

Date Initial Filing Received

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MI	DDLE)
Allen	Michael	A	nthony
1. Office, Agency, or Court			·
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if ap	plicable	Your Position	
Chapman Elementary School		Principal	
▶ If filing for multiple positions, list below	or on an attachment. (Do not u	use acronyms)	· · · · · · · · · · · · · · · · · · ·
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
State		Judge, Retired Judge, Pro (Statewide Jurisdiction)	Tem Judge, or Court Commissioner
Multi-County		County of	
City of		Other Public School	District
December 31, 2022. Assuming Office: Date assumed	and office sough Total number edule attached edule attached edule attached	The period covered is leaving office. -or- The period covered is the date of leaving of leaving of the date of leaving of lea	ver page: 1 Business Positions – schedule attached
5. Verification MAILING ADDRESS STREET	CITY	OTAT	T 710 CODE
(Business or Agency Address Recommended - Public	•	STAT	
DAYTIME TELEPHONE NUMBER	Chico		95928
(530) 891-3000		Mallan@ahiaawadass	
I have used all reasonable diligence in prepherein and in any attached schedules is tr I certify under penalty of perjury under	ue and complete. I acknowledg	e this is a public document.	
Data Stand 2/12/22		Signature Mike Allen	Digitally signed by Mike Allen
Date Signed 2/13/23 (month, day, year)			Date: 2023,02,13 17:53:29 -08'00' d paper statement with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received Filing Official Use Only

Please type or print in ink

		print in ink.						
NAME OF FI	LER	(LAST)	(FIRST				(MIDDLE)	
Akers			Jac	;y 			Dawn	
1. Office	e, Aç	ency, or	Court					
		•	e acronyms)					
		fied Scho						
Divisio	n, Boa	rd, Departme	nt, District, if applicable		Yo	ur Position		
Nutri	tion (Services D	ept.		N	lutrition Super	visor	
► If fi	ing fo	multiple pos	itions, list below or on an attach	nment. (Do not us	se acronym	s)		
Agenc	W'				Þ	osition		
	,					odition,		
2. Juris	dict	ion of Off	ICE (Check at least one box)					
Sta	te					ludge, Retired Jud Statewide Jurisdict		Judge, or Court Commissioner
Mu	lti-Cou	nty				County of		
	of _					Other Public Sc		ict
3. Type	of :	Statemen	: (Check at least one box)					
			covered is January 1, 2022, thr	ough		Leaving Office: 1	Date Left	
		December :	•	ougn	Ļ	Leaving Office.	(Check or	
	-or-	The period December	covered is/	, through		The period cover leaving office.	ered is Janua	ary 1, 2022, through the date of
A:	sumi	ng Office: [ate assumed/					/, through
_ Ca	ındida	te: Date of	Election	and office sought	t, if differen	t than Part 1:		
1. Sche	dule	Summar	y (required)	Total number	of page	s including th	is cover n	aue.
		es attach	• • •		p-9·	·	.o ooro. p.	
	Scho	dula A-1 - <i>In</i>	vestments – schedule attached		Schedul	e C - Income. Loa	ns. & Busine:	ss Positions – schedule attached
			vestments – schedule attached		_	e D - Income – G		
H			I Property – schedule attached		=			Payments – schedule attached
-or- 🔳	No	ne - No re	portable interests on any	schedule				
5. Verifi	catio	n						
MAILING			STREET commended - Public Document)	CITY			STATE	ZIP CODE
	-	th Street	commended - Public Documenty	Chico			CA	95928
		PHONE NUMBE	3	011100	EMAIL ADD	RESS		
(530)	891-3000			iakers	@chicousd.org	a	
			diligence in preparing this state		ewed this st	tatement and to the		knowledge the information contained
			f perjury under the laws of the	_	-		e and correc	ct.
						0		•
Date S	igned	1/11/202		8	Signature	Lan	$\searrow 0$	dis
			(month, day, year)			(File the origin	ally signed paper st	tatement 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			
Agency Name (Do not use acrony	ms)		
Chico Unified School Distri	ct		
Division, Board, Department, District	t, if applicable	Your Position	
Shasta Elementary School		Principal	
► If filing for multiple positions, list	below or on an attachment. (Do not u	ise acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Ch	eck at least one box)		
State		Judge, Retired Judge, Pro Tem Judg (Statewide Jurisdiction)	e, or Court Commissioner
Multi-County		County of	
		Other Public School District	
		- -	
3. Type of Statement (Check			5
Annual: The period covered in December 31, 2022.	s January 1, 2022, through	Leaving Office: Date Left/_ (Check one c	
The period covered i December 31, 2022.	s/, through	The period covered is January 'leaving officeoror-	I, 2022, through the date of
Assuming Office: Date assur	med/	The period covered is/_ the date of leaving office.	, through
Candidate: Date of Election	and office sough	nt, if different than Part 1:	
I. Schedule Summary (requ	uired) ► Total numbe	r of pages including this cover page	:
Schedules attached)
Schedule A-1 - Investments	s – schedule attached	Schedule C - Income, Loans, & Business F	ositions – schedule attached
Schedule A-2 - Investments		Schedule D - Income - Gifts - schedule at	
Schedule B - Real Property	1	Schedule E - Income – Gifts – Travel Paym	nents - schedule attached
-or- 🔳 None - No reportable	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended		STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	311100	EMAIL ADDRESS	
(530) 891-3000		bbesnard@chico	usd.on
	in preparing this statement. I have revi les is true and complete. I acknowledge	iewed this statement and to the best of my know	
I certify under penalty of perjury	under the laws of the State of Califo	rnia that the foregoing is true and correct.	
Date Signed	23	Signature Signature	
(month, d		(File the originally signed paper statement	ent with your filing official.)



Date Initial Filing Received Filing Official Use Only

PΙε	ease type or print in ink.		
NA	ME OF FILER (LAST) (FIRST	·)	(MIDDLE)
В	Settencourt Jo A	Ann	F
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	Rosedale Elementary School		Principal
	▶ If filing for multiple positions, list below or on an attack	ment. (Do not us	se acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)	I	
	☐ State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		Other Public School District
_ ~	Type of Statement (Check at least one box)		
J.		ough	Leaving Offices Poto Loft
	Annual: The period covered is January 1, 2022, the December 31, 2022.	ougn	Leaving Office: Date Left/(Check one circle.)
	The period covered is/	, through	The period covered is January 1, 2022, 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 sough	t, if different than Part 1:
_			
ŧ.		Total number	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	L	Schedule E - Income - Gifts - Travel Payments - schedule attached
-6	or- None - No reportable interests on any	schedule	
_	Verification	Ochodulo	
•	MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document)	Chi	CA 05020
	1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico	CA 95928
	(530) 891-3104		
			ewed this statement and to the best of my knowledge the information contained by this is a public document.
	I certify under penalty of perjury under the laws of th	•	
			N C D
	Date Signed 1-11-23 (month, day, year)	== (Signature CUL SCHOTT (OWT) (Fig. 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

Bettencourt, Jo Ann F

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Chico Turf Plus LLC	
Name	Name
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Address (Business Address Acceptable) 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 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Vice President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$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 <u>TO</u> THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$5500 - \$1,000 \$1,001 - \$10,000
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: REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	1

Comments: _



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Bromley	Charise	Nicole	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if	applicable	Your Position	
		Director, Fiscal Services	
If filing for multiple positions, list hal	ou or on on otherhouse (Do out		
► If filing for multiple positions, list bel	or on an attachment. (Do not i	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
State		Judge, Retired Judge, Pro Tem Jud	lae, or Court Commissioner
		(Statewide Jurisdiction)	5 -,
Multi-County		County of	
City of		Other Public School District	
		E outer	
3. Type of Statement (Check at I	east one box)		
Annual: The period covered is January December 31, 2022.	nuary 1, 2022 , through	Leaving Office: Date Left(Check one	
-or- The period covered is December 31, 2022.	, through	leaving office.	1, 2022, through the date of
Assuming Office: Date assumed		-or- ☐ The period covered is/_ the date of leaving office.	, through
Candidate: Data of Election	and aff a	·	
Candidate. Date of Election	and onice sough	ht, if different than Part 1:	
4. Schedule Summary (require	d) ► Total numbe	or of pages including this cover page	e:
Schedules attached			(
Schedule A-1 - Investments – s	chadula attachad	Schedule C - Income, Loans, & Business I	Positions – schedule attached
Schedule A-2 - Investments - s		Schedule D - Income - Gifts - schedule at	
Schedule B - Real Property - s	_	Schedule E - Income - Gifts - Travel Payr	
		,	
-or- None - No reportable int	erests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Pul	blic Document)		
1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico		95928
	,	EMAIL ADDRESS	
(530) 891-3000 ext. 20127		cbromley@chicousd.org	de des de l'étaux de l'année
herein and in any attached schedules is	true and complete. I acknowledge		viegge the information contained
I certify under penalty of perjury und	er the laws of the State of Califo	rnia that the foregoing is true and correct.	
Date Signed 1/12/2	023	Signature Ci J	
(month, day, yea		(File the originally signed paper statem	ent with your filing official.)



Date Initial Filing Received Filing Official Use Only

PΙε	ease type or print in ink.					
NA	ME OF FILER (LAST) (FIRST)			(MIDDLE)		
С	Ped Ped	ro		Α		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
	Division, Board, Department, District, if applicable		Your Position			
	Chico Junior high School		Principal			
	▶ If filing for multiple positions, list below or on an attache	ment. (Do not use a	acronyms)			
	A		0. 31			
	Agency:		Position:			
2.	Jurisdiction of Office (Check at least one box)					
	State		Judge, Retired J	udae. Pro Tem Jud	dge, or Court Commissioner	
			(Statewide Jurisd		-g-,	
	Multi-County		County of Butt	e		
	City of		Other Public	School District	t	
2						
J.	Type of Statement (Check at least one box)			5	an e	
	Annual: The period covered is January 1, 2022, thro December 31, 2022.	ugh	Leaving Office	: Date Left (Check one	// circle.)	
	The period covered is/	, through	The period of leaving office	-	1, 2022, through the date	of
	Assuming Office: Date assumed//	-	☐ The period of	covered is/. eaving office.	, throug	gh
	Candidate: Date of Election	and office sought, if	different than Part 1;			
	Schodule Summery (required)	T.1.		44.		
٠.	Schedule Summary (required) Schedules attached	iotal number of	f pages including	this cover pag	e: <u> </u>	
	Schedule A-1 - Investments - schedule attached		Schedule C - Income, L	oans, & Business	Positions - schedule attach	ed
	Schedule A-2 - Investments - schedule attached		Schedule D - Income -			
	Schedule B - Real Property - schedule attached		Schedule E - Income -	Gifts – Travel Pay	ments – schedule attached	
-0	Or- None - No reportable interests on any s	chedule				
_	Verification					
•	MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
	(Business or Agency Address Recommended - Public Document)	01:		0.4		
	1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico	MAIL ADDRESS	CA	95928	
	(530) 891-3000	-	WATE ADDITEOU			
	I have used all reasonable diligence in preparing this statem			the best of my kno	wledge the information conta	ained
	herein and in any attached schedules is true and complete	_		1	1	
	I certify under penalty of perjury under the laws of the	State of California	that the foregoing is	rue and correct.	14	
	Date Signed 3/1/23	Sigr	nature file the on	to All	ment with your filing official.)	
_	DATE STOCKHOLOGISTATUS		I MATTER SECTION	A Health of the State of the St	MIRRORD - AVAILAGED ATTEMPT BUT SEE	

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 1,000 1,000,000 1	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	LeaseholdOther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 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	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
None	income of \$10,000 or more. None
□ None Keri Smith You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business.	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and
☐ None Keri Smith You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business.	□ None cial 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:
None Keri Smith You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of LENDER*	□ None cial lending institution made in the lender's regular course of courted without regard to your official status. Personal loans and siness must be disclosed as follows:
None Keri Smith You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable)	□ None cial lending institution made in the lender's regular course of country without regard to your official status. Personal loans and siness must be disclosed as follows:
None Keri Smith 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	isial lending institution made in the lender's regular course of country without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
Mone Keri Smith You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	isial lending institution made in the lender's regular course of country 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
None Keri Smith You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	Interest Rate None
None Keri Smith You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER NTEREST RATE TERM (Months/Years)	isial lending institution made in the lender's regular course of the country of t
None Keri Smith You are not required to report loans from a commerce business on terms available to members of the publication of the publicatio	None None
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER TERM (Months/Years) Whose HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Interest rate Intere



Date Initial Filing Received

Please type or print in link.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Capen	Jessica 	Thais	
I. Office, Agency, or Court			
Agency Name (Do not use acronyr	•		
Chico Unified School Distri			
Division, Board, Department, District	; if applicable	Your Position	
Chico Unified		Assistant Principal	
▶ If filing for multiple positions, list	below or on an attachment. (Do not to	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Che	eck at least one box)		
[_] State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	ge, or Court Commissioner
Multi-County		County of	
		Other Public School District	
3. Type of Statement (Check	at least one box)		
Annual: The period covered is December 31, 2022.	,	Leaving Office: Date Left(Check one	
The period covered is December 31, 2022.	s, through	☐ The period covered is January leaving office.	1, 2022, through the date of
Assuming Office: Date assur	ned	The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office soug	nt, if different than Part 1:	
l. Schedule Summary (requ	ired) ► Total numbe	er of pages including this cover page	e.
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 Payl	ments - schedule attached
-or- None - No reportable	interests on any schedule		
5. Verification	OUT	27177	
MAILING ADDRESS STREET (Business or Agency Address Recommended	- Public Document)	STATE	ZIP CODE
1163 E. 7th Street	Chico	V	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 891-3000			
•	in preparing this statement. I have reves is true and complete. I acknowledg	riewed this statement and to the best of my known e this is a public document.	wledge the information contained
I certify under penalty of perjury	under the laws of the State of Califo	ornia that the foregoing is true and correct.	
D (0') 3/1/22			
Date Signed 3/1/23 (month, da	ny, year)	Signature (File the originally signed paper staten	nent with your filing official.)
		the state of the s	



Date Initial Filing Received
Filing Official Use Only

$Pl\epsilon$	ease type or print in ink.		
NΑ	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
С	Cariss	Timothy	Andrew
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applica	ble	Your Position
			Director
	► If filing for multiple positions, list below or c	n an attachment (Da not i	= =====================================
	I lilling for manuple positions, list below or c	n an auachment. (Do not u	use 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 or	e box)	
	Annual: The period covered is January	, 2022, through	Leaving Office: Date Left
	December 31, 2022 .		(Check one circle.)
	The period covered is	, through	The period covered is January 1, 2022, through the date of leaving officeor-
	Assuming Office: Date assumed	JJ	The period covered is, through the date of leaving office.
	Candidate: Date of Election	and office sough	ht, if different than Part 1:
		and onloo oodgi	THE PROPERTY OF THE PROPERTY O
4.	Schedule Summary (required)	➤ Total numbe	er of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments - schedule	e attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule	e attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule	attached [Schedule E - Income - Gifts - Travel Payments - schedule attached
-(or- 🔳 None - No reportable interests	on any schedule	
5.	Verification		
	MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Docu 1163 E. 7th Street	ment) Chico	CA 95928
	DAYTIME TELEPHONE NUMBER	Chico	D CA 95928
	(530) 891-3000		tcariss@chicousd.org
		g this statement. I have rev	viewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true a	nd complete. I acknowledge	ge this is a public document.
	I certify under penalty of perjury under the	laws of the State of Califo	ornia that the foregoing is true and correct.
			1,
	Date Signed 3/1/2023	<u></u>	Signature
	(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received

PΙε	ease type or print in ink.			
NA	ME OF FILER (LAST) (FI	RST)	(MIDDLI	E)
С	Carver J	ohn	Way	rne
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Maintenance/Operations/Transportation		Director	
	▶ If filing for multiple positions, list below or on an att	achment. (Do not use	e acronyms)	
	Agency:		Position:	
_	A			
2.	Jurisdiction of Office (Check at least one b	ox)		
	State		Judge, Retired Judge, Pro Te (Statewide Jurisdiction)	em Judge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School Di	strict
3	Type of Statement (Check at least one box)			
•	Annual: The period covered is January 1, 2022,	through	Leaving Office: Date Left .	1 1
	December 31, 2022.	tillough		k one circle.)
	The period covered is/	, through	The period covered is Jaleaving office.	anuary 1, 2022, through the date of
	Assuming Office: Date assumed/	1		
	Candidate: Date of Election	and office sought,	if different than Part 1:	
1	Schedule Summary (required)	> Total number	of saves isoluding this save	
τ.	Schedules attached	► Total number	of pages including this cover	page:
	Schedule A-1 - Investments - schedule attach	ed	Schedule C - Income, Loans, & Bus	siness Positions – schedule attached
	Schedule A-2 - Investments - schedule attach	ed	Schedule D - Income - Gifts - sche	
	Schedule B - Real Property - schedule attach	ed	Schedule E - Income - Gifts - Trave	el Payments - schedule attached
-0	or- None - No reportable interests on ar	ıy schedule		
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
	1163 E. 7th Street	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3000		jcarver@chicousd.org	
	I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com		wed this statement and to the best of m	ny 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 co	rrect.
			L W 11/1	
	Date Signed 01/17/2023	S	ignature Of Wee	pet statement with your filing official.)
	(month, day, year)		(rile the originally signed pag	oci sionini mini your ming official.)



