

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Allen	Michael	Anthony		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if applicable		Your Position		
Chapman Elementary		Principal		
► If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)		
Agency:		_ Position:		
2. Jurisdiction of Office (Check at least one	e box)			
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)		
☐ Multi-County		County of		
City of		Other Public School District Public Sch		
		N Other		
3. Type of Statement (Check at least one bo	x)			
★ Annual: The period covered is January 1, 20	18, through	Leaving Office: Date Left/		
December 31, 2018.		(Check one circle.)		
The period covered is/	/, through	The period covered is January 1, 2018, through the date of or-leaving office.		
Assuming Office: Date assumed/		O The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office sought,	if different than Part 1:		
4. Schedule Summary (must complete) ► Total number of pages including this cover page:				
Schedules attached				
Schedule A-1 - Investments – schedule atta	The state of the s	Schedule C - Income, Loans, & Business Positions – schedule attached		
 ☐ Schedule A-2 - Investments – schedule atta ☐ Schedule B - Real Property – schedule atta 		Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached		
Scriedule B - Near Property – Scriedule au	aoneu	Generalie L - moonie – Gins – Traver i ayments – soriedale attached		
-or- 🗵 None - No reportable interests on	any schedule			
5. Verification				
MAILING ADDRESS STREET	CITY	STATE ZIP CODE		
(Business or Agency Address Recommended - Public Document) 1071 East 16th Street	Chico	CA 95926		
DAYTIME TELEPHONE NUMBER	311100	EMAIL ADDRESS		
(530) 891-3100		MAllen@chicousd.org		
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and c		wed this statement and to the best of my knowledge the information contained this is a public document.		
I certify under penalty of perjury under the laws	of the State of Californ	ia that the foregoing is true and correct.		
Date Signed <u>2/19/2019</u>	Si	gnature Mike ODE		
(month, day, year)		(File the originally signed paper statement with your filing official.)		

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Benz	Mele	hea
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)	0 .	1
Chico Unified School District	Prin	ion ion
Division, Board, Department, District, if app		ion ¹
Siewa View E	lementary	
► If filing for multiple positions, list below	or on an attachment. (Do not use acronyms)	
Agency:	Position:	
2. Jurisdiction of Office (Check at	least one box)	
State	☐ Judge or	Court Commissioner (Statewide Jurisdiction)
Multi-County	County c	of
☐ City of	(3)	ublic School District
3. Type of Statement (Check at leas	it one box)	
Annual: The period covered is Janua December 31, 2018.	ary 1, 2018, through Leaving	g Office: Date Left/(Check one circle.)
The period covered is December 31, 2018.		period covered is January 1, 2018, through the date of ing office.
Assuming Office: Date assumed		period covered is/, through date of leaving office.
Candidate: Date of Election	and office sought, if different than P	art 1:
4. Schedule Summary (must con Schedules attached	mplete) Total number of pages incl	uding this cover page:
Schedule A-1 - Investments - sch		ncome, Loans, & Business Positions – schedule attached
☐ Schedule A-2 - Investments – sch☐ Schedule B - Real Property – sch		ncome – Girls – scriedule attached
	oddio diladiida	
-or- ☑ None - No reportable inter	rests on any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public	Dak tre. Chico	CA 95926
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	
(530) 891-3117	mber	2 (chiconsd. org
I have used all reasonable diligence in pre herein and in any attached schedules is tr	paring this statement. I have reviewed this statemen rue and complete. I acknowledge this is a public do	t and to the best of my knowledge the information contained cument.
I certify under penalty of perjury under	the laws of the State of California that the foreg	oing is true and correct.
Date Signed 2 25 119	Signature	y. Benz
(month, day, year)		(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Besnard	Bruce	Robert
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Shasta Elementary		
Division, Board, Department, District, if applicab	le	Your Position
Chico Unified School District		Principal
▶ If filing for multiple positions, list below or on	an attachment. (Do not use	acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
☐ City of		Public School District
Gity of		Olio Cilio
3. Type of Statement (Check at least one	box)	
Annual: The period covered is January 1, December 31, 2018.	2018, through	Leaving Office: Date Left
The period covered is	, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must comple	ete) ► Total number	of pages including this cover page:1
Schedules attached		
Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule	attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
N		
-or- ⊠ None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	nent)	STATE ZIP CODE
169 Leora Ct	Chico	CA 95973
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3141		bbesnard@chicousd.org
I have used all reasonable diligence in preparing herein and in any attached schedules is true ar		ved this statement and to the best of my knowledge the information contained his is a public document.
I certify under penalty of perjury under the I	aws of the State of Californ	ia that the foregoing is true and correct.
Date Signed January 23, 2019	Si	gnature
(month, day, year)		(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Official Use Only

Please type or print in ink.

