	I-3110	ksteinbach@chicousd.org
I have used all re		I have reviewed this statement and to the best of my knowledge the information containe
		e of California that the foregoing is true and correct.
	212/2/	INAZ
Date Signed	2199194	Signature
	(month, day, year)	(File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

GENERAL DESCRIPTION OF THIS BUSINESS restaurant FAR MARKET VALUE SO - 51,098 SO - 51,000 SO - 51,000 SO - 51,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 SO - 51,000 SO	▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
1925 Market PI. Chico, CA 95926	Burban Kitchen	
Address (Business Address Acceptable) Oneds one Trust, por to 2 Business Entity, complete the box, then go to 2 GENERAL DESCRIPTION OF THIS BUSINESS restaurant FAIR MARKET VALUE IF APPLICABLE, LIST DATE: 180 - 51,969 \$2,000 - 510,000 \$7,23 \$7,23 150,001 - \$1,000,000 \$4,000,000 150,001 - \$1,000,000 \$1,001 - \$1,000,000 150,001 - \$1,000,000 \$1,000		Name
Check one Trust, go to 2		
GENERAL DESCRIPTION OF THIS BUSINESS FORSIDIZATION FAIR MARKET VALUE IF APPLICABLE, LIST DATE: 30 - 51.989 32.000 - \$1.000 51.001 - \$1.000,000 S1.001 - \$1.000,000 S1.001 - \$1.000,000 ACQUIRED DISPOSED S1.001 - \$1.000,000 NATURE OF INVESTMENT Partnership Sole Proprietorship TNC. Partnership Sole Proprietorship Total Entity/TRUST) S1.001 - \$1.000,000 NATURE OF INVESTMENT PARTNERSH GROSS INCOME RECEIVED (INCLUDE YOUR PRORATA BRABE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRORATA BRABE OF THE GROSS INCOME TO THE ENTITY/TRUST) S1.001 - \$1.000,000		
FESTAURENT FAIR MARKET VALUE IF APPLICABLE, LIST DATE: 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 32.00 - \$10,000 33.00 - \$10,000 34.00 - \$10,000 35.00 - \$10,000		
So - \$1,099 So - \$10,000 ACQUIRED DISPOSED		GENERAL DESCRIPTION OF THIS BUSINESS
Partnership Sole Proprietorship Other YOUR BUSINESS POSITION 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRORATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 3. 0 - \$499	\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000	\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 30 - \$499	Partnership Sole Proprietorship	Partnership Sole Proprietorship
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) SO - S499 ST0,001 - \$10,000 ST,001	YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
S500 - \$1,000 OVER \$100,000 \$1,001 - \$1,000,000 \$1,001 - \$1,000,000 \$1,001 - \$	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) 	A ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
None Or Names listed below Names listed bel	\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
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: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST SEAL PROPERTY 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 PARCH PROPERTY Name of Business Activity or City or Other Precise Location of Real Property FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED NATURE OF INTEREST	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet (f necessary.)
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	Check one box:	Check one box:
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 S2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST IS APPLICABLE, LIST DATE: \$2,000 - \$1,000,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED 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 \$10,001 - \$100,000 Over \$1,000,000 NATURE OF INTEREST	[] INVESTMENT	I REAL PROPERTY
City or Other Precise Location of Real Property FAIR MARKET VALUE		Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 S10,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 S10,001 - \$1,000,000		
\$10,001 - \$100,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE
	\$10,001 - \$100,000	\$10,001 - \$100,000
		He = =
Leasehold Other Deasehold Other Other		Leasehold Yrs. remaining Other
	Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property

Comments: ___

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
473 Paseo Companeros	
CITY	CITY
Chico	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$ \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or great interest, list the name of each tenant that is a single source income of \$10,000 or more.	
business on terms available to members of the p loans received not in a lender's regular course of	ublic without regard to your official status. Personal loans and business must be disclosed as follows:
	nercial lending institution made in the lender's regular course of ublic without regard to your official status. Personal loans and business must be disclosed as follows:
business on terms available to members of the p loans received not in a lender's regular course of	ublic without regard to your official status. Personal loans and business must be disclosed as follows:
business on terms available to members of the p loans received not in a lender's regular course of NAME OF LENDER*	ublic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the p loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ublic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
cousiness on terms available to members of the poans received not in a lender's regular course of IAME OF LENDER* COURSESS (Business Address Acceptable) SUSINESS ACTIVITY, IF ANY, OF LENDER	ublic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
ousiness on terms available to members of the poans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) None	ublic without regard to your official status. Personal loans and 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
business on terms available to members of the ploans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD	ublic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD
business on terms available to members of the p loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	ublic without regard to your official status. Personal loans and 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
business on terms available to members of the p loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	ublic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD



Date Initial Filing Received

_	ease type or print in ink.						
_	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		
S	tory	Gary			W.		_
1.	Office, Agency, or Court						
	Agency Name (Do not use acron Chico Unified School Dist	•					
	Division, Board, Department, Distr	ict, if applicable		Your Pos	sition		===
	Marsh Junior High Schoo	I		Assist	ant Principal		
	▶ If filing for multiple positions, li	st below or on an attachmen	t. (Do not use	acronyms)			
	Agency:			Position			_
2.	Jurisdiction of Office (C	heck at least one box)					_
	State	*			Retired Judge, Pro Tem Judie Jurisdiction)	dge, or Court Commissioner	
	Multi-County			County	of		
	City of			Other	Public School Distric	t	
3	Type of Statement (Chec						
J.	Annual: The period covered	I is January 1, 2023, through		Leavi	ng Office: Date Left		
	December 31, 2023	3. Lis 07 / 01 / 2023		Πт	(Check one	·	
	December 31, 2023		, through		ne period covered is Januar leaving office.	y 1, 2023, tilrough the date	
	Assuming Office: Date ass	umed//			e period covered is	through, through	
	Candidate: Date of Election	and	office sought,	if different than	Part 1:		_
4.	Schedule Summary (rec	uired) > 70	tal number .	of pages in	luding this cover pag	· · · · · · · · · · · · · · · · · · ·	
•	Schedules attached	juniou) > 701	ai number (or pages me	illuding this cover pag	je.	
	Schedule A-1 - Investmen	nts – schedule attached		Schedule C -	Income, Loans, & Business	Positions - schedule attached	
	Schedule A-2 - Investmer	nts - schedule attached		'	Income - Gifts - schedule		
	Schedule B - Real Proper	rty - schedule attached		Schedule E -	Income – Gifts – Travel Pay	ments - schedule attached	
_	= M V						
	or- None - No reportab	le interests on any sch	edule				
ວ.	Verification MAILING ADDRESS STRE	FT	CITY		STATE	ZIP CODE	_
	(Business or Agency Address Recommend						
	1163 E. 7th Street		Chico		CA	95928	
	DAYTIME TELEPHONE NUMBER	10440		EMAIL ADDRESS	e v v		
	(530) 895-4110, ext. 4				Ochicousd.org	wuledge the information contain	
	I have used all reasonable diligend herein and in any attached sched	ules is true and complete. I	acknowledge t	his is a public o	locument.	owiedge tile information contain	ea
	I certify under penalty of perjur	y under the laws of the Sta	ate of Californi	ia that the fore	going is true and correct.	1	
	Date Signed (month)	2 (Si	gnature	(File the originals signed paper state	ement with your filling official.)	Ē



Date Initial Filing Received Filing Official Use Only

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Stubbs	Daniel	Ronald
I. Office, Agency, or Co	urt	
Agency Name (Do not use ac	cronyms)	
Chico Unified School D	District	
Division, Board, Department, D	District, if applicable	Your Position
Fiscal Services		Buyer
► If filing for multiple positions	s, list below or on an attachment. (Do i	not use acronyms)
Agency:		Position:
2. Jurisdiction of Office	(Check at least one box)	
State	(0.100.1 21.1020.1 0.10 20.1)	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
otato		(Statewide Jurisdiction)
Multi-County		County of
		Other Public School District
3. Type of Statement (c)	heck at least one box)	
December 31, 2	ered is January 1, 2023, through 2023.	Leaving Office: Date Left/(Check one circle.)
- or- The period cove December 31, 2	ered is/, thro 2023.	rough The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date	assumed/	☐ The period covered is, through the date of leaving office.
Candidate: Date of Elect	tion and office s	sought, if different than Part 1:
I. Schedule Summary (required) ► Total num	mber of pages including this cover page:
Schedules attached		
Schedule A-1 - Investi	ments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investr	ments - schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Pro	operty – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
(=) M		
	table interests on any schedule	
5. Verification	***************************************	
MAILING ADDRESS (Business or Agency Address Recomm		STATE ZIP CODE
1163 E. 7th St	C	Chico CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000		dstubbs@chicousd.org
	gence in preparing this statement. I have hedules is true and complete. I acknow	we reviewed this statement and to the best of my knowledge the information contained wledge this is a public document.
I certify under penalty of per	rjury under the laws of the State of C	California that the foregoing is true and correct.
		AAA-
Date Signed 1-16-2024	and to decree A	Signature
(m	nonth, day, year)	(File the originally signed paper statement with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SUFUENTES	HEATHER	\mathcal{W}_{\cdot}
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		PRINCIPAL
Division, Board, Department, District, if applical	ble	Your Position
► If filing for multiple positions, list below or o	n an attachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at leas	t one box)	
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
3. Type of Statement (Check at least on	e box)	
Annual: The period covered is January 1 December 31, 2023.	•	Leaving Office: Date Left/
The period covered is/_ December 31, 2023.	, through	☐ The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assumed	<i>J</i>	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (required)	► Total number	of pages including this cover page:
Schedules attached	×	
Schedule A-1 - Investments - schedule	altached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule		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 Documents 1163 F 7	ST CHI	O (A 95928
DAYTIME TELEPHONE NUMBER	0(1-1	EMAIL ADDRESS
(530) 891-3114		HSUFuentes@ Chicousd.org
I have used all reasonable diligence in preparing herein and in any attached schedules is true a		ved this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the		
Date Signed 2/23/24	Sig	gnature (File the originally strined paper statement with your filing official)