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Connelly	Courtny		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicat	vie	Your Position	
Emma Wilson Elementary		Principal	
▶ If filing for multiple positions, list below or or	n an attachment. (Do not us	e 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 Dist	
		÷	
3. Type of Statement (Check at least on	,	Danier Officer Data Laft	T. I
Annual: The period covered is January 1 December 31, 2022.	, 2022, tillough	Leaving Office: Date Left (Check of Check of Che	one circle.)
The period covered is 07 / 0	01 , 22 , through	☐ The period covered is Jan leaving office.	uary 1, 2022, through the date of
December 31, 2022.	1985	-or-	
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			A
Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Busin	ess Positions - schedule attached
Schedule A-2 - Investments - schedule	attached	Schedule D - Income - Gifts - schedu	
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel	Payments – schedule attached
-or- None - No reportable interests	on any schodulo		
5. Verification	on any schedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Docur	•		
DAYTIME TELEPHONE NUMBER	Chico	CA EMAIL ADDRESS	95928
(530) 891-3000		cconnelly@chicousd.org	
I have used all reasonable diligence in preparing herein and in any attached schedules is true at		wed this statement and to the best of my	knowledge the information contained
I certify under penalty of perjury under the I			ect.
		0 - 0 -	210
Date Signed 01/17/2022	s	ignature	
(month, day, year)		(File the originally signed paper	statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Filing Official Use Only **COVER PAGE**

Ple	ease type or print in ink.						
	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		
<u></u>	opper	Dustin			Todd		
1.	Office, Agency, or Court						
	Agency Name (Do not use acronym	s)					
	Chico Unified School Distric	t					
	Division, Board, Department, District,	if applicable		Your Positi	on		
	M&O			M&O M	anager		
	► If filing for multiple positions, list b	elow or on an attachment.	(Do not use	acronyms)			
	Agency:			Position: _			
_	Jurisdiction of Office (Chec	ok at loast one boy)					
۷.		k at least one box)		[1]	athard hadaa Daa Taaa had	l 0 0ii	
	State				etired Judge, Pro Tem Jud e Jurisdiction)	ige, or Court Commissi	oner
	Multi-County			County o	f		
	City of			Other P	ublic School District		
3.	Type of Statement (Check a	t least one box)					
	Annual: The period covered is December 31, 2022.	January 1, 2022, through		Leaving	Office: Date Left(Check one		
	The period covered is December 31, 2022.		through		period covered is January ng office.	1, 2022 , through the c	date of
	Assuming Office: Date assum	ed/		The	period covered is/_ date of leaving office.	, th	nrough
	Candidate: Date of Election _	and o	ffice sought,	if different than Pa	art 1:		r
4.	Schedule Summary (requi	red) ▶ Total	number	of pages inclu	ding this cover pag	e:	-
	Schedules attached	,		pg	and cover pag		
	Schedule A-1 - Investments	- schedule attached		Schedule C - In	come, Loans, & Business	Positions – schedule a	ittached
	Schedule A-2 - Investments	- schedule attached		Schedule D - In	come – Gifts – schedule a	ttached	
	Schedule B - Real Property -	- schedule attached		Schedule E - Inc	come – Gifts – Travel Pay	ments – schedule attac	ched
-0	or- None - No reportable	interests on any scheo	hulo				
-	Verification	Theredia on any denou	uio		NAME OF TAXABLE PARTY.		
	MAILING ADDRESS STREET		CITY		STATE	ZIP CODE	
	(Business or Agency Address Recommended - 1163 E. 7th Street	Public Document)	Chico		CA	95928	
	DAYTIME TELEPHONE NUMBER		CHICO	EMAIL ADDRESS	UA	93920	
	(530) 891-3000			dcopper@ch	icousd org		
	I have used all reasonable diligence i herein and in any attached schedules			ved this statement	and to the best of my kno	wledge the information	contained
	I certify under penalty of perjury u		_		1/1		
	5.4.0: 1.2/44/2022				111		
	Date Signed 2/14/2023 (month, day	, year)	Si	gnature	File the originally signed paper states	ment with your filing official.)	





A PUBLIC DOCUMENT

Please type or print in ink.

NΔ	ME OF FILER (LAST) A.A. (FIRST)		(MIDDLE)
110	Cunniff Stephani	re	Jean
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		A
	Chico Unified School District		Assistant Principal
	Division, Board, Department, District, if applicable	Y	our Position
	▶ If filing for multiple positions, list below or on an attachment. (D	lo not use acronyn	ms)
	Agency:	F	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, 2022, through December 31, 2022		Leaving Office: Date Left/(Check one circle.)
	The period covered is, the December 31, 2022	•	☐ The period covered is January 1, 2022 , through the date of leaving office.
	Assuming Office: Date assumed		☐ The period covered is
	Candidate: Date of Election and office	e sought, if differer	ent than Part 1:
4.	Schedule Summary (required) ► Total n	umber of pag	res including this cover page:
	Schedules attached		· · · · · · · · · · · · · · · · · · ·
	Schedule A-1 - Investments – schedule attached	Schedu	ule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attached	Schedu	ule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule attached	Schedu	ule E - Income - Gifts - Travel Payments - schedule attached
-0	or- None - No reportable interests on any schedule	9	
_	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
		Chico	CA 95928
	DAYTIME TELEPHONE NUMBER	EMAIL AD	DORESS
	(530) 891-3000		unnitt@)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 acknowledge the complete of acknowledge of the complete of acknowledge of the complete o		
	I certify under penalty of perjury under the laws of the State of	f California that t	the foregoing is true and correct.
	Date Signed 2-11-23	Signature	(File the original) signed paper statement with your filing official (



Date Initial Filing Received Filing Official Use Only

Pl	Please type or print in ink.				
N/	AME OF FILER (LAST)	(FIRST)		(MIDDLE)	
	Dalby	Caitlin		Marie	
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Chico Unified School District				
	Division, Board, Department, District, if ap	plicable	Your Position		
	Board		Vice President		
	▶ If filing for multiple positions, list below	or on an attachment. (Do not o	use acronyms)		-
	Agency:		Position:		
2.	Jurisdiction of Office (Check at	least one box)			
	State		Judge, Retired Judge (Statewide Jurisdiction	, Pro Tem Judge, ı)	or Court Commissioner
	Multi-County		County of		
	City of		Other Public Sch	ool District	
3.	Type of Statement (Check at lease	st one box)			
	Annual: The period covered is Janu December 31, 2022.	ary 1, 2022 , through	Leaving Office: Date	te Left/_ (Check one circ	
	The period covered is December 31, 2022.	_/, through	The period covern leaving office.		2022, through the date of
	Assuming Office: Date assumed			ed is/	/, through
	Candidate: Date of Election	and office sough	t, if different than Part 1;		
l.	Schedule Summary (required)		r of pages including this		
	Schedules attached		p-gee menaning and	oover page.	-
	Schedule A-1 - Investments – sche	edule attached	Schedule C - Income, Loans,	& Business Pos	itions schedule attached
	Schedule A-2 - Investments - sche		Schedule D - Income - Gifts		
	Schedule B - Real Property - sche	edule attached	Schedule E - Income - Gifts	– Travel Paymen	ts - schedule attached
-0	r- None - No reportable intere	ests on any schedulo			
i. \	Verification	indic on any conclude			
-	MAILING ADDRESS STREET	CITY	S	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public & 1163 E. 7th Street				
	DAYTIME TELEPHONE NUMBER	Chico	EMAIL ADDRESS	A	95928
-	(530) 891-3000		caitlin.dalby@chicousd	ora	
1	I have used all reasonable diligence in prep herein and in any attached schedules is tru	aring this statement. I have revie e and complete. I acknowledge	wed this statement and to the be	st of my knowled	ge the information contained
	certify under penalty of perjury under t			nd correct.	
c	Date Signed March, (month, day, year)	2023 s	ignature Of the the originally si	igned paper statement wi	ith your filing of trail
				a very behoresimental M	you many oments

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

CENNRAL DESCRIPTION OF THIS BUSINESS	► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FAR MARKET VALUE	Anazon Con Inc	Apple Inc.
FAIR MARKET VALUE	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$100,001 - \$1,000,000	FAIR MARKET VALUE	FAIR MARKET VALUE Electronics & Softwar
Slock Other (Describe) Partnership Income Received of \$30 - \$498		
Partnership	▼ Stock Other	Stock Other
ACQUIRED	Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
ACQUIRED DISPOSED ACQUIRED DISP	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$10,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,		
\$2,000 - \$10,000	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000		
\$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE	FAIR MARKET VALUE
NATURE OF INVESTMENT Slock Cither Clearribe) Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 22		\$2,000 - \$10,000\$10,001 - \$100,000
Stock	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Stock	NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Stock Other	
Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: 22		(Describe)
IF APPLICABLE, LIST DATE:		
ACQUIRED DISPOSED NAME OF BUSINESS ENTITY	,	Indicate the service of the service of the service of
ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED NAME OF BUSINESS ENTITY SENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED ACQUIRED DISPOSED NAME OF BUSINESS ENTITY SENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000	/ /22 / /22	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000		
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE \$2,000 - \$10,000		
FAIR MARKET VALUE \$2,000 - \$10,000	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
FAIR MARKET VALUE \$2,000 - \$10,000		
\$2,000 - \$10,000	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
\$2,000 - \$10,000		
\$2,000 - \$10,000	EAID MADKET VALUE	
\$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: Y22		
NATURE OF INVESTMENT Stock Other Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 22		
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J_22 ACQUIRED DISPOSED Stock Other (Describe) Income Received of \$0 - \$499 Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J_22 ACQUIRED DISPOSED		
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) If APPLICABLE, LIST DATE: If APPLICABLE, LIST DATE: J_22 J_22 ACQUIRED DISPOSED ACQUIRED DISPOSED DISPOSED		
Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED	(Describe)	
ACQUIRED DISPOSED J22 J22 ACQUIRED DISPOSED		
ACQUIRED DISPOSED ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED ACQUIRED DISPOSED	//22//22	/ /22 / /22
Comments:	ACQUIRED DISPOSED	
Comments:	Į.	Area
	Comments:	



Date Initial Filling Received

PΙε	ease type or print in ink.			
NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
D	eBock	Laurie	E	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	е	Your Position	
	Bidwell Jr. High School		Assistant Principal	
	▶ If filing for multiple positions, list below or on	an attachment. (Do not us	e acronyms)	
	Agency:		Position;	
<u> </u>	Jurisdiction of Office (Check at least	one box)		
	State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	ge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School District	
 3.	Type of Statement (Check at least one	box)		
	Annual: The period covered is January 1, December 31, 2022.	•	Leaving Office: Date Left(Check one	
	-or- The period covered is/ December 31, 2022.	/, through	The period covered is January leaving office.	1, 2022, through the date of
	Assuming Office: Date assumed/_		The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election	and office sought	if different than Part 1:	
1.	Schedule Summary (required)	Total number	of pages including this cover page	0,
	Schedules attached	P Total Hamber	or 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 a	ttached
	Schedule B - Real Property – schedule	attached	Schedule E - Income - Gifts - Travel Paye	ments - schedule attached
-0	or- None - No reportable interests	on any schedule		
_	Verification	on any conceans		
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document 1163 E. 7th Street	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	Criico	EMAIL ADDRESS	93920
	(530) 891-3000		Idebock@chicousd.org	
	I have used all reasonable diligence in preparing		wed this statement and to the best of my know	wledge the information contained
	herein and in any attached schedules is true and I certify under penalty of perjury under the la		1	
	,, p. signer y assess and the			. 0
	Date Signed 1-13-23	s	ignature Xami W	(Du
	(month, day, year)		File the originally signed paper statem	nent with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1286 & 1290 Wanderer Ln.	7
CITY	CITY
Chico, CA	
=	\—————————————————————————————————————
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 \$30,001 - \$100,000
\$10,001 - \$1,000,000 ACQUIRED DISPOSED	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF WITEREST
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	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
₩ 10,001 - \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of income of \$10,000 or more.	interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
Kellee Cueller	None
Jessica Ryan	
o o o o o o o o o o o o o o o o o o o	
w	U
* You are not required to report loans from a commercia	I 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 busir	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)
TERM (Months reals)	INTERESTRATE FERM (MORRIS/Tears)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	U \$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Enloe Medical Center	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1531 Esplanade	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Registerd Nurse	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2,)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
THE CONTROL OF THE CO	
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
, ,	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
, a	44
HIGHEST DALANCE DUDING DEDOCTIVE DECICE	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	



Date Initial Filing Received
Filing Official Use Only

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 application	able	Your Position	
Marsh Junior High School		Assistant Principal	
▶ If filing for multiple positions, list below or	on an attachment. (Do not us	se acronyms)	
Agency:		Position:	
rigorioj.		T GORGEN	
2. Jurisdiction of Office (Check at lea	st 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	t
3. Type of Statement (Check at least of	ne box)		
Annual: The period covered is January December 31, 2022.	1, 2022, through	Leaving Office: Date Left(Check one	
The period covered is/_ December 31, 2022.	, through	 The period covered is January leaving office. 	1, 2022, through the date of
Assuming Office: Date assumed	J	The period covered isthe date of leaving office.	through, through
Candidate: Date of Election	and office sough	t, if different than Part 1:	
I. Schedule Summary (required)	► Total numbe	r of pages including this cover pag	
Schedules attached	7 7000 110111201	or pages molaumy the corer pag	
Schedule A-1 - Investments – schedu	lo attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – schedu		Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedu	Г	Schedule E - Income - Gifts - Travel Pay	
concate 2 Trout / roporty concate		_	
-or- None - No reportable interest	s on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Doc	•	0.4	05000
1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico	EMAIL ADDRESS	95928
Control of the second control of the		LIVAL ADDRESS	
(530) 891-3000 I have used all reasonable diligence in prepari	ng this statement. I have revi	ewed this statement and to the hest of my kno	welledge the information contains
herein and in any attached schedules is true			wiedge the information contains
I certify under penalty of perjury under the	laws of the State of Califor	rnia that the foregoing is true and corregt.	
Date Signed 1/11/23	,	Signature Signature	
(month, day, year)			ment with your filing official.)



Date Initial Filing Received

Please type or print in ink,			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Enserro	Joseph	(Vince)	Patrick
1. Office, Agency, or Court			16
Agency Name (Do not use acronyms)			
Chico Unified School District			Director of Nutrition
Division, Board, Department, District, if applicable	е		Your Position
			Director of Nutrition
▶ If filing for multiple positions, list below or on	an attachment.	(Do not us	se acronyms)
Agency:			Position:
2. Jurisdiction of Office (Check at least	one box)		
State			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County			County of
City of			Other Public School District
*			
3. Type of Statement (Check at least one	box)		
Annual: The period covered is January 1, December 31, 2022.	2022 , through		Leaving Office: Date Left/(Check one circle.)
The period covered is/ December 31, 2022.		_, through	The period covered is January 1, 2022, 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 6	office sough	t, if different than Part 1:
1 Schodule Summany (required)	. T-4	1	
4. Schedule Summary (required) Schedules attached	► 10ta	ii numbei	r 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
-OF None No reportable interests	an any saha	ماريام	-
-or- None - No reportable interests 5. Verification	on any sche	uule	
MAILING ADDRESS STREET		CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Docum	ent)		
1163 E. 7th Street		Chico	CA 95928
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS
(530) 891-3000			
I have used all reasonable diligence in preparing herein and in any attached schedules is true an			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 la	ws of the Stat	e of Califor	nia that the foregoing is true and correct.
Date Signed 1.11.23			Signature
(month, day, year)			(File the originally signed paper statement with your filing official.)



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position CUSID ▶ 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) County of ■ Multi-County Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____ (Check one circle.) December 31, 2022. ☐ The period covered is January 1, 2022, through the date of The period covered is ____ leaving office. December 31, 2022. ☐ 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 Signature (with your filing official.)