NAI	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
В	ettencourt	Jo 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 atta	chment. (Do not	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one bo	x)	
	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		_ County of
	-		
	City of		
3.	Type of Statement (Check at least one box)		
	★ Annual: The period covered is January 1, 2018, to the period	hrough	Leaving Office: Date Left/
	December 31, 2018.		(Check one circle.)
	The period covered is/	, through	O The period covered is January 1, 2018, through the date of eaving office.
	Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
	Candidate: Date of Election	and office sou	ght, if different than Part 1:
Λ	Schedule Summary (must complete)	► Total numb	per of pages including this cover page:
7.	Schedules attached	P TOTAL HUILL	er of pages including this cover page.
	Schedule A-1 - Investments – schedule attache	d	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments – schedule attache	d	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property - schedule attache	d	Schedule E - Income - Gifts - Travel Payments - schedule attached
-(or- 🗆 None - No reportable interests on an	y 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) 891-3104		
	I have used all reasonable diligence in preparing this standard herein and in any attached schedules is true and comp		eviewed this statement and to the best of my knowledge the information contained lige this is a public document.
	I certify under penalty of perjury under the laws of	the State of Cali	fornia that the foregoing is true and correct.
	02/13/2019		In Chu Betton count
	Date Signed 02/13/2019 (month, day, year)	_	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
Bettencourt, Jo Ann F

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Chico Turf Plus, LLC	
Name	Name
3030 Thorntree Dr. Ste 3	
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
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$\begin{array}{c} \propto \\$0 - \\$1,999 \\ \propto \\$2,000 - \\$10,000 \\ \end{array}\$	\$0 - \$1,999
	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
Otilei	— — Other
YOUR BUSINESS POSITION Vice President	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
Treate of Traines letter select	
AND THE PROPERTY AND INTERPOSE IN DEAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Association of area realists of the realists o	
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$10,000 / / 18 / / 18
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
T Loopahald T Other	
Leasehold Other	Leasehold Uther
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

Comments:_

STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bevers	Gloria	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms) Division, Board, Department, District, if appli	The Sch. DIST You	r Person'ell Comm
► If filing for multiple positions, list below o	r on an attachment. (Do not use acronyms	5)
Agency:	Po	osition:
2. Jurisdiction of Office (Check at le	east one box)	
☐ State	□ Jι	udge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County	C	County of
City of	X 0	Public School District
3. Type of Statement (Check at least	one hov)	Miles and the second of the se
Annual: The period covered is January December 31, 2018.		Leaving Office: Date Left/(Check one circle.)
The period covered is December 31, 2018.		O The period covered is January 1, 2018, through the date of or-
Assuming Office: Date assumed		O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if different	t than Part 1:
4. Schedule Summary (must com Schedules attached	plete) ▶ Total number of pages	s including this cover page:
		0.4 4 00 : 0.7
Schedule A-1 - Investments – sched		e C - Income, Loans, & Business Positions – schedule attached e D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule	harman la company de la compan	e E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable intere	osts on any schedule	
5. Verification 1553 5 7 1	1 al	(1) 95978
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY CITY	STATE ZIP CODE
(Dusiness of Agency Address Neconfinenced - Fablic D	ocumeny	
DAYTIME TELEPHONE NUMBER (530 - 343-6447	EMAIL ADDF	bevers@pachell.nex
I have used all reasonable diligence in prepa herein and in any attached schedules is true		atement and to the best of my knowledge the information containe ublic document.
I certify under penalty of perjury under the	ne laws of the State of California that the	e faregoing is true and correct.
Date Signed 3 - 4 - 19	Signature 🗴	Mline Bosses
(month, day, year)	Signature A	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAI	ME OF FILER (LAST) (FIRST)			(MIDDLE)
В	ohannon John			
1.	Office, Agency, or Court	,		3
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	Your Po	sition	
	State and Federal Programs	Direc	tor	
	▶ If filing for multiple positions, list below or on an attachment. (Do n	not use acronyms)		
	Agency:	Position	1:	
2.	Jurisdiction of Office (Check at least one box)			
	State	☐ Judge	or Court Commissioner (State	ewide Jurisdiction)
	Multi-County	☐ County	<i>i</i> of	
	City of		Public School District	
		Zi otner		
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2018, through	∠ Leavi	ng Office: Date Left	29 , 2018
	December 31, 2018.		(Check one c	
	The period covered is/, through December 31, 2018.	ugh Th	ne period covered is January aving office.	1, 2018, through the date of
	Assuming Office: Date assumed/		ne period covered is/_ e date of leaving office.	, through
	Candidate: Date of Election and office so	ought, if different than	Part 1:	
4.	Schedule Summary (must complete) ► Total nun	nber of pages in	cluding this cover page	e:
	Schedules attached	, 0	, ,	
	Schedule A-1 - Investments – schedule attached	Schadula C -	Income, Loans, & Business F	Positions — schadula attached
	Schedule A-2 - Investments – schedule attached		Income – Gifts – schedule at	
	Schedule B - Real Property – schedule attached		Income – Gifts – Travel Payn	
-(or- None - No reportable interests on any schedule			
5.	Verification	,		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	Υ	STATE	ZIP CODE
		ovile	CA	95966
	(536) 532 - 3080	EMAIL ADDRESS		and the second
	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 is true and complete.	reviewed this stateme		
	I certify under penalty of perjury under the laws of the State of Ca			
	7-25-10	1/1	18/	
	Date Signed(month, day, year)	Signature	(File the originally signed paper statem	nent with your filing official.)