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

NA	ME OF FILER (LAST) SULLIVE (FIRST)	100	dore	(MIDDLE)	\overline{V}
1.	Office, Agency, or Court		<i>-</i>		
	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, Retired Ju (Statewide Jurisdi		dge, or Court Commissioner
	Multi-County		County of		
	City of		Other Public S	School District	t
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2023, through		Leaving Office:	Date Left	<i>J</i>
	December 31, 2023.		-	(Check one	circle.)
	The period covered is/, throperon 31, 2023.	ough	The period of leaving off -or-		1, 2023, through the date
	Assuming Office: Date assumed/		The period c the date of le		, through
	Candidate: Date of Election and office s	sought,	if different than Part 1:		
4.		mber o	of pages including t	his cover pag	e:
	Schedules attached				
	Schedule A-1 - Investments - schedule attached				Positions - schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income -		attached ments – schedule attached
	Schedule B - Real Property – schedule attached		Scriedule L - Income -	onis – Traver Fay	ments - scriedule attached
-c	or- None - No reportable interests on any schedule				
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	TY		STATE	ZIP CODE
	1163 East 7th Street C	hico		CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	(530) 891-3000		tsulliva@chicousd.		
	I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow			ne dest of my kno	wiedge the information contained
	I certify under penalty of perjury under the laws of the State of C	aliforni	a that the foregoing is t	rue and correct.	
	Date Signed 2-5-24	Siç	gnature (Fin the original to t	4	mont with your filters of fire at 1
_	(month, day, year)		(rae the ong	many signed paper state	ment with your filing official.)