Date Initial Filing Received

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST) (FI	RST)	(MIDDLE)	
G	Serman E	iric	Johan	
1.	Office, Agency, or Court			-
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable		Your Position	
	Maintenance and Operations		Maintenance Manager	
	▶ If filing for multiple positions, list below or on an att	achment. (Do not use	acronyms)	
	Agency:		Position:	25
_				
2.	Jurisdiction of Office (Check at least one b	ox)		
	State		Judge, Retired Judge, Pro Tem Judge, (Statewide Jurisdiction)	udge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School Distri	ct
3.	Type of Statement (Check at least one box)			
٠.	Annual: The period covered is January 1, 2022,	through	Leaving Office: Date Left	i i
	December 31, 2022.		(Check on	
	The period covered is/	, through	The period covered is Janua leaving office.	ry 1, 2022, through the date of
	Assuming Office: Date assumed	1	• •	, through
	Candidate: Date of Election	and office sought.	if different than Part 1:	
4.	Schedule Summary (required)	► Total number of	of pages including this cover pa	ge:
	Schedules attached	_		
	Schedule A-1 - Investments – schedule attach		Schedule C - Income, Loans, & Busines	
	Schedule A-2 - Investments - schedule attach		Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property - schedule attach	ed 🗀	Schedule E - Income – Gifts – Travel Pa	ayments – scriedule attached
-0	or- None - No reportable interests on ar	w schedule		
-	Verification	ly conocaro		
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document) 1163 E. 7th Street	Chica	CA	05020
	DAYTIME TELEPHONE NUMBER	Chico	CA EMAIL ADDRESS	95928
	(530) 891-3000			
	I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and com			nowledge the information contained
	I certify under penalty of perjury under the laws of			t.
	· · · · · · · ·		~ Y	
	Date Signed 02/15/2023	Siç	gnature rue Ver	mare
	(monlh, day, year)		(File the originally signed paper sta	atement with your filing official.)



Date Initial Filing Received Filing Official Use Only

	ise type or p							
NAME	OF FILER (L	.AST)	(FIRST)			(MIDDLE)		
Gu	ınderson		John			Allen		
1. C	Office, Ag	ency, or C	ourt					
Ā	Agency Name	(Do not use	acronyms)					-
(Chico Unif	ied School	District					
Ī	Division, Boar	d, Department	District, if applicable		Your P	osition		
1	► If filing for	multiple position	ons, list below or on an attachment	. (Do not use	e acronyms)			
,	Agency:				Positio	on:		
	3 ., =							
2. ,	Jurisdictio	on of Offic	e (Check at least one box)					
	State					e, Retired Judge, Pro Tenewide Jurisdiction)	n Judge, or Court Comr	missioner
	Multi-Coun	nty			Coun	ty of		
	—					Public School Dis	trict	
	870		Check at least one box)					
)		The period co December 31,	vered is January 1, 2022, through 2022.		Lea	ving Office: Date Left (Check	one circle.)	
		The period co December 31,	vered is/	, through		The period covered is Jar eaving office.	nuary 1, 2022 , through f	he date of
	Assumin	g Office: Dat	e assumed/			The period covered ishe date of leaving office.		_, through
	Candidat	e: Date of Ele	ection and	office sought,	if different tha	n Part 1:	<u> </u>	
l. Ş	Schedule	Summary	(required) ► Total	al number	of pages in	ncluding this cover	page:	
5	Schedule	s attache						-
	Sched	ule A-1 - Inve	stments – schedule attached		Schedule C	- Income, Loans, & Busir	ness Positions – schedu	ile attached
			stments – schedule attached			- Income - Gifts - sched		
	Sched	ule B - Real F	Property – schedule attached		Schedule E	- Income - Gifts - Travel	Payments – schedule	attached
-or	r- 🔳 Non	ie - No repo	ortable interests on any sche	dule				
5. V	/erificatio	n						
	MAILING ADDRES		STREET	CITY		STATE	ZIP CODE	
	1163 E. 7t	-	nmended - Public Document)	Chico		CA	95928	
	DAYTIME TELEPI			Cilico	EMAIL ADDRESS		93920	
(530) 8	91-3000						
			ligence in preparing this statement.				knowledge the informa	tion contained
			erjury under the laws of the Sta	-	·		ect.	
	-					1.		
	ate Signed	2/13/23		Si	gnature	1/10		
			(month, day, year)			File the originally signed paper	r statement with your filing official)



Date Initial Filing Received Filing Official Use Only

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Hanlon III	James	Terrence	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms,			
Chico Unified School District			
Division, Board, Department, District, in	applicable	Your Position	
Human Resources		Assistant Superintendent	
▶ If filing for multiple positions, list be	low or on an attachment. (Do not	use acronyms)	
Agency:		Position:	
		T OCIDATI.	
2. Jurisdiction of Office (Check	at least one box)		
State		 Judge, Retired Judge, Pro Tem Judge, or Court Commiss (Statewide Jurisdiction) 	sioner
Multi-County		County of	
		Other Public School District	
3. Type of Statement (Check at			
Annual: The period covered is J	,	Leaving Office: Date Left/	
December 31, 2022.	andary 1, 2022, unough	(Check one circle.)	
The period covered is _ December 31, 2022 .	/	leaving office.	date of
Assuming Office: Date assumed	i/	-or-The period covered is//	.hrough
Candidate: Date of Election	and office sour	ght, if different than Part 1:	
Schedule Summary (require Schedules attached	₃a) ► Total numb	er of pages including this cover page: 1	
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business Positions - schedule a	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 attack	ched
on 🖃 None at			
or- None - No reportable in	terests on any schedule		
. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	CITY ublic Document)	STATE ZIP CODE	
1163 E. 7th Street	Chic	o CA 95928	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 891-3000		jhanlon@chicousd.org	
I have used all reasonable diligence in herein and in any attached schedules	preparing this statement. I have re is true and complete. I acknowled	eviewed this statement and to the best of my knowledge the information ge this is a public document.	containe
I certify under penalty of perjury und	der the laws of the State of Calif	fornia that the foregoing is true and correct.	
Date Signed January 11, 2023		Signature Lances + He La	711
(month, day, y	ear)	Signature (File the originally signed paper statement with your filing official.)	011



Date Initial Filing Received
Filing Official Use Only

Please type or print in link.				
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Hartman	Marie	Wagner		
1. Office, Agency, or Court				
Agency Name (Do not use acron				
Chico Unified School Dist	,			
Division, Board, Department, Distri	ict, if applicable	Your Position		
		Director Dayrell and Danella		
		Director, Payroll and Benefits		
► If filing for multiple positions, lis	st below or on an attachment. (Do no	t use acronyms)		
Agency:		Position:		
rigolioji		1 odnor.		
2. Jurisdiction of Office (C	heck 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	k at least one box)			
Annual: The period covered December 31, 2022		Leaving Office: Date Left/		
-or- The period covered December 31, 2022	is, through.	The period covered is January 1, 2022, through the date of leaving office.		
Assuming Office: Date assu	umed/	The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office so	ught, if different than Part 1:		
- Variation - Date of Election	and onice soc	agnt, ii dinerent marri art is		
. Schedule Summary (required) ► Total number of pages including this cover page:				
Schedules attached		· 		
Schedule A-1 - Investmen	ts – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule A-2 - Investment		Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Proper	ty - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- None - No reportable	le interests on any schedule			
5. Verification				
MAILING ADDRESS STREE		STATE ZIP CODE		
(Business or Agency Address Recommende	•	04 05000		
1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chi	CO CA 95928		
(530) 891-3000		mhartman@chicousd.org		
	e in preparing this statement. I have r	eviewed this statement and to the best of my knowledge the information contained		
	ules is true and complete. I acknowle			
I certify under penalty of perjury	under the laws of the State of Cal	ifornia that the foregoing is true and correct.		
11, 10		1/000 1/01/20		
Date Signed 2	2.5	Signature		
(month,	day, year)	(File the originally signed paper statement with your filing official.)		



Date Initial Filing Received

Ple	ease type or print in ink.			
NAN	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
H	eath	Shawneese	Cunnir	ngham
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if	applicable	Your Position	**
			Principal- Marigold School	ol
	► If filing for multiple positions, list bel	ow or on an attachment (Do not us	÷:	
	Thing for maniple positione, not set	on or on all allacimonic (po not ac	o doronymo,	
	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 Dist	
 3.	Type of Statement (Check at)			
	Annual: The period covered is Ja December 31, 2022.	,	Leaving Office: Date Left(Check of	ne circle.)
	-or- The period covered is <u>December 31, 2022.</u>	, through	The period covered is Januleaving office.	uary 1, 2022, through the date of
	Assuming Office: Date assumed			/, through
	Candidate: Date of Election	and office sought	, if different than Part 1:	
_	0-11-1-0			
	Schedule Summary (require Schedules attached	(d) ► Total number	of pages including this cover p	page:
			Cabadula C. Imaama I aana (Dusin	and Desilience and adult attented
	Schedule A-1 - Investments -		Schedule C - Income, Loans, & Busine Schedule D - Income - Gifts - schedu	
	Schedule A-2 - Investments -		Schedule E - Income - Gifts - Travel I	
	Schedule B - Real Property –	scriedule attached	_ deficate E income and naver	aymonto sonoudio attachod
-0	or- 🔳 None - No reportable in	terests on any schedule		
-	Verification	- Colo on any conocaro		
J.	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Po			ZII CODE
	1163 E. 7th Street	Chico	CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3000		sheath@chicousd.org	
	herein and in any attached schedules in		ewed this statement and to the best of my this is a public document.	knowledge the information contained
	I certify under penalty of perjury und	ler the laws of the State of Califor	nia that the foregoing is true and corre	ct.
	0.44:51:55		5	11-12
	Date Signed 01/12/2023 (month, day, ye		Signature (File the originally signed paper	settleall
	(топп, аау, ус	ui)	тие изе опушану муней рарег	storomers wan your away unition.)



Date Initial Filing Received
Filing Official Use Only

Pl	ease type or print in ink.			
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
	Holen	Deanna	Lyn	$^{\circ}$
1.	Office, Agency, or Court		0	
	Agency Name (Do not use acronyms)		Acct Dans	1
	Chico Unified School District		Asst. Prinapa	
	Division, Board, Department, District, if applical	ble	Your Position	
	► If filing for multiple positions, list below or o	n an attachment. (Do not us	ne acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at leas	t one box)		
	State		☐ Judge, Retired Judge, Pro Tem Ju (Statewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		County of	
	City of		Other Public School Distric	et
3.	Type of Statement (Check at least on	e box)		
	Annual: The period covered is January 1 December 31, 2022.	, 2022, through	Leaving Office: Date Left(Check one	
	The period covered is	, through	☐ The period covered is Januar leaving office.	y 1, 2022, through the date of
	Assuming Office: Date assumed	<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 pa	ge:
	Schedules attached			-
	Schedule A-1 - Investments - schedule	e attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedule	attached	Schedule D - Income - Gifts - schedule	
	Schedule B - Real Property – schedule	e attached	Schedule E - Income – Gifts – Travel Pa	yments - schedule attached
	OF Mono. No venerácilo interesta			
_	or- None - No reportable interests Verification	on any schedule		
J.	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Docu	· · · · · · · · · · · · · · · · · · ·		05000
	1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chico	CA EMAIL ADDRESS	95928
	(530) 891-3000			
	I have used all reasonable diligence in preparin herein and in any attached schedules is true a			owledge the information contained
	I certify under penalty of perjury under the	laws of the State of Califor	nia that the foregoing is true and correct	
	Date Signed 1 2029		Signature Surva Ptulu	ement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Pl	ease type or print in ink.				
NA	ME OF FILER (LAST) (FIRST)	(MIDDLE)			
	JONES Scott				
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Chico Unified School District				
	Division, Board, Department, District, if applicable	Your Position			
	PERSONNEL COMMISSION	COMMISSIONER			
	▶ If filing for multiple positions, list below or on an attachment. (Do not us	e acronyms)			
	Agency:	Position:			
		1 SOLIOII.			
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, 2022, through	Leaving Office: Date Left/			
	December 31, 2022.	(Check one circle.)			
	The period covered is/, through December 31, 2022.	The period covered is January 1, 2022, 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:			
-					
I. 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			
-C	or- 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	bajaN2012 @ Yahoo.com			
	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	wed 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 Californ	ia that the foregoing is true and correct.			
	Date Signed 01/15/2023 Si	gnature Scott Could			
	(month, day, year)	(File the originally signed paper statement with your filing official.)			



Date Initial Filing Received Filing Official Use Only

PΙε	ease type or print in ink.		
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
K	aiser	Kathleen	Elizabeth
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applic	able	Your Position
	Board		President
	▶ If filing for multiple positions, list below or	on an attachment. (Do not u	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at lea	st one box)	
	State		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		Other
_ 3.	Type of Statement (Check at least of	one box)	
	Annual: The period covered is January December 31, 2022.	,	Leaving Office: Date Left 12 / 05 / 2022 (Check one circle.)
	The period covered is/. December 31, 2022.	, through	The period covered is January 1, 2022, 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 sough	ht, if different than Part 1:
4.	Schedule Summary (required)	► Total numbe	er of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments - sched	ule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - sched	ule attached	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – sched	ule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-(or- None - No reportable interes	ts on anv schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY cument)	STATE ZIP CODE
	1163 E. 7th Street	Chico	CA 95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(530) 891-3000		kkaiser@chicousd.org
	I have used all reasonable diligence in prepar herein and in any attached schedules is true		viewed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under th	e laws of the State of Califo	ornia that the foregoing is true and correct.
	Date Signed 3/9/23 (month, day, year)		Signature (File the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Kathleen Kaiser

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
CITY		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /_22 /_22 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000		
NATURE OF INTEREST		
Ownership/Deed of Trust Easement		
Leasehold Other		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000		
\$10,001 - \$100,000 OVER \$100,000		
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None		
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)		
%		
HIGHEST BALANCE DURING REPORTING PERIOD		
\$500 - \$1,000\$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable		
<u> </u>		

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kathleen Kaiser

► 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only
\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of
(Real property, car, boat, etc.)
Loan repayment
Commission or Rental Income, list each source of \$10,000 or more
(Describe)
Other
(Describe)
PERIOD
I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's vs: INTEREST RATE TERM (Months/Years)
% None
SECURITY FOR LOAN
None Personal residence
Real Property
City
Guarantor
Other(Describe)
Other(Describe)
t



Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.					
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
K	Camph	Jessica		Ann		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
	Division, Board, Department, District, if applic	able	Your	Position		
	Marsh Junior High School		Pri	ncipal		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
	Agency:		Dosi	tion:		
_	Agency.		F08i	uon.	· · · · · · · · · · · · · · · · · · ·	
2.	Jurisdiction of Office (Check at lea	st one box)				
	State			ge, Retired Judge, Pro Tem Jud tewide Jurisdiction)	lge, or Court Commissioner	
	Multi-County		☐ Cou	inty of		
	City of		Oth	er Public School District		
_						
Э.	Type of Statement (Check at least of					
	Annual: The period covered is January December 31, 2022.	1, 2022 , through	Le	aving Office: Date Left (Check one		
	The period covered is/. December 31, 2022.	, throug	jh □ •or	The period covered is January leaving office.	1, 2022, through the date of	
	Assuming Office: Date assumed			The period covered is/. the date of leaving office.	/, through	
	Candidate: Date of Election	nan Part 1:				
Λ	Schedule Summary (required)	Total numi	har of name	including this sover pag		
т.	Schedules attached	► TOTAL HUMIK	der of pages	including this cover pag	e.	
			Cobodula i	O desame desame de Divisiones	Dealise school to all the	
	Schedule A-1 - Investments – schedule A-1 - Investments – schedule A-1			C - Income, Loans, & Business C - Income – Gifts – schedule a		
	Schedule R. Park Brossett ashed		=	E - Income – Gifts – Travel Pay		
	Schedule B - Real Property – sched	lie attached	Octicadie	= - moomo = ams = maver r ay	monts — soriedule attached	
-(or- None - No reportable interes	ts on any schedule				
-	Verification	on any consult				
٠.	MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
	(Business or Agency Address Recommended - Public Do	•		0.4		
	1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chic	CO EMAIL ADDRE	CA	95928	
(530) 891-3000 jkamph@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the in						
	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 1/11/2023 Signature Opping Kamph					
	Date Signed 1/11/2023 (month, day, year)		Signature	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.						
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)			
Keene	Kristine		Diane Diane	e		
I. Office, Agency, or C	ourt					
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)						
Agency:			Position:			
Agency.			i osition.			
2. Jurisdiction of Office	C (Check at least one box)					
State			Judge, Retired Judge, Pro Ten (Statewide Jurisdiction)	n Judge, or Court Commissioner		
Multi-County			County of			
			Other Public School Dis	trict		
3. Type of Statement ((Check at least one hov)					
	overed is January 1, 2022, through		Leaving Office: Date Left	1 1		
December 31				one circle.)		
-or- The period co December 31	overed is/	through	☐ The period covered is Jar leaving office.	nuary 1, 2022, through the date of		
Assuming Office: Date	re assumed//	_		, through		
Candidate: Date of Ele	ection and office	ce sought, if diff	erent than Part 1:			
I. Schedule Summary		number of p	ages including this cover	page:		
Schedules attache	a					
Schedule A-1 - Inve	stments - schedule attached			ness Positions – schedule attached		
Schedule A-2 - Inve	stments - schedule attached		edule D - Income - Gifts - sched			
Schedule B - Real I	Property – schedule attached	Sch	edule E - Income – Gifts – Travel	Payments – schedule attached		
OF Mone No son	-d-bl- !-ttbl-	1_				
	ortable interests on any schedu	le				
5. Verification	OTREET	OFTY	07475	TID AADE		
MAILING ADDRESS (Business or Agency Address Reco	STREET mmended - Public Document)	CITY	STATE	ZIP CODE		
1163 E. 7th Street		Chico	CA	95928		
DAYTIME TELEPHONE NUMBER		EMAIL	ADDRESS			
(530) 891-3000	98					
	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 p	perjury under the laws of the State of	of California the	at the foregoing is true and cor	rect.		
W 1 W						
Date Signed 1/11/23	(month, day, year)	Signatu		er statement with your filing official.)		
	6		' man and and and hobe	· · · · · · · · · · · · · · · · · · ·		



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) 195CV 1. Office, Agency, or Court Assistant Principal 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: ____ 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, 2022, through Leaving Office: Date Left _____/_ December 31, 2022. (Check one circle.) The period covered is ______, through The period covered is January 1, 2022, through the date of leaving office. December 31, 2022. 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 B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Or- X 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. 2-14-23 (month, day, year) **Date Signed** Signature (File the originally signed pa our filing official.)



Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.					
NA	ME OF FILER (LAST) (FIR:	ST)		(MIDDLE)		
K	istle Ju	lia		Marie		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	Chico Unified School District					
	Division, Board, Department, District, if applicable		Your F	osition		
	Facilities Department		Dire	ctor		
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)					
	Agency:		Positi	on:		
2.	Jurisdiction of Office (Check at least one box	······································				
	State		_	e, Retired Judge, Pro Tem Jud ewide Jurisdiction)	lge, or Court Commissioner	
	Multi-County		Cou	nty of		
	City of		Othe	Public School District		
3	Type of Statement (Check at least one box)					
٠.				Officer Date 1-ft	1 1	
	Annual: The period covered is January 1, 2022, the December 31, 2022.	rougn	Lea	ving Office: Date Left (Check one		
	The period covered is/	, through		The period covered is January leaving office.	1, 2022, through the date of	
	Assuming Office: Date assumed			The period covered is/. the date of leaving office.	, through	
	Candidate: Date of Election	and office sought,	if different that	an Part 1:		
4	Schedule Summary (required)	Total number	of pages i	ncluding this cover pag		
ľ	Schedules attached	r iotai iiuliibei	or payes i	icidulity this cover pay	е.	
	Schedule A-1 - Investments – schedule attached	1	Schedule C	- Income, Loans, & Business	Positions – schedule attached	
	Schedule A-2 - Investments - schedule attached	and a	Schedule D	- Income - Gifts - schedule a	ittached	
	Schedule B - Real Property - schedule attached		Schedule 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 - Public Document)	CITY		STATE	ZIP CODE	
	1163 E. 7th Street	Chico		CA	95928	
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRES	S		
	(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 t	he State of Californ	ia that the fo	regoing is true and correct.	M. Kistee	
	Date Signed February 21, 2023	Si	gnature	Qulia M. Kis	tle	
	(month, day, year)	= .	J	//(File the originally signed paper states	ment 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
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: \$\begin{align*} \text{S0} & \\$1,999 & \\ \text{\$\sum_{2000}\$} & \\$2,000 & \\ \text{\$\sum_{2000}\$} & \\	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000//22//22
\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
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 <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
▶ 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
Durham Unified School District	
Samam Similar Samasi Biothat	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity 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	\$2,000 - \$10,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$10,001 - \$100,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Radnership
Leasehold Other	Property Ownership/Deed of Trust Stock Partnership Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property	Yrs. remaining Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	207

SCHEDULE D Income - Gifts



NAME OF SOURCE Studio W Arc		m)		► NAME OF SOURC	E (Not an Acron	nym)
ADDRESS (Busine		•	\$	ADDRESS (Busines	ss Address Acce	ptable)
BUSINESS ACTIV Architect	ITY, IF ANY, OF S	SOURCE		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)
02 24 22	138.06	Meal at conference		J	\$	-
	\$	-			\$	
	\$				\$	
NAME OF SOURCE	CE (Not an Acrony	m)		► NAME OF SOURC	E (Not an Acron	iym)
ADDRESS (Busine	ess Address Accept	able)		ADDRESS (Busines	ss Address Acce	ptable)
BUSINESS ACTIV	TTY, IF ANY, OF S	SOURCE		BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$				\$	
	\$	-			\$	
	\$				\$	+ -
NAME OF SOURCE	CE (Not an Acrony	m)		► NAME OF SOURC	E (Not an Acron	nym)
ADDRESS (Busine	ess Address Accept	fable)		ADDRESS (Busines	ss Address Acce	ptable)
BUSINESS ACTIV	ITY, IF ANY, OF S	SOURCE	<	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)
	s				\$	+
	\$			//	\$	
	\$			_/_/_	\$	+
Comments:						



Date Initial Filing Received

Ple -	ease type or print in ink.					
	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	
K	oll	David ————————————————————————————————————			W	
1.	Office, Agency, or	Court				
	Agency Name (Do not u	se acronyms)				
	Chico Unified Scho	ol District				
	Division, Board, Departme	ent, District, if applicable		Your Posi	tion	
	▶ If filing for multiple pos	sitions, list below or on an attachmen	t. (Do not use	e acronyms)		
	Agency: Chico Unifie	ed School District			Executive Director I	Human Resources
	Agency:	- Correct Biotrict		Position:	- EXCOUNTED FOR THE PARTY OF TH	Tullian resources
_	Jurisdiction of Of	fice (Check at least one box)				
	State	, , , , , , , , , , , , , , , , , , , ,		□ Judge I	Retired Judge Pro Tem Ju	dge, or Court Commissioner
					de Jurisdiction)	ago, or court commissions.
	Multi-County			☐ County	of	
				Other	Public School Distric	t
_						
3.	Type of Statemen	t (Check at least one box)				
	December	covered is January 1, 2022, through 31, 2022.		Leavin	g Office: Date Left (Check one	
	-or- The period December	covered is/	, through	lea	period covered is January ring office.	y 1, 2022, through the date of
		Date assumed		-or- □ The	period covered is	/, through
	Assuming Office.	vate assumed			date of leaving office.	
	Candidate: Date of	Election and	office sought,	if different than F	Part 1;	
_						
4.	Schedule Summar		tal number	of pages inci	uding this cover pag	ge:
	Schedules attach	lea				
	Schedule A-1 - In	vestments - schedule attached		-		Positions – schedule attached
		vestments - schedule attached	L	<u>-</u>	ncome – Gifts – schedule	
	Schedule B - Rea	al Property – schedule attached		Schedule E - II	ncome – Gitts – Travel Pay	ments – schedule attached
_	None New	anadahla interesta an anu ashi	م ماريا م			
_	, heard	eportable interests on any sche	eauie			
J.	Verification MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE
	(Business or Agency Address Re	ecommended - Public Document)	OITT			ZIF CODE
	1163 E. 7th Street		Chico	Territ inneres	CA	95928
	DAYTIME TELEPHONE NUMBE	К		EMAIL ADDRESS		
	(530) 891-3000	e diligence in preparing this statement	L boys to de	dkoll@chico		nulodae the information and -!
		e diligence in preparing this statement of schedules is true and complete. I				owleage the information container
	I certify under penalty of	of perjury under the laws of the Sta	ate of Californ	ia that the foreg	oing is true and correct.	
	Date Signed February	y 13, 2023	Si	ignature 🗸	alse	
		(month, day, year)		-	(File the originally signed paper state	ement with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink. NAME OF FILER (LAST) (MIDDLE) Rebecco Konlem 410 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico School ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: __ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Butte Multi-County City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2021, through Leaving Office: Date Left (Check one circle.) December 31, 2021. ☐ The period covered is January 1, 2021, through the date of The period covered is _______, through leaving office. December 31, 2021. Assuming Office: Date assumed 12, 15, 2022 ☐ The period covered is ___ the date of leaving office. _____ and office sought, if different than Part 1:_ Candidate: Date of Election _ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** \square **None** - No reportable interests on any schedule 5. Verification MAILING ADDRESS STATE ZIP CODE (Business or Agency Address Recommended - Public Document) I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

Date Signed

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1, BUSINESS ENTITY OR TRUST
OAN (medical group) + Raley 131 LLC	Raley 141 LLC Surgey Certe
Radiess (Business Address Acceptable) Address (Business Address Acceptable)	Raley 141 LLC Surgey (enter Name Roley 141 Blvd, Chica 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 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole ProprietorshipOther	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 <u>10</u> THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$1,000 OVER \$100,000	2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY LONGER LACE Conkaller	➤ 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST IF APPLICABLE, LIST DATE: J_21 J21 DISPOSED	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	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Yrs. remaining Check box if additional schedules reporting investments or real property are attached
Comments:	FDDC Form 700 Sobodulo A 2 (2021/2022

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION

5 Arbum Crest Com, Chico C	CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$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 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$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 o income of \$10,000 or more. None
business on terms available to members of the publi loans received not in a lender's regular course of business of LENDER*	cial lending institution made in the lender's regular course of the cour
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 publi loans received not in a lender's regular course of business (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*
business on terms available to members of the publi loans received not in a lender's regular course of business (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 publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER Lead School Lender 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 (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 (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER Lead School Lender 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 (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	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 publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	▶ 1, INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
OANC (Taylor) Chico Bods (Bed))
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Rober 13/8/1 Rio Lindo And	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Surgeon Medizol	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Surgeon / /VT	
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
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in th	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
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
// //	% \[\text{None} \]
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 - \$10,00D	_
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	



Date Initial Filing Received Filing Official Lise Only

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Kruger Jaclyn	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Chico Unified School District	
Division, Board, Department, District, if applicable	Your Position
Business Services	Assistant Superintendent
▶ If filing for multiple positions, list below or on an attachment. (Do not u	se acronyms)
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
City of	Other Public School District
3. Type of Statement (Check at least one box)	
	Leaving Office: Date Left
and the second consideration	
-or- No reportable interests on any schedule	
5. Verification	STATE ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	05028
1163 E. 7th Street Ch	IEMAIL ADDRESS
DAYTIME TELEPHONE NUMBER	ikrugor@chicousd.org
(530) 891-3000	reviewed this statement and to the best of my knowledge the information contained
bergin and in any attached schedules is true and complete. I acknow	cage the local parties
I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.
Date Signed 01/24/2023	Signature (File the originally signed paper statement with your filing official.)
(month, day, year)	from the withdrawk authors before account.

California Form 700: Jaclyn Kruger

Statement of Economic Interests 2022

Item 1: Attachment

Agency

Northern California Schools Insurance Group Butte County Consolidated Oversight Board North Valley Self Insurance Group

Position

Board Member

Board Member

Alternate Board Member

Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)	
La	ando	Thomas	Michael	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if appli	cable	Your Position	
	Board of Trustees		Member	
	▶ If filing for multiple positions, list below o	r on an attachment. (Do not us	e acronyms)	
	Agency:	1. 1/24 21:34 FBI PT-INII	Position:	
2.	Jurisdiction of Office (Check at le	ast one box)		
	State		Judge, Retired Judge, Pro Tem Judge (Statewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		County of Butte	
	☐ City of		Other	
3.	Type of Statement (Check at least	one box)		
	Annual: The period covered is Januar December 31, 2022.	y 1, 2022, through	Leaving Office: Date Left(Check one	
	The period covered is December 31, 2022 .	/, through	The period covered is January leaving office.	1, 2022, through the date of
	Assuming Office: Date assumed	<u></u>	The period covered is the date of leaving office.	through
	Candidate: Date of Election	and office sough	, if different than Part 1:	
4.	Schedule Summary (required)	► Total number	of pages including this cover pag	_{10:} 2
	Schedules attached			-
	Schedule A-1 - Investments - sched	dule attached	Schedule C - Income, Loans, & Business	
	Schedule A-2 - Investments - sched	dule attached	Schedule D - Income - Gifts - schedule	
	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		
_	Verification	old off arry defication		
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public D 195 E 12th Street	ocument) Chico	CA	95928
	DAYTIME TELEPHONE NUMBER	Cilico	EMAIL ADDRESS	93920
	(530) 354-1649		tlando@chicousd.org	
	I have used all reasonable diligence in preparence and in any attached schedules is true		ewed this statement and to the best of my kno	owledge the information contained
	·		nia that the foregoing is true and correct.	10
	Date Signed March 9, 2023		Signature	1
	(month, day, year)		(File the originally signed paper state	ment with your filing official.)

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

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Thomas M Lando

1. INCOME RECEIVED	► 1 INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
California Virtual Academy	
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
Charter School	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Instructional Lead	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOMERECEIVED 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 (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	
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 PI	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of se lender's regular course of business on terms available status. Personal loans and loans received not in a lender' s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	Au.
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Lopez Marisol 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position **Assistant Principal** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ Position: 2. Jurisdiction of Office (Check at least one box) State Judge, 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) Leaving Office: Date Left _____/_ Annual: The period covered is January 1, 2022, through December 31, 2022. (Check one circle.) -or-The period covered is January 1, 2022, through the date of The period covered is _______, through December 31, 2022. ☐ 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** er statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Marisol Lopez

_		1				
	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS				
	1250 Glenshire Ln	Ш				
	CITY	П	CITY			
	Chico	Ш				
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000		FAIR MARKET VALUE S2,000 - \$10,000 S10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000			
	NATURE OF INTEREST	Ш	NATURE OF INTEREST			
	NATURE OF INTEREST	Ш	NATURE OF INTEREST			
	Ownership/Deed of Trust Easement	Ш	Ownership/Deed of Trust Easement			
	Leasehold Other		Leasehold Other			
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	Ш	IF RENTAL PROPERTY, GROSS INCOME RECEIVED			
	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	Ш	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000			
H	\$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 Victor		None			
*		with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and			
*	Victor You are not required to report loans from a commercia business on terms available to members of the public	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and			
*	Victor You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of busi	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows:			
*	Victor You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER*			
*	You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business of LENDER* ADDRESS (Business Address Acceptable)	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)			
*	You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER			
*	You are not required to report loans from a commercia business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
*	You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business Address Acceptable) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
*	You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
*	Victor You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business and the public loans received not in a lender's regular course of business of the public loans received not in a lender's regular course of business and the public loans received not in a lender's regular course of business address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			
*	Victor You are not required to report loans from a commercial business on terms available to members of the public loans received not in a lender's regular course of business and the public loans received not in a lender's regular course of business of the public loans received not in a lender's regular course of business and the public loans received not in a lender's regular course of business address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	with	ding institution made in the lender's regular course of out regard to your official status. Personal loans and must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			



Date Initial Filing Received Filing Official Use Only

Pl	ease type or print in ink.					
NA	AME OF FILER (LAST)	(FIRST)			(MIDDLE)	
N	Marchant	Jay			Christop	pher
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			Assistant Su	perintendent	
	▶ If filing for multiple positions, list belo	w or on an attachment.	(Do not use acro	nyms)		
	Agency:			Desition		
	Agency.			FOSITION.		
2.	Jurisdiction of Office (Check	at least one box)				
	State			Judge, Retired J	ludge, Pro Tem Ju	idge, or Court Commissioner
				(Statewide Juriso	diction)	
	Multi-County					=
	City of			Other Public	School Distric	ot
3.	Type of Statement (Check at It	east one box)				
-	Annual: The period covered is Ja			Leaving Office	: Date Left	
	December 31, 2022.	, ,,			(Check one	
	The period covered is December 31, 2022 .		, through	☐ The period leaving office		y 1, 2022, through the date of
	Assuming Office: Date assumed				covered is leaving office.	J, through
	Candidate: Date of Election	and o	ffice sought, if diff	erent than Part 1:		
4.	Schedule Summary (require	d) ► Tota	I number of p	ages including	this cover pa	ge:
	Schedules attached					
	Schedule A-1 - Investments - s	chedule attached	Sch	edule C - Income, I	Loans, & Business	s Positions - schedule attached
	Schedule A-2 - Investments - s	chedule attached		edule D - Income -		
	Schedule B - Real Property - s	chedule attached	Sch	edule E - Income -	Gifts – Travel Pa	yments - schedule attached
	ar 🗆 Mana N					
_	or- None - No reportable int	erests on any sched	iule			
Э.	Verification MAILING ADDRESS STREET		OlTV		07175	710 0005
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul	blic Document)	CITY		STATE	ZIP CODE
	1163 E. 7th Street		Chico	100000	CA	95928
	DAYTIME TELEPHONE NUMBER		0	ADDRESS	a source in the same in	
	(530) 891-3000 I have used all reasonable diligence in p	renaring this statement		rchant@chicou		owledge the information contained
	herein and in any attached schedules is	true and complete. I a	cknowledge this is	a public document.		·
	I certify under penalty of perjury und	er the laws of the State	e of California tha	t the foregoing is	true and correct	
	D.4- 0: January 10, 2022			\triangle	A	
	Date Signed January 18, 2023 (month, day, year	ar)	Signatu		nginally signed paper state	ement with your filing official.)