Date Initial Filing Received
Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bultema	Kevin	James
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	е	Your Position
Business Services		Assistant Superintendent, Business Services
▶ If filing for multiple positions, list below or on	an attachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
City of		Public School District
Gity of		Outor
3. Type of Statement (Check at least one	box)	
★ Annual: The period covered is January 1,	2018, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed/_		O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must comple	ta) > Total number	of pages including this cover page:
Schedules attached	ic) Frotal number	or pages including this cover page.
		70.1.1.0.1
Schedule A-1 - Investments – schedule Schedule A-2 - Investments – schedule		Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule	No.	Schedule E - Income - Gifts - Travel Payments - schedule attached
Fig. Concease 2 Productions of the Consease		
-or- □ None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY	STATE ZIP CODE
1163 East Seventh Street	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000		kbultema@chicousd.org
I have used all reasonable diligence in preparing herein and in any attached schedules is true an		wed 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 State of Californ	nia that the foregoing is true and correct.
Date Signed 3/4/19	S	ignature Tun 3
(month, day, year)		(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	
Kevin J. Bultema	_

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 548 W. 4th Avenue	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE F APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Yrs. remaining Other	Leasehold 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
─────────────────────────────────────	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 DVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

California Form 700: Kevin J. Bultema

Statement of Economic Interests 2018

Item 1: Attachment

Agency	Position
Butte Schools Self-Funded Programs	Board Member
North Valley Self Insurance Group	Board Member
Northern California Schools Insurance Group	Board Member
Oversight Board of the Successor Agency of the Former Redevelopment Agency, Chico CA*	Board Member
Oversight Board of the Successor Agency of the Former Redevelopment Agency, Paradise CA*	Board Member

^{*}As of July 1, 2018, the Oversight Board of the Successor Agency of the Former Redevelopment Agency in Chico and Paradise became one Board named:

Butte County Consolidated Oversight Board

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
CALDERA PE	oro A
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	05/
Chics United School Division, Board, Department, District, if applicable	Vistrict Your Position
Chico Junior Than	School Principal
► If filing for multiple positions, list below or on an attachment. (Do not use	acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	Other Public School District
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left/(Check one circle.)
The period covered is/, through December 31, 2018.	O The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed	O The period covered is
Candidate: Date of Election and office sought, if	different than Part 1:
4. Schedule Summary (must complete) ► Total number of	f pages including this cover page:
Schedules attached	
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☐ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended, Public Document)	STATE ZIP CODE
280 Memorial Way Chico	MAIL ADDRESS 95926
(53 ₀) 891-3066 Ext 208 I have used all reasonable diligence in preparing this statement. I have reviewe herein and in any attached schedules is true and complete. I acknowledge the	
I certify under penalty of perjury under the laws of the State of California	that the foregoing 19 true and correct.
Date Signed Signorth, say, year)	nature
, , , , , , , , , , , , , , , , , , ,	

SCHEDULE B

Name Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Chico	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Defining Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$ 500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None None Smith	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business.	iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business 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 iness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business 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	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
CAPEN	JESSICA	THA	21
1. Office, Agency, or Court			
Agency Name (Do not use acronyms) Division, Board, Department, District, if applications	ed School	Postrict Your Position	Assistant Pr
▶ If filing for multiple positions, list below or	on an attachment. (Do not use acre	onyms)	
Agency:		Position:	· .
2. Jurisdiction of Office (Check at lease	st one box)		
☐ State		☐ Judge or Court Commissioner (St☐ County of	·
City of		Nother Public School Distric	<u>t</u>
3. Type of Statement (Check at least of	ne box)		
Annual: The period covered is January December 31, 2018.		Leaving Office: Date Left(Check one	
The period covered is/_ December 31, 2018.		 The period covered is Januar -or- 	
Assuming Office: Date assumed	J	The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought, if diff	ferent than Part 1:	
4. Schedule Summary (must comp Schedules attached Schedule A-1 - Investments – schedule A-2 - Investments – schedule B - Real Property – schedule B - Real Prope	le attached Sch	nages including this cover par nedule C - Income, Loans, & Business nedule D - Income — Gifts — schedule nedule E - Income — Gifts — Travel Pa	s Positions – schedule attached attached
-or- ☐ None - No reportable interest	s on any schedule		
5. Verification MAILING ADDRESS (Business or Agency Address Recommended - Public Doce DAYTIME TELEPHONE NUMBER (530) 519 5313 I have used all reasonable diligence in preparin herein and in any attached schedules is true a	ng this statement. I have reviewed the		ZIP CODE 95926 US d. O Gy owledge the information contained
I certify under penalty of perjury under the	laws of the State of California th	at the foregoing is true and correct	
Date Signed / 22 / 2 (month, day, year)	O/9 Signati	ure	ement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Ì	Name
I	Jessi ca Cana

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Chico Paper Company	
Name 345 Road 254	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one
	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
traning/Art Gellery	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$10,000 \$2,000 \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership
Other	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 ☐ \$1,001 - \$10,000	\$500 - \$1,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	\$1,001 - \$10,000 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or ☐ Names listed below	☐ None or ☐ Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$\frac{1}{2}\$	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	I are attached