Date Initial Filing Received Filing Official Use Only

Please	type or print in ink.						
	FILER (LAST)	(FIRST)			(MIDDLE)		•
Telled	hea	Cristina			Isabelle	1	_
I. Offi	ce, Agency, or C	ourt					
-	ncy Name (Do not use ico Unified School	• '				**	
Divis	ion, Board, Department	, District, if applicable		Your Pos	sition		
Cha	apman Elementar	y School		Princi	pal		
▶ If	filing for multiple position	ons, list below or on an attachment.	(Do not use	acronyms)			
Age	ncy:			Position			
2. Jur	isdiction of Offic	Ce (Check at least one box)					•
	State				Retired Judge, Pro Tem Juide Jurisdiction)	udge, or Court Commissioner	
□ N	Multi-County			County	of		
				Other	Public School Distri	ct	
3. Typ	oe of Statement	(Check at least one box)					ė.
	Annual: The period co	overed is January 1, 2023, through		Leavi	ng Office: Date Left (Check one		
	-or- The period co December 31	overed is/	., through		ne period covered is Janua leaving office.	ry 1, 2023, through the date	
	Assuming Office: Dat	e assumed/	_		e period covered ise date of leaving office.	, through	
	Candidate: Date of El	ection and of	fice sought, i	if different than	Part 1:		
l. Sch	nedule Summary	(required) ► Total	number o	of pages inc	luding this cover pa	ge: 1	Ī
Scl	nedules attache	d					
Г	Schedule A-1 - Inve	stments - schedule attached		Schedule C -	Income, Loans, & Busines	s Positions – schedule attached	
	Schedule A-2 - Inve	stments - schedule attached		Schedule D -	Income - Gifts - schedule	attached	
	Schedule B - Real I	Property – schedule attached		Schedule E -	Income – Gifts – Travel Pa	ayments - schedule attached	
-or- [None - No rep	ortable interests on any sched	ule				
5. Veri	fication				=======================================		
	NG ADDRESS ness or Agency Address Reco	STREET mmended - Public Document)	CITY		STATE	ZIP CODE	
	63 E. 7th Street		Chico		CA	95928	
DAYT	IME TELEPHONE NUMBER			EMAIL ADDRESS			
(53					Ochicousd.org		
		iligence in preparing this statement. schedules is true and complete. I ac				nowledge the information contained	
l cer	tify under penalty of p	perjury under the laws of the State	of Californi	ia that the fore	going is true and correct	t.	
Date	Signed February	5, 2024 (month, day, year)	Siç	gnature	Ansthan Jest	Leader tement with your filing official.)	
					The state of the s	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) ennis 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position **Board of Trustees** Trustee ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) **Butte County Water Commission** Chair Agency: Position: 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) County of Butte Multi-County **Public School District** City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ___ December 31, 2023. (Check one circle.) -01-The period covered is January 1, 2023, through the date The period covered is ____/____ of leaving office. December 31, 2023. The period covered is ____ Assuming Office: Date assumed _____/__ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1:_ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions – schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property – schedule attached **-Or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1171 Woodland Ave. Chico CA 95928 DAYTIME TELEPHONE NUMBER **EMAIL ADDRESS** (916) 316-3388 matttennis@yahoo.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 2/23/24 Signature (month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Matthew Tennis

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Tendoor Farming Partnership	Wild Ink Press
Name PO Box 1202 Durham, CA 95938	Name 183 E. 6th Street, Chico CA 95928
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT LLC Partnership Sole Proprietorship
YOUR BUSINESS POSITION Partner	Junior Partner 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 \$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 \$1,001 - \$10,000
None or Names listed below Associated Rice Marketing Co-Op (ARMCO) Pinnacle Rice Co-Op	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
INVESTMENT REAL PROPERTY	☐ INVESTMENT ■ REAL PROPERTY
Tendoor Partners	183 E. 6th St., Chico, CA 95928
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Land (7595 Aguas Frias Rd.), Rice Inventory	Stationery Design-Manufacturing
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	LeaseholdOther
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	<u></u>

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name Matthew Tennis

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Matthew Tennis

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Lance D. Tennis, Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
806 Westgate Ct., Chico CA 95926	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Farming	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Director	YOUR BUSINESS POSITION
——————————————————————————————————————	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2,)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I	
a retail installment or credit card transaction, made in t to members of the public without regard to your official regular course of business must be disclosed as follow	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000 	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other —
	(Describe)
Comments:	
- Commontor	



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.						
	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
	incent	John		Everd		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
	Division, Board, Department, District, if	applicable	Your Pos	ition		
	Information Services		Direct	or		
	▶ If filing for multiple positions, list be	low or on an attachment. (Do not ι	use acronyms)		**	
	Agency:		Position	-		
_	. Jurisdiction of Office (Check at least one box)					
	State		Ludae	Retired Judge Pro Tem Ju	dge, or Court Commissioner	
			_	ide Jurisdiction)	ago, or court commissioner	
	Multi-County		☐ County	of		
	City of		Other	Public School Distric	et	
_						
3.	Type of Statement (Check at	least one box)				
Annual: The period covered is January 1, 2023, through December 31, 2023. Leaving Office: Date Left/(Check one circle.)						
	The period covered is _ December 31, 2023.	, through		e period covered is Januar leaving office.	y 1, 2023, through the date	
	Assuming Office: Date assumed	d/	Th	e period covered is	/, through	
	Candidate: Date of Election	and office sough	ht, if different than	Part 1:		
4.	Schedule Summary (require	ed) ► Total numbe	er of pages inc	ludina this cover pac	ze:	
	Schedule Summary (required) 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 –		=	Income – Gifts – schedule		
	Schedule B - Real Property -		Schedule E -	Income – Gifts – Travel Pay	yments - schedule attached	
-(or- 🔳 None - No reportable ir	iterests on any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - P	CITY Cublic Document)		STATE	ZIP CODE	
	1163 E. 7th Street	Chico)	CA	95928	
	DAYTIME TELEPHONE NUMBER		EMAIL 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 un	der the laws of the State of Califo	ornia that the fore	going is true and correct.		
	Date Signed 1/17/2024		Signature		Particular State Particular Parti	
_	(month, day, y	ear)		VFile the originally signed paper state	ement with your triing official.)	