Date Initial Filing Received Filing Official Use Only

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McKay	David	Stephen
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if ap	olicable	Your Position
, , , , , , , , , , , , , , , , , , , ,		
:		Principal, Bidwell Jr. High
▶ If filing for multiple positions, list below	or on an attachment. (Do n	not use acronyms)
Agency:		Position:
		77
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		- Outer
3. Type of Statement (Check at leas	st one box)	8
Annual: The period covered is Janua December 31, 2022.	ary 1, 2022, through	Leaving Office: Date Left/(Check one circle.)
-or- The period covered is	_/, throu	☐ The period covered is January 1, 2022, through the date of
December 31, 2022 .		leaving office.
Assuming Office: Date assumed		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office so	ought, if different than Part 1:
	und office se	ought, it directed that it at the
4. Schedule Summary (required)	► Total num	nber of pages including this cover page: 1
Schedules attached		
Schedule A-1 - Investments – sch	edule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - sch		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – sch		Schedule E - Income - Gifts - Travel Payments - schedule attached
Goried die B - Near Froperty - Sch	soule attached	constant _ mosmo cmo maran naymana contocalo anacino
-or- No reportable inter	asts on any schodula	
5. Verification	osis on any sonedule	
MAILING ADDRESS STREET	CIT	V OTATE 7/D CODE
(Business or Agency Address Recommended - Public		Y STATE ZIP CODE
1163 E. 7th Street	Ch	ico CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000		dmckay@chicousd.org
I have used all reasonable diligence in prepherein and in any attached schedules is tr		reviewed this statement and to the best of my knowledge the information contained edge this is a public document.
I certify under penalty of perjury under	the laws of the State of Ca	alifornia that the foregoing is true and correct.
Date Signed January 12, 2023		Signature Leal (1 117)
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
Filing Official Use Only

Please type or p	rint in ink.				
NAME OF FILER (L	AST)	(FIRST)		(MIDDLE)	
Moll		Andrew		James	
1. Office, Ag	ency, or Court				
Agency Name	(Do not use acronyms)				
Chico Unif	ied School District				
Division, Board	d, Department, District, if applicable		Your Position		
			Principal		
► If filing for	multiple positions, list below or on a	n attachment. (Do not us	e acronyms)		
Agency:			Position:		
2. Jurisdiction	on of Office (Check at least of	ne box)			
State	·		Judge, Retired Judg (Statewide Jurisdiction		e, or Court Commissioner
Multi-Coun	ty		County of		
	·		Other Public Sc		
	tatement (Check at least one b	·			
	The period covered is January 1, 2 December 31, 2022.	022, through	Leaving Office: D	Date Left/_ Check one ci	rcle.)
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Candidate	e: Date of Election	and office sought	, if different than Part 1;		
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School	ule A-1 - Investments – schedule at	tached	Schedule C - Income. Loa	ns. & Business P	ositions – schedule attached
	ule A-2 - Investments – schedule at		Schedule D - Income - Gi		
	ule B - Real Property – schedule at		Schedule E - Income – Gii	fts – Travel Paym	ents – schedule attached
_					
-or- 🔳 Non	e - No reportable interests or	n any schedule			
5. Verification	1				
MAILING ADDRES	STREET cy Address Recommended - Public Documen	CITY		STATE	ZIP CODE
1163 E. 7t		Chico		CA	95928
DAYTIME TELEPH		55	EMAIL ADDRESS		
(530) 8	91-3000				
	reasonable diligence in preparing that any attached schedules is true and			best of my knowl	edge the information contained
I certify unde	r penalty of perjury under the law	s of the State of Californ	nia that the foregoing is true	e and correct.	
Date Signed	2/15/2023	s	ignature	All	
	(month, day, year)		(File the origina	ny signed paper stateme	nt with your filing official.)



Date Initial Filing Received

Plε	ease type or print in ink.					
A	ME OF FILER (LAST) (FIRST)			(MIDDLE)		_
M	lorris John			N		
١.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					1
	Chico Unified School District					
	Division, Board, Department, District, if applicable		Your F	Position		4 3
	M&O		M&0	O Manager		
	▶ If filing for multiple positions, list below or on an attachm	nent. (Do not use	e acronyms)			701 1
	Agency:		Posit	ion;		
2.	Jurisdiction of Office (Check at least one box)					_
	State			ge, Retired Judge, Pro Tem Judewide Jurisdiction)	dge, or Court Commissioner	
	Multi-County		Cou	nty of		
	City of		Othe	Public School Distric	:t	
3.	Type of Statement (Check at least one box)					_
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	Assuming Office: Date assumed//			The period covered is the date of leaving office.	/ through	
	Candidate: Date of Election a	and office sought,	if different that	an Part 1:		-
ļ.	Schedule Summary (required)	Total number	of pages i	ncluding this cover pag	ge:	
	Schedules attached					
	Schedule A-1 - Investments – schedule attached	E	Schedule C	- Income, Loans, & Business	Positions - schedule attached	
	Schedule A-2 - Investments - schedule attached		_	- Income - Gifts - schedule		
	Schedule B - Real Property - schedule attached	<u></u>	Schedule E	- Income – Gifts – Travel Pay	yments - schedule attached	
,	None No vanartable interests on any	-b - d d -				
-	Or- X None - No reportable interests on any so Verification	:neaule				_
,	MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	-
	(Business or Agency Address Recommended - Public Document)					
	1163 E. 7th Street	Chico	TEMAIL ADDOCE	CA	95928	
	(530) 891-3000		EMAIL ADDRES			
	I have used all reasonable diligence in preparing this statem	ent I have revie		chicousd.org ment and to the best of my kno	owledge the information contains	-
	herein and in any attached schedules is true and complete.				owicago the information contained	_
	I certify under penalty of perjury under the laws of the	State of Californ	nia that the fo	oregoing is true and correct.	1	
	Date Signed 2/14/23	Si	ignature	6 Wah 11	Whom	
	(month, day, year)		_	File the originally signed paper state	ment with your filing official.)	



Date Initial Filing Received
Filing Official Use Only

	ease type or print in ink.						
	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		-
М	lullins	Emily			Elizabetl	h 	_
1.	Office, Agency, or Court						
	Agency Name (Do not use acronyms	;)				×	
	Chico Unified School District						
	Division, Board, Department, District,	if applicable		Your Pos	sition		
				Princi	pal		
	► If filing for multiple positions, list b	for multiple positions, list below or on an attachment. (Do not use acronym				-	
				.			
	Agency:			Position	·		
2.	Jurisdiction of Office (Chec	k at least one box)					-
	State				Retired Judge, Pro Tem Juide Jurisdiction)	dge, or Court Commissioner	
	Multi-County			☐ County	of		
				Other	Public School Distric	et	
							-
3.	Type of Statement (Check a	least one box)		_		100 230	
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	Assuming Office: Date assume	ed/			ne period covered is e date of leaving office.	/, through	
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•.	Schedules attached	reuj ► rota	i number o	r pages ind	cluding this cover pag	ge:	
	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 Pa	yments – schedule attached	
-	or- None - No reportable	interests on any sched	dule				
5.	Verification						
	MAILING ADDRESS STREET (Business or Agency Address Recommended -	Public Document)	CITY		STATE	ZIP CODE	
	1163 E. 7th Street		Chico		CA	95928	
	DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS			
	(530) 891-3000			The state of the s	chicousd.org		e
	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 Stat	e of California	a that the for	going is true and correct	·	
	Date Signed 01/11/2023		Sig	nature	MilaMid	2lu	
	(month, day	year)	•		(File the originally signed paper state	ement with your filing official.)	



Date Initial Filing Received
Filing Official Use Only

Please type or	print in ink.				
NAME OF FILER	(LAST)	(FIRST)		(MIDDLE)	
Odlum		Rhonda			
1. Office, Ag	gency, or Court				
Agency Nam	e (Do not use acronyms)				
Chico Un	fied School District				
Division, Boa	rd, Department, District, if applicable		Your F	osition	
			Prin	cipal, Oak Bridge Aca	ademy
► If filing for	multiple positions, list below or on an	attachment. (Do not use	-		
Agency:			Positi	on:	
2. Jurisdict	ion of Office (Check at least one	box)			
State	(-	e, Retired Judge, Pro Tem ewide Jurisdiction)	Judge, or Court Commissioner
Multi-Cou	nty		☐ Cour	nty of	
	-			Public School Distr	
3. Type of	Statement (Check at least one bo.	x)			
_	The period covered is January 1, 202 December 31, 2022.	2, through	Lea	ving Office: Date Left (Check o	ne circle.)
-or-	The period covered is/	, through		The period covered is Janu leaving office.	ary 1, 2022, through the date of
Assumi	ng Office: Date assumed/			The period covered is the date of leaving office.	_/, through
Candida	te: Date of Election	and office sought,	if different that	an Part 1:	
4. Schedule	Summary (required)	► Total number	of pages i	ncluding this cover p	age:
Schedule	es attached				/A
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	dule A-2 - Investments - schedule atta			- Income - Gifts - schedul	
41	dule B - Real Property - schedule atta		Schedule E	- Income - Gifts - Travel F	Payments – schedule attached
-or- 🗌 No	ne - No reportable interests on	any schedule			
5. Verification	on				
MAILING ADDR		CITY		STATE	ZIP CODE
	ency Address Recommended - Public Document) 'th Street	Chico		CA	95928
	PHONE NUMBER	Offico	EMAIL ADDRES		30320
(530)	891-3000		rodlum@	chicousd.org	
	all reasonable diligence in preparing this any attached schedules is true and co		wed this stater	ment and to the best of my l	knowledge the information contained
I certify und	er penalty of perjury under the laws	of the State of Californ	ia that the fo	regoing is true and corre	ct.
Date Signed	1/11/2023	Si	gnature	KL ()	
	(month, day, year)			(File the originally signed paper s	tatement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
10036 Lott Road	1884 Cummings Ln
CITY	CITY
Durham	Durham —
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000// <u>22</u> // <u>22</u>	\$10,001 - \$100,000//22//22
\$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 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	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
None	None
Beverly George	Unit 1 - Judee Templeman
	II Unit 2 - Toroga Paczyneki
	Unit 2 - Teresa Raczynski
	Unit 3 - Robert DeCosta
	Unit 3 - Robert DeCosta
	Unit 3 - Robert DeCosta I lending institution made in the lender's regular course of without regard to your official status. Personal loans and
business on terms available to members of the public	Unit 3 - Robert DeCosta I lending institution made in the lender's regular course of without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of busi	Unit 3 - Robert DeCosta al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	Unit 3 - Robert DeCosta 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*
business on terms available to members of the public loans received not in a lender's regular course of busi NAME OF LENDER* N/A	Unit 3 - Robert DeCosta 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* N/A
business on terms available to members of the public loans received not in a lender's regular course of busi NAME OF LENDER* N/A	Unit 3 - Robert DeCosta 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* N/A
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* N/A ADDRESS (Business Address Acceptable)	Unit 3 - Robert DeCosta 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* N/A ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of businements. NAME OF LENDER* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Unit 3 - Robert DeCosta al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows: NAME OF LENDER* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
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business on terms available to members of the public loans received not in a lender's regular course of businements. NAME OF LENDER* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Unit 3 - Robert DeCosta al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows: NAME OF LENDER* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of businese of Lender* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Unit 3 - Robert DeCosta 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* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	Unit 3 - Robert DeCosta 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* N/A 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 received not in a lender's regular course of business name of Lender* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD	Unit 3 - Robert DeCosta al lending institution made in the lender's regular course of without regard to your official status. Personal loans and mess must be disclosed as follows: NAME OF LENDER* N/A ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD



Date Initial Filing Received
Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **OLSEN** DIANE LOUISE 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position DIRECTOR, SPECIAL EDUCATION ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: _ Agency: ___ 2. Jurisdiction of Office (Check at least one box) State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County ____ County of Other Public School District City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ___ December 31, 2022. (Check one circle.) ☐ The period covered is January 1, 2022, through the date of The period covered is _______, through leaving office. December 31, 2022. -or-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 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 CA Chico 95928 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530) 891-3000 DOLSEN@CHICOUSD.ORG I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct Signature

with your filing official.)



Date Initial Filing Received

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Ontiveros	Richard	Robert	
1. Office, Agency, or Court			
Agency Name (Do not use acronyn	ns)		
Chico Unified School Distric	ot		
Division, Board, Department, District	, if applicable	Your Position	
		Transportation Supervisor	
► If filing for multiple positions list	below or on an attachment. (Do not	_	
I ming to multiple positions, not	below of off all attachment. (Do not	use deronyms)	
Agency:		Position:	
i			
2. Jurisdiction of Office (Che	ck at least one box)		
State		Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	lge, or Court Commissioner
Multi-County		County of	
		Other Public School District	
City of		Office Table Concer Blattice	
3. Type of Statement (Check a	at least one box)		
Annual: The period covered is December 31, 2022.	January 1, 2022, through	Leaving Office: Date Left(Check one	
-or-	s/, throug	h The period covered is January leaving office.	1, 2022, through the date of
		-or-	1 46
Assuming Office: Date assum	ned/	☐ The period covered is/. the date of leaving office.	, through
Candidate: Date of Election _	and office sou	ght, if different than Part 1:	
1. Schedule Summary (requ	ired) ► Total numb	per of pages including this cover pag	e: 1
Schedules attached	,	and the grade and and the grade page	/
Schedule A-1 - Investments	schedule attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments		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	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended	·	O.A.	05000
1163 E. 7th Street DAYTIME TELEPHONE NUMBER	Chic	CO CA EMAIL ADDRESS	95928
(530) 891-3000		Constant, Table 1: The fact a Standarde.	
	in preparing this statement. I have re	eviewed this statement and to the best of my kno	wledge the information contained
herein and in any attached schedule	s is true and complete. I acknowled	ge this is a public document.	wicage the information contained
I certify under penalty of perjury t	under the laws of the State of Cali	fornia that the foregoing is true and correct.	
1/12/2		6	
Date Signed ///2/23	v vead	Signature (File the originally signed paper state)	nent with your filling official)
(month, da	n year /	true the originally signed paper states	nen wan your many ometal.)