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Cariss	Timothy	Andrew
1. Office, Agency,	or Court	
Agency Name (Do no	t use acronyms)	
Chico Unified Sc	hool District	
Division, Board, Depar	tment, District, if applicable	Your Position
		Director
▶ If filing for multiple	positions, list below or on an attachment. (Do not u	ise acronyms)
Anamain		Decklery
Agency.	·	Position:
2. Jurisdiction of	Office (Check at least one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
		Public School District
		Olid
3. Type of Stateme	ent (Check at least one box)	
	od covered is January 1, 2018, through er 31, 2018.	Leaving Office: Date Left/
-or-	od covered is/, through	The period covered is January 1, 2018, through the date of
	er 31, 2018.	-or-
Assuming Office:	Date assumed	The period covered is/, through the date of leaving office.
Candidate: Date	of Election and office sough	nt, if different than Part 1:
4 Cohodula Cuma	com (must complete)	
4. Schedules atta		er of pages including this cover page:
ocireuules alla	Cirea	
	- Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
_	 Investments – schedule attached Real Property – schedule attached 	 Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached
Scriedule B -	Near Property – Schedule attached	Schedule E - Income – Gins – Traver Payments – Schedule attached
-or- ⊠ None - No	reportable interests on any schedule	
5. Verification		
MAILING ADDRESS	STREET CITY	STATE ZIP CODE
(Business or Agency Address 1163 East Sever	s Recommended - Public Document) nth St. Chico	CA 05029
DAYTIME TELEPHONE NUM		CA 95928
(530) 891-300	00	tcariss@chicousd.org
	able diligence in preparing this statement. I have rev ched schedules is true and complete. I acknowledg	iewed this statement and to the best of my knowledge the information contained e this is a public document.
-	y of perjury under the laws of the State of Califo	
2/25/4/		7- (
Date Signed <u>2/25/19</u>	(month, day, year)	(File the originally signed paper statement with your filing official.)
	(monus, uay, year)	(File the onginally signed paper statement with your hilling official.)



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Carver	John	Wayne	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if	applicable	Your Position	
		Director Maintenance/Op	erations/Transportation
▶ If filing for multiple positions, list bel	ow or on an attachment. (Do not	use acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County			,
,		Public School Distri	
City of		Other	
3. Type of Statement (Check at I	east one box)		
Annual: The period covered is Ja December 31, 2018.	nuary 1, 2018, through	Leaving Office: Date Left(Check of	
-or- The period covered is December 31, 2018.	/, throug	h O The period covered is Janu leaving office.	ary 1, 2018, through the date of
Assuming Office: Date assumed			/, through
Candidate: Date of Election	and office sou	ght, if different than Part 1:	
4. Schedule Summary (must o	complete) ► Total numl	per of pages including this cover p	page:
Schedules attached			
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments –		Schedule D - Income - Gifts - schedu	
☐ Schedule B - Real Property –		Schedule E - Income - Gifts - Travel	
-or- ⊠ None - No reportable in	iterests on any schedule		
5. Verification			·
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	CITY ublic Document)	STATE	ZIP CODE
2455 Carmichael Dr.	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 624-7411		jcarver@chicousd.org	
I have used all reasonable diligence in herein and in any attached schedules		eviewed this statement and to the best of my dge this is a public document.	knowledge the information contained
I certify under penalty of perjury und	der the laws of the State of Cal	ifornia that the foregoing is true and corre	oct.
Date Signed 01/22/2018		Signature Salu Way	we
(month, day, y	ear)		statement with your filing official.)



Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Connelly	Courtny	C
1. Office, Agency, or Court		:
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Emma Wilson Elementary/Shasta Elem	entary	Assistant 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 or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		
City of		⊠ Other Public School District
Gity of		Z Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 201	8, through	Leaving Office: Date Left/
December 31, 2018.	0010	(Check one circle.)
The period covered is July 1 1 December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	nt, if different than Part 1:
4. Schedule Summary (must complete)	► Total number	er of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - schedule atta	ched	■ Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attac	ched	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property - schedule attack	ched	Schedule E - Income - Gifts - Travel Payments - schedule attached
- W		
-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 ADDRESS
(530) 891-3141		cconnelly@chicoousd.org
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and con		iewed this statement and to the best of my knowledge the information contained e this is a public document.
I certify under penalty of perjury under the laws	of the State of Califo	rnia that the foregoing is true and correct.
Date Signed 1/24/19		Signature
(month, day, year)		(File the originally signed paper statement with your filing official.)

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

CAI	LIFOF	RNIA F	ORN	7	00
		CAL PRA			SION
Nan	ne	-1/42/03/19p. or 52/6	1 (M) (T 1 1 m) 12 M	9 il 1964 (1968-196 <u>8)</u>	

	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CSU, Chico	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
400 West First Street	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PACT Scorer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
▼ \$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) Independent Contractor	(Describe)
	(Describe)
OtherIndependent Contractor	Other(Describe)
Other Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercial retail installment or credit card transaction, made in	ial lending institution, or any indebtedness created as part or the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
Independent Contractor (Describe)	ial lending institution, or any indebtedness created as part or the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
Other Independent Contractor (Describe) * You are not required to report loans from a commerci a retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followable of LENDER*	Other (Describe) ial lending institution, or any indebtedness created as part or the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's pws:
Other Independent Contractor (Describe) * You are not required to report loans from a commerci a retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followable of LENDER*	Other
Other Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercia retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of LENDER* ADDRESS (Business Address Acceptable)	Other
Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercia retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable OF LENDER* ADDRESS (Business Address Acceptable)	Other
Other Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercia retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of LENDER* ADDRESS (Business Address Acceptable)	Other
Other Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P You are not required to report loans from a commercia retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as follows:	Other
Other Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official a regular course of business must be disclosed as followable of LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
Other Independent Contractor (Describe) * 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official segular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other
Other Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other
Independent Contractor (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P * You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Other