Date Initial Filing Received Filing Official Use Only

PΙΕ	ease type or p	orini, iri irik.						
	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		
_	Veaver		Christo	pher				
1.	Office, Ag	ency, or Court						
	• •	(Do not use acrony fied School Distr	'					== <u></u> *0
Division, Board, Department, District, if applicable Your Position								
	Elementary Principal							
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)							
	Agency:				Position	:		
_ 2.	Jurisdicti	on of Office (Ch	eck at least one box)					
	State					Retired Judge, Pro Tem ide Jurisdiction)	Judge, or Court Com	missioner
	Multi-Cour	nty			County	of		
					Other	Public School Dist	rict	-
3.	Type of S	Statement (Check	at least one box)	-				
		The period covered December 31, 2023.	s January 1, 2023, through		Leavi	ng Office: Date Left (Check o	ne circle.)	_
	-or-	The period covered in December 31, 2023.	s	through		ne period covered is Janu leaving office.	uary 1, 2023, through	the date
	Assumir	g Office: Date assu	med/			e period covered is e date of leaving office.		, through
	Candida	te: Date of Election	and	office sought, i	f different than	Part 1:	36	=
4.	. Schedule Summary (required) Total number of pages including this cover page:							
	Schedules attached							
	Sched	iule A-1 - Investment	s – schedule attached		Schedule C -	Income, Loans, & Busine	ess <i>Positions</i> – sched	ule attached
	Sched	lule A-2 - Investment	s – schedule attached		Schedule D -	Income – Gifts – schedu	le attached	
	Sched	Iule B - Real Property	/ - schedule attached		Schedule E -	Income – Gifts – Travel i	Payments – schedule	attached
-(or- 🔳 Noi	1e - No reportable	e interests on any sch	edule				
5.	Verificatio	n						
	MAILING ADDRE	SS STREET		CITY		STATE	ZIP CODE	
	1163 E 7	h Street		Chico		CA	95928	
	DAYTIME TELEF	PHONE NUMBER			EMAIL ADDRESS			-
	(530)	891-3000			cweaver@	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.					ation contained		
	I certify und	er penalty of perjury	under the laws of the Sta	ate of Californi	a that the fore	going is true and corre	ect.	
					2	/ 1/1,		
	Date Signed	1/22/2024		Sig	nature	en /m		***
_		(month, c	lay, year)		1	(File the originally sighed daber :	statement with your filing offici	91.)



Date Initial Filing Received
Filing Official Use Only

Ple	ease type or print in ink.					
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)			
W	/hittaker	Damon	Andrew			
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms) Chico Unified School District					
	Division, Board, Department, District, if appl	icable	Your Position			
	Chico Unified School District		Principal			
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
	Agency:		Position:			
_ 2.	Jurisdiction of Office (Check at Id	east one box)				
	State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			
	Multi-County		County of			
	City of		Other Public School District			
 3.	Type of Statement (Check at least					
	Annual: The period covered is Janual December 31, 2023.	y 1, 2023, through	Leaving Office: Date Left/(Check one circle.)			
	-or- The period covered is December 31, 2023.	J, throug	The period covered is January 1, 2023, through the date of leaving office.			
	Assuming Office: Date assumed		The period covered is, through the date of leaving office.			
	Candidate: Date of Election	and office sou	ught, if different than Part 1:			
4.	Schedule Summary (required)	► Total numl	ber of pages including this cover page:			
	Schedules attached					
	Schedule A-1 - Investments – sche	dule attached	Schedule C - Income, Loans, & Business Positions - schedule attached			
	Schedule A-2 - Investments - sche	dule attached	Schedule D - Income - Gifts - schedule attached			
	Schedule B - Real Property - sche	dule attached	Schedule E - Income – Gifts – Travel Payments – schedule attached			
-(or- None - No reportable intere	sts on any schedule				
5.	Verification					
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public E	CITY (acument)	STATE ZIP CODE			
	1475 E. Ave	Chic	co CA 95926			
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
	(530) 891-3050		dwhittaker@chicousd.org			
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.					
	I certify under penalty of perjury under t	he laws of the State of Cali	ifornia that the foregoing is true and correct.			
	Date Signed 1/16/24	_	Signature James Lah Holl			
	(month, day, year)		(File the originally signed paper statement with your filing official.)			