Date Initial Filing Received

Ple	ease type or print in ink.						
NAI	ME OF FILER (LAST)	(FIRST)			(MIDDLE)		
Pa	asillas	Sara			M.		_
1.	Office, Agency, or Court						==0.
	Agency Name (Do not use acrony	ms)					
	Chico Unified School Distri	ct					241
	Division, Board, Department, District	t, if applicable		Your Pos	ition		
	Chico High School						
	▶ If filing for multiple positions, list	below or on an attachment.	(Do not use a	acronyms)			60
	Agency:			Position	,		56
_ 2.	Jurisdiction of Office (ch	eck at least one box)					_
	State	•		Judae.	Retired Judge. Pro Tem Ju	udge, or Court Commissioner	
	1 3.00			•	ide Jurisdiction)	g-,	
	Multi-County			County	of		
	City of				Public School Distric		
_							2
3.	Type of Statement (Check	•					
	Annual: The period covered in December 31, 2022.	s January 1, 2022, through		Leavi	ng Office: Date Left (Check one		
	The period covered in December 31, 2022.	s/	, through		e period covered is Janua ving office.	ry 1, 2022, through the date of	
	Assuming Office: Date assu	med/		┌ Th	e period covered ise date of leaving office.	, through	
	Candidate: Date of Election	and	office sought, if	different than	Part 1:		
_							_
4.	Schedule Summary (requ	uired) ► Tota	al number o	f pages inc	luding this cover pa	ge:	
	Schedules attached						
	Schedule A-1 - Investments	s - schedule attached				s Positions - schedule attached	
	Schedule A-2 - Investments		_		Income – Gifts – schedule		
	Schedule B - Real Property	/ - schedule attached	_	Schedule E -	Income – Gitts – Travel Pa	ayments - schedule attached	
	Mone None		al. da				
		e interests on any sche	auie				-
ວ.	Verification MAILING ADDRESS STREET	F	CITY		STATE	ZIP CODE	
	(Business or Agency Address Recommended		Oli I			ZIF GODE	
	1163 E. 7th Street DAYTIME TELEPHONE NUMBER		Chico	MAII ADDDEGO	CA	95928	•
	(530) 891-3000		-	MAIL ADDRESS			
	I have used all reasonable diligence	in preparing this statement	I have reviewe	nd this stateme	nt and to the best of my kn	nowledge the information contained	E)
	herein and in any attached schedul					iomodgo trio miormation contained	
	I certify under penalty of perjury	under the laws of the Stat	te of California	that the fore	going is true and correct		
	Date Signed February 27, 20	23	Sign	nature /	ala II		
	(month, o		Oigi		File the originally signed paper sta	tement with your filing official.)	_

SCHEDULE B Interests in Real Property (Including Rental Income)

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

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 100 Tait St.	➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1409 Jackson St.
Gerber, CA 96035	Red Bluff, CA 96080
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 1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	I I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
	Tri Counties Bank
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	780 Mangrove Ave. Chico, CA 95926
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years) % None	INTEREST RATE TERM (Months/Years) 4.25 20 year fixed
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000	\$1,000 - \$1,000 \(\) \$1,001 - \$10,000 \(\) OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
2	S=

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Sara M. Pasillas

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
139 West Lassen #25	
CITY	CITY
Chico, CA 95973	
-	- -
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000/ [22]	\$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 Other	Leasehold Other
-11	
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	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
Justin Downey	
oddin Donnoy	11
	cial lending institution made in the lender's regular course of
You are not required to report loans from a commen	cial lending institution made in the lender's regular course of
You are not required to report loans from a commer business on terms available to members of the publ	lic without regard to your official status. Personal loans and
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of bu	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
You are not required to report loans from a commer business on terms available to members of the publ	lic without regard to your official status. Personal loans and
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of bu	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business.	lic without regard to your official status. Personal loans and usiness must be disclosed as follows:
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business of Lender*	lic without regard to your official status. Personal loans and usiness 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 publicans received not in a lender's regular course of business (Business Address Acceptable)	lic without regard to your official status. Personal loans and usiness 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 publicans received not in a lender's regular course of business of Lender*	lic without regard to your official status. Personal loans and usiness 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 publicans received not in a lender's regular course of business (Business Address Acceptable)	lic without regard to your official status. Personal loans and usiness 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 publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from a commerce business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER*
You are not required to report loans from a commer business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	lic without regard to your official status. Personal loans and usiness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
PATRICK	BEVERLY		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable		Your Position	
PERSONNEL COMMISSION		COMMISSIONER	
▶ If filing for multiple positions, list below or on a	an attachment. (Do not use ac	ronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
State		☐ Judge, Retired Judge, Pro Tem Jud (Statewide Jurisdiction)	lge, or Court Commissioner
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, 2 December 31, 2022.	•	Leaving Office: Date Left(Check one	
The period covered is// December 31, 2022 .	_/, through	☐ The period covered is January leaving office.	1, 2022, through the date of
Assuming Office: Date assumed/_		The period covered is	, through
Candidate: Date of Election	and office sought, if d	ifferent than Part 1:	
4. Schedule Summary (required)	► Total number of	pages including this cover pag	e: 4
Schedules attached			-
Schedule A-1 - Investments – schedule a	ittached So	hedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments – schedule a		hedule D - Income - Gifts - schedule a	
Schedule B - Real Property – schedule a	ttached So	hedule E - Income - Gifts - Travel Pay	ments – schedule attached
-or- None - No reportable interests of	n any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	EM/	AIL ADDRESS	
(530) 891-3000			
I have used all reasonable diligence in preparing therein and in any attached schedules is true and			wledge the information contained
I certify under penalty of perjury under the law	vs of the State of California t	hat the foregoing is true and correct.	
Date Signed 1-30-23	Signa	ture Bully Past	Tent with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1519 HEMLOCK ST CITY CHICO	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 3953 KEEFER RD CITY CHICO
FAIR MARKET VALUE S2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 S1,000,000 S1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 122
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the publi	ic 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 bu- NAME OF LENDER*	ic without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the publi loans received not in a lender's regular course of business.	ic 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 publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	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 publi loans received not in a lender's regular course of business (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

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS			
417 HICKORY ST	1720-1722 SHERIDAN AVE			
CITY	CITY			
CHICO	CHICO			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
\$2,000 - \$10,000	\$2,000 - \$10,000			
\$10,001 - \$100,000	\$10,001 - \$100,000			
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement			
Leasehold Other	Leasehold Other			
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED			
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000			
■ \$10,001 - \$100,000 ○ OVER \$100,000	■ \$10,001 - \$100,000 □ OVER \$100,000			
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	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			
	The state of the s			
	The second secon			
	Neissa Neissa			
* You are not required to report leans from a consequent				
* You are not required to report loans from a commerci	ial lending institution made in the lender's regular course of			
business on terms available to members of the public	without regard to your official status. Personal loans and			
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and			
business on terms available to members of the public	without regard to your official status. Personal loans and			
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows:			
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows:			
business on terms available to members of the public loans received not in a lender's regular course of bus	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 public loans received not in a lender's regular course of bus NAME 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 public 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: NAME OF LENDER*			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	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 public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	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 public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	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 public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	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 public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	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 bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST 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) % None HIGHEST BALANCE DURING REPORTING PERIOD			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————			
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)			

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name PATRICK, BEVERLY

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1 SPRINGBROOK CT	787 HUMBOLDT RD
CITY	CITY
CHICO	CHICO
3	·
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
113, Tellianing Outer	Yrs, remaining 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
SOLIDOES OF BENITAL INCOME. If you own a 10% or greater	COURCE OF RENTAL INCOME. If you says a 400' or sender
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
KEITH & CHRIS POWELL	1
* You are not required to report loans from a commercia	l lending institution made in the lender's regular course of
business on terms available to members of the public v	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busin	
NAME OF LENDER*	NAME OF LENDER*
2	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST DATE	
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	
\$10,000 - \$100,000 - \$1 04EK \$100,000	U \$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	4.5
Comments:	



Date Initial Filing Received
Filing Official Use Only

Plea	se type or print in ink.					
NAME	OF FILER (LAST)	(FIRST)			(MIDDLE)	
Pa	yne	Shanon	1		Joell	
1. C	Office, Agency, or Court	t				
Ā	Agency Name (Do not use acror					
(Chico Unified School Dist	trict				
Ī	Division, Board, Department, Dist	rict, if applicable		Your Position		•
				Principal		
27	► If filing for multiple positions, li	ist below or on an attachment	. (Do not use	acronyms)		
,	Адепсу:			Position:		
2.	Jurisdiction of Office (6	Check at least one box)				
Г	State	,		Judge Retir	ed Judge Pro Tem Jud	dge, or Court Commissioner
				(Statewide J		.50, 0. 000.0 00
	Multi-County			County of		
	¬			Other Pub	olic School District	<u> </u>
				3		
	Type of Statement (Chec	•				
	Annual: The period covered December 31, 202			Leaving O	ffice: Date Left (Check one	
	The period covered December 31, 202	d is 1 1 2022 2.	, through	☐ The pe leaving -or-		1, 2022, through the date of
	Assuming Office: Date ass	sumed/		☐ The pe	riod covered is/. e of leaving office.	, through
	Candidate: Date of Election	n and	office sought,	if different than Part	1:	
1	Schodulo Summany (ro	quirod) T-4	-1	-£	i	
	Schedule Summary (red Schedules attached	duiren) ► 10t	ai number	or pages includ	ing this cover pag	e:
	ocheuules allacheu		_			
	Schedule A-1 - Investmen		L			Positions – schedule attached
	Schedule A-2 - Investmen			1	ne – Giffs – schedule a	attached Iments – schedule attached
	Schedule B - Real Prope	erty – schedule attached	L	J Schedule E • Incor	ne – Gilis – Travel Fay	ments – scriedule attacried
-01	- None - No reportal	ole interests on any sche	edule			
_	/erification	no interests on any cone			×	
	MAILING ADDRESS STRE	ET	CITY		STATE	ZIP CODE
,	Business or Agency Address Recommend	led - Public Document)	01.		0.4	05000
	1163 E. 7th Street DAYTIME TELEPHONE NUMBER		Chico	EMAIL ADDRESS	CA	95928
	530) 891-3000			- Martin - Carlotte -	ued ora	
(=		ce in preparing this statement	L have review	spayne@chico wed this statement ar		wledge the information contained
	erein and in any attached sched					
- 1	certify under penalty of perjui	ry under the laws of the Sta	te of Californ	ia that the foregoin	g is true and correct.	
Г	Date Signed 1.11.2023		Si	gnature V	hanon	taine
		h, day, year)	01		the originally signed paper state	ment with your filing official.)



Date Initial Filing Received Filing Official Use Only

Please type or print in	ink.			
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Reynoza	Sydney		Breanne	
1. Office, Agency,	or Court			
Agency Name (Do r	not use acronyms)			
Chico Unified S	chool District			
Division, Board, Depart	artment, District, if applicable		Your Position	
Nutrition Service	es Department		Nutrition Specialist	
► If filing for multiple	e positions, list below or on an attachment.	(Do not use acro	onyms)	
Agency:			Position:	
Agency.			- FOSITION,	
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	
			Other Public School Distric	
-				
	nent (Check at least one box)		_	
Decem	eriod covered is January 1, 2022, through ober 31, 2022.		Leaving Office: Date Left(Check one	
	eriod covered is/	_, through	 The period covered is January leaving office. -or- 	, 1, 2022, through the date of
Assuming Offic	e: Date assumed/		The period covered is the date of leaving office.	through, through
Candidate: Dat	e of Election and o	ffice sought, if dif	erent than Part 1:	
Schedules att		number of p	ages including this cover pag	je:
_				
	I - Investments - schedule attached		edule C - Income, Loans, & Business	
	2 - Investments – schedule attached	=	edule D - Income - Giffs - schedule :	
Schedule B	Real Property – schedule attached	301	edule E - Income – Gifts – Travel Pay	ments – schedule attached
-or- 🔳 None - N	lo reportable interests on any sched	iulo		
5. Verification	o reportable interests on any serios	uio		
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
	ess Recommended - Public Document)	01.		05000
1163 E. 7th Str		Chico	L ADDRESS	95928
(530) 891-30		LIVIA	LADDRESS	
	nable diligence in preparing this statement.	L have reviewed t	nis statement and to the best of my kno	owledge the information contains
	ached schedules is true and complete. I a			
I certify under pena	lty of perjury under the laws of the State	of California th	at the foregoing is true and correct.	
	44440000		9 1 0	
Date Signed	1/11/2023	Signat	are Judicially and a second	med with your filled official
	(month, day, year)		rile the originally signed paper state	mey with your nigra official.)



Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.	
NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Robinson Lileen	٨.
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Chico Unified School District	BOARD Member
Division, Board, Department, District, if applicable	Your Position
▶ If filing for multiple positions, list below or on an attachment. (Do not u	se acronyms)
A	Dasilian
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, 2022, through December 31, 2022.	Leaving Office: Date Left/(Check one circle.)
-or- The period covered is/, through	☐ The period covered is January 1, 2022, through the date of
December 31, 2022.	leaving office.
Assuming Office: Date assumed	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office sough	at if different than Port 1
and onice sough	n, il dinordit titar i dit i,
 Schedule Summary (required) ► 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 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	Crobinson 400 gmail. com
·	ewed 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 Califo	
1 J	This share the following to dide dild contest.
Date Signed 2/28/202'3	Signature Jeen T. Kolinson
(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)	
Rodgers	Kimberly	Jeanne	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applic	able	Your Position	
Sierra View Elementary		Principal	
▶ If filing for multiple positions, list below or	on an attachment. (Do not us	se acronyms)	—————————————————————————————————————
Agency:		Position:	
2. Jurisdiction of Office (Check at lea	st one box)		
State	20.0	Judge, Retired Judge, Pro Tem J	udge or Court Commissioner
_ out		(Statewide Jurisdiction)	augu, or court commissioner
Multi-County		County of	
City of		Other Public School Distri	
3. Type of Statement (Check at least of	•		
Annual: The period covered is January December 31, 2022.	1, 2022, through	Leaving Office: Date Left (Check on	
-or- The period covered is/_		☐ The period covered is Janua	ry 1, 2022, through the date of
December 31, 2022.	-	leaving office. -or-	
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 numbe	r of pages including this cover pa	nge:
Schedules attached		or pages moraling and corer pa	
Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Busines	s Positions – schedule attached
Schedule A-2 - Investments – schedu		Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property – schedu		Schedule E - Income - Gifts - Travel Pa	ayments - schedule attached
-or- No reportable interest	's on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doc	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 prepari herein and in any attached schedules is true		ewed this statement and to the best of my ki	nowledge the information contained
I certify under penalty of perjury under the	laws of the State of Californ	rnia that the foregoing is true and correc	t.
		L'Alum	1 > 7
Date Signed 2/28/23		Signature	della
(month, day, year)		(File the originally signed paper sta	stement with your tiling official.)



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Schrock Kristen Joelle 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Little Chico Creek administrator ▶ 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 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, 2022, through December 31, 2022. (Check one circle.) ☐ The period covered is January 1, 2022, through the date of The period covered is _______ through leaving office. December 31, 2022. 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 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 STREET 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 kschrock@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, **Date Signed** Signature

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

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



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Kaymon 1. Office, Agency, or Court 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) 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, 2022, through Leaving Office: Date Left ___ December 31, 2022. (Check one circle.) -OF-The period covered is January 1, 2022, through the date of The period covered is ____/____, through leaving office. December 31, 2022. -or-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 CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) 1163 E. 7th Street CA Chico 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 Signature ed paper statement with your filing official.)



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **SHERIDAN ERICA LORRAINE** 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position CHICO HIGH ASSISTANT PRINCIPAL ▶ If filing for multiple positions, list below or on 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, 2022, through Leaving Office: Date Left _____/____ December 31, 2022. (Check one circle.) -or-☐ The period covered is January 1, 2022, through the date of The period covered is ______, through leaving office. December 31, 2022. 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 **-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 CA 95928 Chico DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530) 891-3000 esherida@chicousd.org I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed 1/23/2023 Signature (month, day, year)



Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please type or print in ink.