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Copper	Dustin	Todd	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	4 , 4		7 % 11
Chico Unified School District		The state of the s	
Division, Board, Department, District, if ap	pplicable	Your Position	
Maintenance		Supervisor	shawal. a:
▶ 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 or Court Commissioner (\$	Statewide Jurisdiction)
☐ Multi-County		County of	
City of		Other Public School Distri	ict
City of		Manual Lands and	
3. Type of Statement (Check at lea	st one box)		
Annual: The period covered is Janu	ary 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check or	ne circle.)
	/, through	 The period covered is January -or- leaving office. 	ary 1, 2018, through the date of
Assuming Office: Date assumed _		O The period covered is the date of leaving office.	
Candidate: Date of Election	and office sought	t, if different than Part 1:	
4. Schedule Summary (must co	mplete) ▶ Total numbe	r of pages including this cover p	ade.
Schedules attached	, retai names	or pages moraling and sever p	17
Schedule A-1 - Investments – sc	hadula attached [Schedule C - Income, Loans, & Busine	es Positions — eshadula attached
Schedule A-2 - Investments – sci		Schedule D - Income - Gifts - schedul	
Schedule B - Real Property – sci		Schedule E - Income - Gifts - Travel F	
	regruus on one on or	. age . Je bin	
-or- 🗵 None - No reportable inte	rests on any schedule		
5. Verification		atija vesa a la la ja	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publications)	CITY C Document)	STATE	ZIP CODE
2455 Carmichael Dr.	Chico	Ca.	95928
DAYTIME TELEPHONE NUMBER	Newson 1	EMAIL ADDRESS	41-p. 11-
(530) 864-3247		dcopper@chicousd.org	31
I have used all reasonable diligence in pre herein and in any attached schedules is		ewed this statement and to the best of my let this is a public document.	knowledge the information contained
I certify under penalty of perjury under	r the laws of the State of Californ	rnia that the foregoing is true and corre	ct.
Date Signed		Signature Apoles Co	e de relación de la companya del companya del companya de la compa
(month, day, year)		(File the originally signed paper s	statement with your filing official.)



Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
DeBock	Laurie	E
1. Office, Agency, or Court		
Agency Name (Do not use acronyr	ns)	
Chico Unified School distric	at	
Division, Board, Department, District	, if applicable	Your Position
Bidwell Jr. High School		Assistant Principal
► If filing for multiple positions, list	below or on an attachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Che	ck at least one box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
•		☑ Other Public School District
		N Outer
3. Type of Statement (Check a	at least one box)	
Annual: The period covered is December 31, 2018.	January 1, 2018, through	Leaving Office: Date Left/(Check one circle.)
The period covered is December 31, 2018.	, through	O The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assum	ied/	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 (mus	t complete) ▶ <i>Total number</i>	of pages including this cover page:
Schedules attached		
□ Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property	- schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- □ None - No reportable	interests on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended	CITY - Public Document)	STATE ZIP CODE
2376 North Ave.	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3080	in any and a thin statement. The companies	Idebock@chicousd.org
	in preparing this statement. I have review es is true and complete. I acknowledge	wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury	under the laws of the State of Californ	nia that the foregoing is true and correct.
5 . 5 1-23-19	_	James William
Date Signed 1-23-19 (month, da		igna(ure (File the originally signed paper statement with your filing official.)
	The second secon	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIF	ORNIA	FORM		IJ
FAIR POL	ITICAL PE	RACTICES	COMMISSION	ı
Name				

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1030 Broadway	1286 & 1290 Wanderer Ln.
CITY	CITY
Chico	Chico
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000// <u>18</u> /18	\$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	■ X Ownership/Deed of Trust
Leasehold Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$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	L None
	1290 Wanderer - Joe Tierno, Jim Tierno
	1286 Wander - Jessica Bergem
	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	less must be disclosed as follows.
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments	