Date Initial Filing Received

Please type or print in ink.						
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)				
Williams	Douglas	James				
1. Office, Agency, or Court						
Agency Name (Do not use acronyms)						
Chico Unified School District		Chico High School Principal				
Division, Board, Department, District, if	applicable	Your Position				
▶ If filing for multiple positions, list bel	or multiple positions, list below or on an attachment. (Do not use acronyms)					
Agency:		Position:				
2. Jurisdiction of Office (Check	at least one box)					
State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	ge, or Court Commissioner			
Multi-County		County of				
City of		Other Public School District				
3. Type of Statement (Check at I	least one box)					
Annual: The period covered is Ja December 31, 2023.	anuary 1, 2023, through	Leaving Office: Date Left (Check one				
The period covered is/, through of leaving office.						
Assuming Office: Date assumed	l	The period covered is/_ the date of leaving office.	, through			
Candidate: Date of Election	and office soug	ht, if different than Part 1:				
I. Schedule Summary (require	ed) ► Total numbe	er of pages including this cover pag	9:			
Schedules attached						
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business	Positions – schedule attached			
Schedule A-2 - Investments -	schedule attached	Schedule D - Income - Gifts - schedule a	ttached			
Schedule B - Real Property -	schedule attached	Schedule E - Income - Gifts - Travel Pay	ments - schedule attached			
- or- 🔳 None - No reportable in	terests on any schedule					
5. Verification						
MAILING ADDRESS STREET	CITY CITY	STATE	ZIP CODE			
(Business or Agency Address Recommended - Pt 329 Mill Creek Dr.	Chico	o CA	95973			
DAYTIME TELEPHONE NUMBER	Child	EMAIL ADDRESS	30313			
(530) 891-3026		dwilliams@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 contain herein and in any attached schedules is true and complete. I acknowledge this is a public document.						
		ornia that the foregoing is true and correct.	1.			
Date Signed 2-22-24		Signature OA M	- Will			
Date Signed 2-22-24 (month, day, ye	ear)	Signature (File the originally signed paper state)	nent with your filing official.)			



Date Initial Filing Received Filing Official Use Only

Please type	or print in ink.				
NAME OF FILER (LAST) (FIRST) (MIDDLE)					
Yuhnke		Kayla		Ann Marie	9
1. Office,	Agency, or Court				
Agency N	ame (Do not use acronyms)				
Chico	Unified School District				
Division,	Board, Department, District, if applica	ole	Your Position		:
Nutritio	n Services		Nutrition Superv	risor	
► If filing	for multiple positions, list below or o	n an attachment, (Do not	use acronyms)		/,
Agency:			Position:		
2. Jurisd	iction of Office (Check at leas	t one box)			
State	(Judge Retired Judge	e Pro Tem ludr	ge, or Court Commissioner
			(Statewide Jurisdictio		o, or obait dominidations
☐ Multi-	County		County of		
	f		Other Public Sci	hool District	
3. Type o	of Statement (Check at least or	e box)			
- Second	ual: The period covered is January 1 December 31, 2023.	, 2023, through	Leaving Office: Da	ate Left/_ (Check one c	ircle.)
-	The period covered is/_ December 31, 2023.	, through	☐ The period cover of leaving office.	-	1, 2023, through the date
Assu	ming Office: Date assumed	<u> </u>			/, through
Cano	lidate: Date of Election	and office soug	ht, if different than Part 1:		
1 School	ule Summary (required)	Total averb			
	ules attached	► lotal numbe	er of pages including this	s cover page):
Scried	ules allacileu				
	chedule A-1 - Investments - schedule		_		Positions – schedule attached
	chedule A-2 - Investments - schedule		Schedule D - Income - Gift		
50	chedule B - Real Property - schedule	e attached	Schedule E - Income – Gift	s – Haver Payir	ients – schedule attached
-or- 🔳 /	None - No reportable interests	on any schedule			
5. Verifica		on any schedule			
MAILING AT		CITY		STATE	ZIP CODE
(Business o	r Agency Address Recommended - Public Docu	ment)			
-	E. 7th St ELEPHONE NUMBER	Chic	EMAIL ADDRESS	CA	95928
(530) 891-3000		00 00 0		
-	(530) 891-3000 kyuhnke@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 containe				
	herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
l certify (inder penalty of perjury under the	laws of the State of Califo	ornia that the foregoing is true	and correct.	1
			1/11/	16,	//
Date Sigr	1/16/2024 (month, day, year)		Signature VFile the original	Supped paner statems	ent with your filing official.)
	(To the time, stright the	- de la papar diditionic	The same of the sa