NA	ME OF FILER (LAST) (FIRST)	N.	(MIDDLE)	1
	SPAGGIARI KE	NEE	CAR	hut
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District	A	dministra-	7101
	Division, Board, Department, District, if applicable	Your P		
	▶ If filing for multiple positions, list below or on an attachment. (Do no	ot use acronyms)		:
	Agency:	Positi	on:	
_				
2.	Jurisdiction of Office (Check at least one box)			
	State		e, Retired Judge, Pro Tem Jud ewide Jurisdiction)	ge, or Court Commissioner
	Multi-County	Cour	ity of	
	City of		Public School District	
3.	Type of Statement (Check at least one box)			
•	Annual: The period covered is January 1, 2022, through	☐ l ea	ving Office: Date Left	E I
	December 31, 2022.		(Check one	
	The period covered is/, throu	ugh 🗆 :	The period covered is January	1, 2022, through the date of
	December 31, 2022.	-or-	leaving office.	
	Assuming Office: Date assumed/		The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election and office so	ought, if different tha	an Part 1:	
4.	Schedule Summary (required) ► Total num	ber of pages in	ncluding this cover pag	e:"
	Schedules attached		g	
	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 Paye 	ments – schedule attached
-0	or- None - No reportable interests on any schedule			
_	Verification			
	MAILING ADDRESS STREET CIT	Υ	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document) 1163 E. 7th Street Ch	ico	CA	95928
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRES		33320
	(530) 891-3000	VSPA	ogiaria chu	cousd ova
	I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowle			wledge the information contained
	I certify under penalty of perjury under the laws of the State of Ca	a.		
			DI an .	
	Date Signed // 11 23 (mol(th, day, year)	Signature	(File the originally signed payer statem	onent with your filing official.)



with the

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

	ease type or print						
	WE OF FILER (LAST				(MIDDLE)		
S	taley	Kelly			Jan ———————		
1.	Office, Agen	cy, or Court					
	Agency Name (L	Do not use acronyms)					
	Chico Unified	School District					
	Division, Board, D	Department, District, if applicable		Your Po	sition		
				Supe	rintendent		
	► If filing for mul	tiple positions, list below or on an attachm	ent (Do not use				
	P II ming for mo	inple positions, hat bolow of our arraction	iont. (Bo not use	doronymaj			
	Agency:			Positio	n:		
_							
2.	Jurisdiction	of Office (Check at least one box)					
	State			Judge	, Retired Judge, Pro Tem Ju	udge, or Court Commiss	ioner
				(State	wide Jurisdiction)		
	Multi-County			Count	y of		
	City of			Other	Public School Distric	ct	
_							
პ.	A	ement (Check at least one box)					
	De	e period covered is January 1, 2022, throucember 31, 2022.	igh	Leav	ing Office: Date Left (Check one		
		e period covered is/	through		he period covered is Januar eaving office.	ry 1, 2022, through the	date of
	Assuming C	office: Date assumed/		T	he period covered is ne date of leaving office.	<i>J</i> , t	hrough
		Data of Election	1 fc 14 '		· ·		
	Candidate:	Date of Election a	ind office sought, i	ir diπerent thar	1 Pan 1;		
4.	Schedule Su	immary (required)	Total number o	of pages in	cluding this cover pa	ge:	
	Schedules	attached					
	☐ Schodulo	A-1 - Investments – schedule attached		Schedule C	Income, Loans, & Busines	s Positions – schedule a	attached
		A-2 - Investments – schedule attached			Income – Gifts – schedule		illuonou
		B - Real Property – schedule attached	=		Income – Gifts – Travel Pa		ched
		- All All All All All All All All All Al					
-C	or- 🗆 None	- No reportable interests on any se	chedule				
5	Verification	,					
•	MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE	
		Address Recommended - Public Document)					
	1163 E. 7th		Chico	EMAIL ADDRESS	CA	95928	
		-3000			blaced see		
		asonable diligence in preparing this statem			hicousd.org	nowledge the information	contained
		astraction attached schedules is true and complete.				iowieuge the information	COMMINEU
	I certify under p	enalty of perjury under the laws of the	State of California	a that the for	egoing is true and correct	Ĺ	
					Jall 1 M		
	Date Signed	2-22-23	Sig	nature	Tille Ta	les	
		(month, day, year)		8	(File the originally signed paper state	tement with your filing official.)	

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

N.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kelly Staley

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tri Counties Bank	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
63 Constitution Drive, Chico, CA 95973	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment (Appraiser)	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
na	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(5,	
(Describe)	(Describe)
Other(Describe)	Other(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Peal Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	:
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Describe)
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Initial Filing Received
Filing Official Use Only

_	ase type or						
	ME OF FILER	(LAST)	(FIRST)			(MIDDLE)	
_	tarkey		Marjie ————————————————————————————————————				
1.	Office, A	gency, or Co	urt				
	Agency Nar	пе (Do not use a	cronyms)				
		nified School D					
	Division, Bo	ard, Department, I	District, if applicable		Your Posit	ion	
	Marigold	Elementary			Admini	strator	
	► If filing fo	or multiple position	s, list below or on an attachmen	t. (Do not use	e acronyms)		
	Agency:				Position:		
<u> </u>	Jurisdic	tion of Office	(Check at least one box)				
	State		(□ ludge B	Petired Judge Pro Tem Ju	dge, or Court Commissioner
						e Jurisdiction)	age, or oddit commissioner
	Multi-Co	unty			County of	of	
					Other F	Public School Distric	et
3.	Type of	Statement (C.	heck at least one box)				
	•	December 31, 2	ered is January 1, 2022, through 022.		Leaving	Office: Date Left (Check one	
	-or-	The period coverage December 31, 2	ored is/	, through		period covered is January	y 1, 2022, through the date of
	Assumi	ing Office: Date	assumed//		☐ The	period covered is	/, through
	Candida	ate: Date of Elec	ion and	office sought,	if different than P	art 1:	
ı.	Schedule	Summary (ı	equired) > Total	al number (of pages incli	ıding this cover pag	ne: 1
	Schedul	es attached	. ,			ge coror p-g	
	Sche	dule A-1 - Investr	ments – schedule attached		Schedule C - In	come, Loans, & Business	Positions - schedule attached
	Sche	dule A-2 - Investr	nents - schedule attached		Schedule D - In	come – Gifts – schedule a	attached
	Sche	dule B - Real Pro	perty – schedule attached		Schedule E - In	come – Gifts – Travel Pay	yments – schedule attached
			able interests on any sche	dule			
	Verification						
	MAILING ADDR (Business or Ag		REET ended - Public Document)	CITY		STATE	ZIP CODE
	1163 E. 7	7th Street		Chico		CA	95928
	DAYTIME TELE	PHONE NUMBER			EMAIL ADDRESS		
		891-3000			mstarkey@c		
1	have used a herein and ir	all reasonable dilig n any attached sch	ence in preparing this statement, edules is true and complete. I a	I have review acknowledge ti	ved this statement his is a public do	and to the best of my kno cument.	owledge the information contained
			jury under the laws of the Stat	_	-		_
					0	700	0
(Date Signed			Sig	gnature	Varne	-starkey_
		(me	onth, day, year)			File the originally signed paper states	mont.with your filing official.)



Date Initial Filing Received Filing Official Use Only

	e type or print in ink,					
	OF FILER (LAST)	(FIRST)			(MIDDLE)	
Steir	nbach 	Kellie			Ann Iver	son
1. Of	fice, Agency, or Cou	ırt				
Ag	ency Name (Do not use ac	ronyms)				
CI	hico Unified School D	istrict				
Div	rision, Board, Department, D	istrict, if applicable		Your Posi	ion	
				Princia	pl	
•	If filing for multiple positions	, list below or on an attachmer	nt. (Do not use a	acronyms)		
Ag	gency:			Position:		
2. Ju	urisdiction of Office	(Check at least one box)				
	State			_	Retired Judge, Pro Tem Jud le Jurisdiction)	dge, or Court Commissioner
	Multi-County			County of	of	
					Public School District	t
3. 1	ype of Statement (Ch					
	Annual: The period cover December 31, 20	red is January 1, <mark>2022,</mark> through 0 <mark>22</mark> .	1	Leavin	g Office: Date Left (Check one	
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	Assuming Office: Date a	assumed/			period covered is/. date of leaving office.	, through
	Candidate: Date of Electi	ion and	l office sought, if	different than F	art 1:	
4. Sc	chedule Summary (r	equired) ► To	tal number o	f pages incl	uding this cover pag	re:
Sc	chedules attached			. •		-
	Schedule A-1 - Investm	nents – schedule attached		Schedule C - II	ncome. Loans. & Business	Positions - schedule attached
		nents – schedule attached			ncome – Gifts – schedule a	
		perty – schedule attached		Schedule E - Ir	ncome – Gifts – Travel Pay	ments - schedule attached
-or-	■ None - No report	able interests on any sch	edule			
5. Ve	rification					
		REET	CITY		STATE	ZIP CODE
	isiness or Agency Address Recomme 163 E. 7th Street	ended - Public Document)	Chico		CA	95928
	YTIME TELEPHONE NUMBER			MAIL ADDRESS	0,1	00020
(5	30) 891-3000					
		ence in preparing this statemen edules is true and complete. I				wledge the information contained
1 c	ertify under penalty of per	jury under the laws of the St	ate of California	that the foreg	oing is true and correct.	
Da	te Signed 02/21/2023		Sigr	nature		
	(mc	onth, day, year)			(File the originally signed paper states	ment with your filing official.)



Date Initial Filing Received

PΙε	ease type or print in ink.					
NA	ME OF FILER (LAST)	(FIRST)			(MIDDLE)	
S	ufuentes	Heathe	er		W	
1.	Office, Agency, or Court					
	Agency Name (Do not use acrony	rms)				
	Chico Unified School Distr	ict				
	Division, Board, Department, Distric	ct, if applicable		You	r Position	
				Pi	incipal	
	► If filing for multiple positions, list	t bolow or on an attachmor	ot (Do not use			
	I filling for multiple positions, list	t below or on an attachmen	וו. נטט זוטו משפ	acronyms)	
	Agency:			Po	sition:	
2.	Jurisdiction of Office (ch	eck at least one box)				
	State				udge, Retired Judge, Pro Tem Jutatewide Jurisdiction)	dge, or Court Commissioner
	Multi-County			Пс	ounty of	
					ther Public School Distric	
	City of				uici	
3.	Type of Statement (Check	at least one box)				
	Annual: The period covered December 31, 2022.		ı		_eaving Office: Date Left (Check one	
	-or- The period covered December 31, 2022.	is/	, through		☐ The period covered is Januar leaving office.	y 1, 2022, through the date of
	Assuming Office: Date assu	med		[The period covered is the date of leaving office.	/, through
	Candidate: Date of Election	and	Loffice sought	if different	than Part 1:	
			omoo oougni,	ii dilloroni	THAT I DIC I	
4.	Schedule Summary (requ	uired) ► To	tal number	of pages	s including this cover page	ge:
	Schedules attached					
	Schedule A-1 - Investment	s – schedule attached		Schedule	C - Income, Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investment			-	D - Income - Gifts - schedule	
	Schedule B - Real Property	y - schedule attached		Schedule	E - Income - Gifts - Travel Pa	yments - schedule attached
-(or- 🗌 None - No reportable	e interests on any sch	edule			
5.	Verification				3	
	MAILING ADDRESS STREE		CITY		STATE	ZIP CODE
	(Business or Agency Address Recommended 1163 E. 7th Street	d - Public Document)	Ohior		04	05020
	DAYTIME TELEPHONE NUMBER		Chico	EMAIL ADDR	CA	95928
	(530) 891-3000			15.515-15	ntes@chicousd.org	
	I have used all reasonable diligence	e in preparing this statemen	t. I have review			owledge the information contained
	herein and in any attached schedu					
	I certify under penalty of perjury	under the laws of the St	ate of Californ	ia that the	foregoing is true and correct.	
					Min S.	(1)
	Date Signed 2/28/23		Si	ignature _	HUW ON	
	(month, c	day, year)			 (File the originally signed paper state 	ement with your filing official.)



Date Initial Filing Received Filing Official Use Only

Please type or print in ink.			
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Sullivan	Tecl		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District		Director	
Division, Board, Department, District, if ap	plicable	Your Position	
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	ne acronyms)	
Agency:		Position:	
/igolioy.		T OSIGOTI.	=
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	
		Other Public School District	·
City of		Other Table Correct Bleares	
3. Type of Statement (Check at lea	st one box)		
Annual: The period covered is Janual December 31, 2022.	uary 1, 2022, through	Leaving Office: Date Left(Check one	
-or- The period covered is December 31, 2022.		The period covered is January leaving office.	1, 2022, through the date of
Assuming Office: Date assumed _	1 1	-or- ☐ The period covered is	/ through
Assuming Office. Date assumed _		the date of leaving office.	, diredgii
Candidate: Date of Election	and office sought	, if different than Part 1:	
1. Schedule Summary (required) ► Total number	of pages including this cover pag	e:
Schedules attached			
Schedule A-1 - Investments - sci	nedule attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments - sci	nedule attached	Schedule D - Income - Gifts - schedule a	attached
Schedule B - Real Property - sci	nedule attached	Schedule E - Income – Gifts – Travel Pay	ments - schedule attached
-or- X None - No reportable inte	rests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY C Document)	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	· .
(530) 891-3000		+sulliva @ chicouso	d.org
I have used all reasonable diligence in pre- herein and in any attached schedules is		ewed this statement and to the best of my kno	
		nia that the foregoing is true and correct.	
1.21		1/1	
Date Signed 1/12/23		Signature	
(month, day, year)	-	(File the originally signed paper states	ment with your filing official.)



Date Initial Filing Received
Filing Official Use Only

	se type or p		(FID OT)			
	e of filer (l ubbs	AST)	(FIRST) Daniel		(MIDDLE) Ronald	
_			Daniei		Ronald	
1. (Office, Age	ency, or Court				
		(Do not use acronyms)				
	Chico Unif	ied School District				
	Division, Board	d, Department, District, if applicable		Your F	Position	
				Buy	er	
5	▶ If filing for	multiple positions, list below or on a	an attachment. (Do not u	se acronyms)		
	Agency:			Positi	on:	
	luriedictic	on of Office (Check at least of	foul			
۷.		on of office (Check at least o	ne box)			
	State			-	e, Retired Judge, Pro Tem Jud ewide Jurisdiction)	dge, or Court Commissioner
ĺ	Multi-Coun	tv		_	nty of	
ſ					Public School Distric	
١	City of			■ Othe	T abile corles bistrie	
3.	Type of S	tatement (Check at least one	box)			
	> 1::	The period covered is January 1, 2 December 31, 2022.	022, through	Lea	ving Office: Date Left(Check one	
		The period covered is	, through		The period covered is January leaving office.	, 1, 2022, through the date of
[Assuming	g Office: Date assumed/_			The period covered is the date of leaving office.	through
[Candidate	e: Date of Election	and office sough	nt. if different tha	an Part 1∷	
_						
		Summary (required)	► Total numbe	r of pages i	ncluding this cover pag	je:
,	Schedule	s attached				
	Sched	ule A-1 - Investments – schedule a	ttached	Schedule C	- Income, Loans, & Business	Positions - schedule attached
	Sched	ule A-2 - Investments – schedule a	ttached	Schedule D	- Income - Gifts - schedule a	attached
	Sched	ule B - <i>Real Property</i> – schedule a	ttached	Schedule E	- Income - Gifts - Travel Pay	ments - schedule attached
-0	r- 🔳 Non	e - No reportable interests of	n any schedule			
5. \	Verification	1				
	MAILING ADDRES (Business or Agen	SS STREET ocy Address Recommended - Public Documer	CITY (t)		STATE	ZIP CODE
	1163 E. 7t	•	Chico	ĺ	CA	95928
1.7	DAYTIME TELEPH	HONE NUMBER		EMAIL ADDRES		
	(530)8	91-3000				
		reasonable diligence in preparing tany attached schedules is true and				owledge the information contained
1	certify under	r penalty of perjury under the lav	s of the State of Califo	rnia that the fo	regoing is true and correct.	
					MA	-
-	Date Signed	1-11-23		Signature	1900	
		(month, day, year)		_	(File the originally signed paper state	ment 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)	
T	ellechea	Cristina		Isabelle	
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)			=	
	Chico Unified School District				
	Division, Board, Department, District, if ap	olicable	Your P	osition	
	Emma Wilson Elementary		Assi	stant Principal	
	▶ If filing for multiple positions, list below	or on an attachment. (Do not	use acronyms)		
	Agency:		Positi	DN:	
2.	Jurisdiction of Office (Check at	least one box)			
	State		_	e, Retired Judge, Pro Tem Judge, ewide Jurisdiction)	dge, or Court Commissioner
	Multi-County		Cour	ity of	
	City of		Othe	Public School Distric	t
-					
ა.	Type of Statement (Check at leas				
	Annual: The period covered is January December 31, 2022.	ary 1, 2022, through	∟ Lea	ving Office: Date Left (Check one	
	-Or-	012022throug	ь П ¹		1, 2022, through the date of
	December 31, 2022.	, tilloug	-10-	eaving office.	, .,, ,
	Assuming Office: Date assumed			The period covered is/ the date of leaving office.	, through
	Candidate: Date of Election	and office sou	ght, if different tha	n Part 1:	
4.	Schedule Summary (required)	► Total numb	er of pages in	ncluding this cover pag	re: 1
	Schedules attached	,		g pg	-
	Schedule A-1 - Investments – sch	edule attached	Schedule C	- Income, Loans, & Business	Positions – schedule attached
	Schedule A-2 - Investments – sch		=	- Income - Gifts - schedule	
	Schedule B - Real Property – sch	edule attached	Schedule E	- Income – Gifts – Travel Pay	ments - schedule attached
-	or- 🔳 None - No reportable inter	ests on any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	Document) CITY		STATE	ZIP CODE
	1163 E. 7th Street	Chic	co	CA	95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRES		
	(530) 891-3000		ctelleche	a@chicousd.org	
	I have used all reasonable diligence in pre- herein and in any attached schedules is tr				owledge the information contained
	I certify under penalty of perjury under	the laws of the State of Cali	fornia that the fo	regoing is true and correct.	20
	Data 6: 01/17/2022		0'1	Mars J.	1/0.1
	Date Signed 01/17/2023 (month, day, year)	-	Signature	(File the originally signed paper state	ment with your filing official.)