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
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
Registered 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 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	ERIOD
a retail installment or credit card transaction, made in	ial lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDDECC (Dusiness Address Association)	%
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN
DUCINICO ACTIVITY IS ANY OF LENDED	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	5,750, 443,750
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	Other(Describe)
Comments:	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAI	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
	De Luna	An	ny	Marie
1.	Office, Agency, or Court	•		
	Agency Name (Do not use acronyms)			1 0
	Chico Unified School District	Mo	arsh Jr. High -	Assistant Principal
	Division, Board, Department, District, if applicable		Your Position	0
	▶ If filing for multiple positions, list below or on an attachme	nt. (Do not use	acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		☐ Judge or Court Commission	ner (Statewide Jurisdiction)
	Multi-County		County of	
	☐ Multi-County		✓ Other Public School D	istrict
	e ony or		E. Other	
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2018, through	jh		
	December 31, 2018.	0	,	ck one circle.)
	The period covered is 7 / 01 / 20 / December 31, 2018.	, through	 The period covered is a leaving office. 	January 1, 2018, through the date of
	Assuming Office: Date assumed//		The period covered is the date of leaving office	/, through
	Candidate: Date of Election and	d office sought, i	f different than Part 1:	
4.	Schedule Summary (must complete) ▶ 76	otal number	of pages including this cov	er page:
5.5	Schedules attached		or pages moraumy and eet	F
	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Bi	usiness Positions – schedule attached
	Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - sch	
	Schedule B - Real Property - schedule attached		Schedule E - Income - Gifts - Tra	avel Payments - schedule attached
	None Manager	F 1 - 1 -		
-	Or- Mone - No reportable interests on any sci	neaule		
5.	Verification MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)			
	DAYTIME TELEPHONE NUMBER	Chrc	EMAIL ADDRESS	95928
	(530) 895-4110		adeluna Och	licousd. ore
	I have used all reasonable diligence in preparing this stateme herein and in any attached schedules is true and complete.		ved this statement and to the best of	
	I certify under penalty of perjury under the laws of the S	state of Californ	ia that the foregoing is true and o	correct.
	3/11/19	61	YM /	
	Date Signed (month, day, year)	Si _i	gnature (File the originally signed	paper statement with your filing official.)



Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
EDGECOMB	MELINDA	M	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	V V TO THE	MANAGARAN AND AND AND AND AND AND AND AND AND A	
CHICO UNIFIED SCHOOL DISTRIC	CT		
Division, Board, Department, District, if applicab	le	Your Position	
		BUYER	
▶ If filing for multiple positions, list below or or	n an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least	one box)		
☐ State	·	☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
☐ Multi-County		County of	,
City of		☑ Other Public School Distri	ct
		Other	
3. Type of Statement (Check at least one	box)		
★ Annual: The period covered is January 1,	2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check or	ne circle.)
The period covered is/ December 31, 2018.	/, through	 The period covered is Janua -or- leaving office. 	ary 1, 2018, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must comple	ete) ▶ Total number	of pages including this cover p	age:
Schedules attached			•
Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule	attached	Schedule E - Income — Gifts — Travel F	Payments - schedule attached
-or- None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY nent)	STATE	ZIP CODE
1163 EAST 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			nowledge the information contained
I certify under penalty of perjury under the la	aws of the State of Californ	ia that the foregoing is true and correct	ot.
Date Signed		Molindes	Edecoms,
(month, day, year)	Si	gnature (File the originally signed paper signed)	latement with your filing official.)



Date Initial Filing Received
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Please type or print in ink.

NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
Er	nserro	Vince	
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	Child Nutrition		Director
	\blacktriangleright If filing for multiple positions, list below or on an	attachment. (Do not	use acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one	box)	
	∵ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		Other Public School District
	City of		Other
3.	Type of Statement (Check at least one box	()	
	Annual: The period covered is January 1, 201	8, through	Leaving Office: Date Left/
	December 31, 2018.		(Check one circle.)
	The period covered is	, through	 The period covered is January 1, 2018, 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 souc	ht, if different than Part 1:
_			
4.	Schedule Summary (must complete)	► Total numb	er of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments - schedule atta	ched	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule A-2 - Investments - schedule atta	ched	Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule atta	ched	Schedule E - Income - Gifts - Travel Payments - schedule attached
	None None to several lateracte as		
	or- None - No reportable interests on	ariy scriedule	
5.	Verification	alm.	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	2455 Carmichael Dr	Chico	CA 95928
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
	(530) 891-3021	statement I have re	venserro@enicousd.org viewed this statement and to the best of my knowledge the information contained
	herein and in any attached schedules is true and co	mplete. I acknowledo	ge this is a public document.
	I certify under penalty of perjury under the laws	of the State of Calif	ornia that the foregoing is true and correct.
	Data Signad 1.26.2019		
	Date Signed		Signature (File-the originally signed paper statement with your filing official.)



Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
German	Eric	Johan
1. Office, Agency, or Cou	rt	
Agency Name (Do not use acro	onyms)	
Chico Unified School Di	strict	
Division, Board, Department, Dis	strict, if applicable	Your Position
Maintenance and Opera	tions	Manager
► If filing for multiple positions,	list below or on an attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office	Check at least one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
5740000 - C		⊠ Other Public School District
		E. Outor
3. Type of Statement (Che	ck at least one box)	
★ Annual: The period covered		Leaving Office: Date Left/
December 31, 20	18.	(Check one circle.)
The period covered December 31, 20	ed is/, through 18.	The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date as	sumed	The period covered is/, through the date of leaving office.
☐ Candidate: Date of Election	n and office sought	if different than Part 1:
4. Schedule Summary (m	ust complete) ▶ <i>Total number</i>	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investm	_	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investm		Schedule D - Income – Gifts – schedule attached
Schedule B - Real Prop	erty – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🗆 None - No reports	able interests on any schedule	
5. Verification		
MAILING ADDRESS STR (Business or Agency Address Recomme		STATE ZIP CODE
2455 Carmichael Dr	Chico	Ca 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3095		EGERMAN@CHICOUSD.ORG
	nce in preparing this statement. I have reviendules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjo	ury under the laws of the State of Califor	nia that the foregoing is true and correct.
Data Signal 1/22/19	· -	Pair Therene
Date Signed	S nth, day, year)	ignature (File the ofiginally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

,,,,	ME OF FILER (LAST) Griffin (FIRST)	Elizabeth	(MIDDLE) Anh
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)	Unified Schoo	1 District
	Division, Board, Department, District, if applicable Board of E	Your Position Tri	ustee
	▶ If filing for multiple positions, list below or on an attachment. (Details of the content of	o not use acronyms)	
	Agency:	Position:	
2.	Jurisdiction of Office (Check at least one box)		
	State	☐ Judge or Court Commissioner (State	ewide Jurisdiction)
	Multi-County	County of	
	City of	Other Public School District	
	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left/ (Check one co	
	The period covered is/, th December 31, 2018.	orrough O The period covered is January leaving office.	1, 2018, through the date of
	Assuming Office: Date assumed	. O The period covered is/_ the date of leaving office.	, through
	Candidate: Date of Election and office	e sought, if different than Part 1:	3 f
4.	Schedule Summary (must complete) ► Total no Schedules attached	umber of pages including this cover pag	e; —
	Schedule A-1 - Investments — schedule attached Schedule A-2 - Investments — schedule attached Schedule B - Real Property — schedule attached	 ☐ Schedule C - Income, Loans, & Business I ☐ Schedule D - Income — Gifts — schedule at ☐ Schedule E - Income — Gifts — Travel Payr 	ttached
-(or- None - No reportable interests on any schedule	9	
5.	Verification		
	(Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
	605 Sycamore St		95928
	DAYTIME TELEPHONE NUMBER (630) 864-0549	EMAIL ADDRESS	chicousd.or
	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 schedules is true and complete.	ave reviewed this statement and to the best of my know	
	I certify under penalty of perjury under the laws of the State of	California that the foregoing is true and correct.	
	Date Signed 2 - 19 - 19 (month, day, year)	Signature 3 and C	Juffin

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Criffin, Elizabeth

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
B. L. Griffin Co., Inc.	
Name 2225 Fair St., Chico, CA	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
freling systems repair Eservice	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT Partnership Sole Proprietorship Corporation Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Spouse of owner	VOLUE ELIGINACIO DOCUTION
	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Griffin Elizabeth

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
605 Sycamore St.	620 Sycamore St.
CITY	CITY
Chico, CA	Chico, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Yrs. remaining Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000 S1,001 - \$10,000 S1,001 S1,001 S1,000
S10,001 - \$100,000 OVER \$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
personal residence	Michael Polsan
	
	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*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	[]
Comments:	

SCHEDULE B

Interests in Real Property (Including Rental Income) Name

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION

	K
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1427 Swyset Ave.	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY Chian CA	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Please type or print in ink.

NAN	IE OF FILER (LAST) (FIRS	T)			(MIDDLE)
	Gunderson Joh	n			A
1.	Office, Agency, or Court				-
	Agency Name (Do not use acronyms) Chico Unified School Disconsistency Division, Board, Department, District, if applicable	piet	Your Po	Assistant Pris	neipal
	▶ If filing for multiple positions, list below or on an attachment.	(Do not use	e acronyms)		
	Agency:		_ Position	1:	
2.	Jurisdiction of Office (Check at least one box)				
	☐ State☐ Multi-County☐ City of		☐ Count	or Court Commissioner (Sta / of Public School District	tewide Jurisdiction)
_	Town of Otatamant in				
3.	Type of Statement (Check at least one box) Annual: The period covered is January 1, 2018, through December 31, 2018. The period covered is/	, through	O TI	ing Office: Date Left(Check one of the period covered is January aving office.	
	Assuming Office: Date assumed 6 1 1 2018		O TI	ne period covered is	, through
- Amortina	Candidate: Date of Election and off	ice sought,	ii dillerent than	Part I:	
	Schedule Summary (must complete) Total Schedules attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached None - No reportable interests on any schedule		Schedule C -	cluding this cover pag Income, Loans, & Business Income – Gifts – schedule a Income – Gifts – Travel Pay	Positions – schedule attached
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) 783 DAYTIME TELEPHONE NUMBER (702) 379-597> I have used all reasonable diligence in preparing this statement. I				2IP CODE 95928 Chics usd. org whedge the information contained
	herein and in any attached schedules is true and complete. I act I certify under penalty of perjury under the laws of the State	-	3.5		
	Date Signed		ignature	(File the originally signed paper state	ment with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST)			(MIDDLE)	
Hanlon III	James	Т		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)		9		
Chico Unified School District		Assistant Superintendent -	Human Resources	
Division, Board, Department, District, if a	pplicable	Your Position		
► If filing for multiple positions, list below	v or on an attachment. (Do not use	e acronyms)		
Agency:		_ Position:		
2. Jurisdiction of Office (Check a	t least one box)			
☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)	
Multi-County	1	County of		
☐ City of			ol District	
2 Tune of Statement (Check at lea	of and have			
 Type of Statement (Check at lease) Annual: The period covered is January 		Leaving Office: Date Left	1 1	
December 31, 2018.	dary 1, 2010, unough	(Check on		
-or- The period covered is		O The period covered is Janua	ary 1, 2018, through the date of	
December 31, 2018.	,	or- leaving office.		
Assuming Office: Date assumed _		The period covered is the date of leaving office.	_/, through	
Candidate: Date of Election	and office sought,	if different than Part 1:		
4. Schedule Summary (must complete) ► Total number of pages including this cover page:				
Schedules attached				
Schedule A-1 - Investments - so	hedule attached	Schedule C - Income, Loans, & Busines	ss Positions - schedule attached	
Schedule A-2 - Investments - so	hedule attached	Schedule D - Income - Gifts - schedule	e attached	
Schedule B - Real Property – so	hedule attached] Schedule E - Income - Gifts - Travel P	ayments – schedule attached	
-or- □ None - No reportable inte	erests on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publ	CITY C Document)	STATE	ZIP CODE	
15 Carol Lee Court	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
		jhanlon@chicousd.org wed this statement and to the best of my k	nowledge 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 unde	r the laws of the State of Califorr	nia that the foregoing is true and correct	t.	
Date Signed	Si	ignature James T.	anlowIII	
(month, day, year		(File the originally signed paper st	atement with your filing official.)	