A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

IAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Tennis	Matthew			David	
. Office, Agency, or Court					
Agency Name (Do not use acronyms					
Chico Unified School District					
Division, Board, Department, District, i	if applicable		Your Position		
Board of Trustees			Trustee		
▶ If filing for multiple positions, list be	elow or on an attachment. (Do	not use acro	nyms)		
Agency: Butte County Water C	Commission		D Cor	nmissioner, Vice	Chair
Agency:			Position:	-	
. Jurisdiction of Office (Chec	k at least one box)				
State			Judge, Retire (Statewide Ju		dge, or Court Commissioner
Multi-County			County of B	utte	
Tour c			Other Publ	ic School District	t
3. Type of Statement (Check at			-		
	,		i landa di	See Detector	
Annual: The period covered is a December 31, 2022.	January 1, 2022, through		Leaving Off	ice: Date Left (Check one	
The period covered is December 31, 2022.	, thi	rough	The period leaving of the cor-		1, 2022, through the date of
Assuming Office: Date assume	ed/		The perio	od covered is/. of leaving office.	, through
Candidate: Date of Election	and office	sought, if diff	erent than Part 1	#1 **	
. Schedule Summary (require					
Schedules attached	eu) ► Iotal nu	ımper ot p	ages includin	ng this cover pag	e:
-		1222			5
Schedule A-1 - Investments -		4 Lancie C		e, Loans, & Business e – Gifts – schedule a	Positions – schedule attached
Schedule A-2 - Investments - Schedule B - Real Property -					ments – schedule attached
Schedule B - Near Property -	· Scriedule allacried	()	oudio E moom	o omo navo, ay	monto donocado attached
or- None - No reportable i	interests on any schedule				
. Verification					
MAILING ADDRESS STREET	5.15.5	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - 1 1163 E. 7th Street		Chico		CA	95928
DAYTIME TELEPHONE NUMBER			ADDRESS	OA .	33320
(530) 891-3000					
I have used all reasonable diligence in herein and in any attached schedules					wledge the information contain
I certify under penalty of perjury un	nder the laws of the State of	California th	at the foregoing	is true and correct.	1
D-4- 01 4			1	1-	7
Date Signed 02/24/2023	word	Signati	ire	he originally signed where state	mont with your files 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
	Matthew Tennis

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Southwest Airlines				
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Air Travel				
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	NATURE OF INVESTMENT Stock Other			
(Describe)	(Describe)			
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
//22//22	/ /22 / /22			
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	MATURE OF MATERIALS			
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other			
(Describe)	(Describe)			
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
/ /22 / /22	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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 (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)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
, , , , , , , , , , , , , , , , , , , ,	00			
//22	ACQUIRED DISPOSED			
VOROII/FD DISLOSED	ACQUIRED DISPOSED			
Comments:				
Outilitetits:				

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	Name
PO BOX 1202, Durham, CA 95938	183 E. 6th Street, Chico, CA 95928
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable)
Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Farming	GENERAL DESCRIPTION OF THIS BUSINESS Printing / Manufacturing
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 Over \$1,000,000 NATURE OF INVESTMENT Partnership Sole Proprietorship Owner YOUR BUSINESS POSITION IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED Other Other
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 \$1,000 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Altach a separate sheet if necessary.) None or Names listed below	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or ■ Names listed below
Associated Rice Marketing Co-Op Pinnacle Rice Marketing Co-Op Butte County Rice Growers Association (BUCRA)	Paper Source Anthropologíe
► 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 or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 STORMARKET VALUE IF APPLICABLE, LIST DATE: ACQUIRED DISPOSED
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

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
Tennis Family Trust of 2013	Tennis Family Trust of 2013 (continued)
Name	Name
1171 Woodland Ave., 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
CENTERVIL DESCRIPTION OF THIS BOOMESS	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 \$10,001 - \$100,000 Over \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499
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 Mid-Valley Title Company
➤ 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 <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ■ REAL PROPERTY	INVESTMENT REAL PROPERTY
7595 Aguas Frias Rd., Durham CA 95928	183 E. 6th St., Chico, CA 95928
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Rice Farm, buildings	Commercial Building, Occupied by Wild Ink Press, MVT
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 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED	\$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	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: Title company rents building space at 183 6th S	it.

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
Lance D. Tennis, Inc.	
Name	Name
806 Westgate Ct., Chico, CA 95926	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Farming	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 NATURE OF INVESTMENT Corporation	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Director, Owner	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	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
Tendoor Farming Partnership Bolen Farms	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
7595 Aguas Frias Rd., Durham CA 95928	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property Rice land, buildings, equipment	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 1/22 1/22 1/22 1/22 1/22 1/22 1/22 1/22 1/22 1/22 1/22 1/22 1/22	FAIR MARKET VALUE
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Matthew Tennis

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 183 E. 6th St.				
7595 Aguas Frias Rd.					
CITY	CITY				
Durham, CA	Chico CA 95928				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000				
NATURE OF INTEREST	NATURE OF INTEREST Ownership/Deed of Trust Easement				
Ownership/Deed of Trust Easement					
Leasehold Other	LeaseholdOther				
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED				
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000				
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000				
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	income of \$10,000 or more. None Mid-Valley Title and Escrow Company roial lending institution made in the lender's regular course of				
You are not required to report loans from a commerce business on terms available to members of the public	cial lending institution made in the lender's regular course o				
business on terms available to members of the publi loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:				
business on terms available to members of the publi loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of courted 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 publi loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of course without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* Mid-Valley Title Company				
business on terms available to members of the publi loans received not in a lender's regular course of bu	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* Mid-Valley Title Company ADDRESS (Business Address Acceptable)				
business on terms available to members of the publi loans received not in a lender's regular course of bu NAME OF LENDER* ADDRESS (Business Address Acceptable)	cial lending institution made in the lender's regular course of course without regard to your official status. Personal loans and siness 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 publi loans received not in a lender's regular course of bu NAME OF LENDER* ADDRESS (Business Address Acceptable)	cial lending institution made in the lender's regular course of court without regard to your official status. Personal loans and siness 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 publi loans received not in a lender's regular course of bu NAME OF LENDER* ADDRESS (Business Address Acceptable)	cial lending institution made in the lender's regular course of course without regard to your official status. Personal loans and siness 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 publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	cial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness 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)				
business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	cial lending institution made in the lender's regular course of its without regard to your official status. Personal loans and siness 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				
business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	cial lending institution made in the lender's regular course of ic without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* 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 years				
business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None None	cial lending institution made in the lender's regular course of its without regard to your official status. Personal loans and siness 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 4 None None				
business on terms available to members of the publicans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whose HIGHEST BALANCE DURING REPORTING PERIOD	cial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows: 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 years 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 Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000	\$500 - \$1,000\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2,)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2,)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.) Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other Directors Fee (Describe)	(Describe) [] Other(Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: INTEREST RATE TERM (Months/Years) None
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
WIGHTEST BALANCE BURNING DEPOSITIVE DEPOSIT	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000	City
[_ \$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	1
Comments:	



Date Initial Filing Received

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Vincent John Everd 1. Office, Agency, or Court Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable Your Position Information Services Director ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) 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, 2022, through Leaving Office: Date Left _____/_ December 31, 2022. (Check one circle.) ☐ The period covered is January 1, 2022, through the date of The period covered is _______, through leaving office. December 31, 2022. 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- 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 1/11/2023 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 p	print in ink.					
NAN	WE OF FILER ((LAST)	(FIRST)		(MIDDLE)		
W	eaver		Christopher				
1.	Office, Ag	jency, or Court					
	Agency Name (Do not use acronyms)						
Chico Unified School District							
	Division, Boa	rd, Department, District, if application	able	Your	Position		
	► If filing for	multiple positions, list below or	on an attachment. (Do not	use acronyms)			
	Agency:			Pos	Position:		
	Jurisdicti	ion of Office (Check at lea	et one havi				
٤.		on of office (offect at lea	st one box)				
	State				ige, Retirea Juage, Pro Terr Itewide Jurisdiction)	n Judge, or Court Commissi	oner
	Multi-Cou	nty		_	unty of		
	City of				er Public School Dis	trict	
	City of			- Ul	er Tabilo Coriodi Bio	triot	
3.	Type of S	Statement (Check at least o	ne box)				
	Tomas	The period covered is January December 31, 2022.	1, 2022 , through	Le	eaving Office: Date Left(Check	one circle.)	
	-or-	The period covered is/_ December 31, 2022.	, through		leaving office.	uary 1, 2022, through the d	late of
	Assumir	ng Office: Date assumed	<i></i>	-OF			rough
Candidate: Date of Election and office sought,				LA :E J:EE	J.		
	Calidida	te. Date of Election	and office soug	nt, ii diirerent t	nan Part II:		
1.	Schedule Summary (required) Total number of pages including this cover page:						
	Schedule	es attached).),	
	Sched	dule A-1 - Investments – schedu	e attached	Schedule	C - Income, Loans, & Busin	ness Positions – schedule at	ttached
		dule A-2 - Investments – schedu		Schedule	D - Income - Gifts - sched	ule attached	
	Sched	dule B - <i>Real Property</i> – schedu	e attached	Schedule	E - Income – Gifts – Travel	Payments - schedule attac	hed
-0	r- 🔳 Noi	ne - No reportable interest	s on any schedule				
5 . \	Verificatio	n		+			
	MAILING ADDRE	SS STREET ency Address Recommended - Public Doc	CITY ument)		STATE	ZIP CODE	
	1163 E. 7	th Street	Chico)	CA	95928	
	DAYTIME TELEP	PHONE NUMBER		EMAIL ADDRE			
	(530) 8	391-3000		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.						contained
	certify unde	er penalty of perjury under the	laws of the State of Califo	rnia that the	oregoing is true and corre	ect.	
1	Date Signed 01/11/2023 Signature Christopher Weaver Date: 2023,01,111 12:34:55 -08/90'						
	Date Signed	(month, day, year)		oignature _		Date: 2023_01_11 12:34:55 -08'00' r statement with your filing official.)	



Date Initial Filing Received

Please type or print in ink.							
NAME OF FILER (LAST) (FIRST)			(MIDDLE)				
Whittaker	Damon		Andrew				
1. Office, Agency, or Court							
Agency Name (Do not use acronyms)				•			
Chico Unified School District							
Division, Board, Department, District, if a	pplicable	Your Po	sition				
		Princ	nal				
► If filing for multiple positions, list below	r multiple positions, list below or on an attachment. (Do not use acronyms)						
Agency:		Positio	n:				
Jurisdiction of Office (Check a	t least one box)						
State			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 				
Multi-County		Count	y of				
City of			Public School District				
3. Type of Statement (Check at le							
		il trees	Off D-t- -#				
Annual: The period covered is Jan December 31, 2022.	uary 1, 2022, through	Leav	ing Office: Date Left (Check one				
-Or- The period covered is		vough T	he period covered is January	1, 2022, through the date of			
December 31, 2022.		le	aving office.	,,,,,			
Assuming Office: Date assumed		Т	he period covered is	, through			
Candidate: Date of Election	and office	sought, if different than	Part 1:				
I. Schedule Summary (required	() . Takal a		1 2 4:				
Schedules attached	4) ► lotal n	umber of pages in	cluding this cover pag	e:			
		Cabadula C	lancar I ama & Duning	Desition and the state of the s			
Schedule A-1 - Investments – so				Positions – schedule attached			
Schedule A-2 - Investments – so			Income - Gifts - schedule a				
Schedule B - Real Property – so	hedule attached	Schedule E -	Income – Gifts – Travel Pay	ments – schedule attached			
-or- None - No reportable inte	prosts on any schodule						
5. Verification	icolo on any schedule						
MAILING ADDRESS STREET		CITY	STATE	ZIP CODE			
(Business or Agency Address Recommended - Publ	ic Document)						
1163 E. 7th Street DAYTIME TELEPHONE NUMBER		Chico	CA	95928			
		EMAIL ADDRESS					
(530) 891-3000	Y 01 44 11						
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.							
D (0) 1/1/1/22			and NAA 1				
Date Signed 1/11/23 (month, day, year	<u> </u>	Signature	(File the originally signed paper staten	nent with your filing official \			
1, 50)) / 50			The second secon	, ,			



Date Initial Filing Received Filing Official Use Only

Plea	se type or print in ink.						
NAME	E OF FILER (LAST)	(FIRST)		(MIDDLE)			
Wil	lliams	Douglas		James			
1. (Office, Agency, or Court						
1	Agency Name (Do not use acronyms)						
	Chico Unified School District		Chico High School Principal				
Ī	Division, Board, Department, District, it		Your Position				
3	▶ If filing for multiple positions, list be	€					
	Agency:		Position:				
2.	Jurisdiction of Office (Check	at least one box)					
[State	,		ired Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner		
	Multi-County		County of				
	City of	Other Public School District					
3	Type of Statement (Check at						
	Annual: The period covered is J December 31, 2022.		Leaving (Office: Date Left (Check one			
	-or- The period covered is _ December 31, 2022.	, through	· ·	eriod covered is January g office.	, 1, 2022, through the date of		
	Assuming Office: Date assumed	<u> </u>		eriod covered is te of leaving office.	, through		
ļ	Candidate: Date of Election	and office sought	, if different than Par	t 1:			
4.	Schedule Summary (requir	ed) ► Total number	of pages includ	ling this cover pag	je:		
3	Schedules attached						
	Schedule A-1 - Investments -	schedule attached	Schedule C - Inco	ome, Loans, & Business	Positions - schedule attached		
	Schedule A-2 - Investments -	schedule attached	Schedule D - Inco	ome – Gifts – schedule	attached		
	Schedule B - Real Property -		Schedule E - Inco	me – Gifts – Travel Pa	ments - schedule attached		
-0	r- 🔳 None - No reportable in	nterests on any schedule					
5. \	/erification				-		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - P	CITY ublic Document)		STATE	ZIP CODE		
	329 Mill Creek Dr.	Chico		CA	95973		
ì	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS				
	(530) 891-3026		dwilliams@chi	cousd.org			
	have used all reasonable diligence in herein and in any attached schedules	owledge the information contained					
ı	certify under penalty of perjury un	. 10					
			Signature	1000	1114		
ı	Date Signed 2-22-23 (month, day,)	le the originally signed paper state	ment with your filing official.)				
-	,,,,,			7			
				advice@fppf.	FPPC Form 700 - Cover Page (2022/2023 ca.gov • 866-275-3772 • www.fppc.ca.gov		
				77	Page - 5		



Date Initial Filing Received Filing Official Use Only

Ple	ease type or print in ink.							
NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)				
Υ	'uhnke	Kayla		Ann Mar	rie			
1.	Office, Agency, or Court							
	Agency Name (Do not use acronyms) Chico Unified School District							
	Division, Board, Department, District, if app	licable	Your Position	1				
	Nutrition Services Department		Nutrition	Nutrition Supervisor				
	▶ If filing for multiple positions, list below	itions, list below or on an attachment. (Do not use acronyms)						
	Agency:		Position:					
_ 2.	2. Jurisdiction of Office (Check at least one box)							
	State			ired Judge, Pro Tem Ju Jurisdiction)	dge, or Court Commissioner			
	Multi-County		County of					
	City of		Other Pu	blic School Distric	t			
3.	Type of Statement (Check at leas	t one box)						
	Annual: The period covered is Janua December 31, 2022.	ary 1, 2022, through	Leaving (Office: Date Left (Check one				
	The period covered is December 31, 2022.	, through	· ·	eriod covered is January g office.	y 1, 2022, through the date of			
	Assuming Office: Date assumed			eriod covered is te of leaving office.	/, through			
	Candidate: Date of Election	and office soug	ht, if different than Par	t 1;				
4.	4. Schedule Summary (required) ► Total number of pages including this cover page:							
	Schedules attached							
	Schedule A-1 - Investments - sche	edule attached	=		Positions - schedule attached			
	Schedule A-2 - Investments – sche							
	Schedule B - Real Property – sche	edule attached	Schedule E - Inco	ime – Giπs – Travel Pay	yments – schedule attached			
-(or- No reportable intere	ests on any schedule						
_	Verification							
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY Document)		STATE	ZIP CODE			
	1163 E. 7th Street	Chic	0	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 1/11/2023 (month, day, year) Signature (File the drightally signed paper stall ment with your filing official.)							
_				-/-				