Date Initial Filing Received

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Hartman	Marie	Wagner		
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Chico Unified School District				
Division, Board, Department, District, if applicab	le	Your Position		
Business Services		Director, Fiscal Services		
▶ 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 or Court Commissioner (Statewide Jurisdiction)		
Multi-County		County of		
City of		☑ Other Public School District		
		A Other		
3. Type of Statement (Check at least one	box)			
★ Annual: The period covered is January 1, December 31, 2018.	2018, through	Leaving Office: Date Left/		
The period covered is/ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or- 		
Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office sought,	if different than Part 1:		
4. Schedule Summary (must comple	te) ► Total number	of pages including this cover page:		
Schedules attached				
Schedule A-1 - Investments – schedule	PAGE.	Schedule C - Income, Loans, & Business Positions - schedule attached		
Schedule R. Park Property and a label of the schedule is		Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property – schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-Or- ☑ None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume.		STATE ZIP CODE		
1163 East 7th St. DAYTIME TELEPHONE NUMBER	Chico	CA 95928 EMAIL ADDRESS		
(530) 891-3000 x20141		mhartman@chicousd.org		
	his statement. I have review complete. I acknowledge t	ved this statement and to the best of my knowledge the information contained		
I certify under penalty of perjury under the law				
Date Signed 3/11/19	Si	gnature Mauerta		
(month, day, year)		(File the originally signed paper statement with your filing official.)		



Date Initial Filing Received Official Use Only

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Please type or print in ink.

A PUBLIC DOCUMENT

	(MIDDLE)		
Haselton Karen			
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable Your Position			
Nutrition Supervisor			
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
Agency: Position:			
2. Jurisdiction of Office (Check at least one box)			
☐ State ☐ Judge or Court Commissioner (Statewide	Jurisdiction)		
☐ Multi-County — ☐ County of	•		
City of Public School District			
3. Type of Statement (Check at least one box)			
★ Annual: The period covered is January 1, 2018, through ★ Leaving Office: Date Left/			
December 31, 2018. (Check one circle.))		
The period covered is/, through December 31, 2018. The period covered is/, through leaving office.	18, through the date of		
Assuming Office: Date assumed/	/, through		
Candidate: Date of Election and office sought, if different than Part 1:			
4. Schedule Summary (must complete) ► Total number of pages including this cover page:			
Schedules attached			
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Position	ons – 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 (Business or Agency Address Recommended - Public Document)	ZIP CODE		
2455 Carmichael Dr. Chico CA 9592	28		
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(530) 891-3021 khaselto@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.			
Bet 2: 1-29-2019			
Date Signed (month, day, year) Signature (File the originally signed paper statement with	h your filing official.)		



Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)			
Heath	Shawneese	Cunningham			
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Marigold Elementary					
Division, Board, Department, District, if applicable		Your Position			
Chico Unified School District		Principal			
▶ If filing for multiple positions, list below or on ar	attachment. (Do not us	se acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Check at least on	e box)				
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)			
Multi-County		County of			
		✓ Other Public School District			
City of		t other			
3. Type of Statement (Check at least one bo	ox)				
Annual: The period covered is January 1, 20	18, through	Leaving Office: Date Left			
December 31, 2018.		(Check one circle.)			
The period covered is/	J, through	 The period covered is January 1, 2018, 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	t, if different than Part 1:			
4. Schedule Summary (must complete	4. Schedule Summary (must complete) ▶ Total number of pages including this cover page:				
Schedules attached					
Schedule A-1 - Investments - schedule att	ached Γ	Schedule C - Income, Loans, & Business Positions - schedule attached			
Schedule A-2 - Investments – schedule att	_	Schedule D - Income - Gifts - schedule attached			
Schedule B - Real Property - schedule att	ached [Schedule E - Income – Gifts – Travel Payments – schedule attached			
-or- ⊠ None - No reportable interests on	any schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE			
2446 Marigold Avenue	Chico	CA 95926			
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS			
(530)891-3121		sheath@chicousd.org			
nave used all reasonable diligence in preparing thit herein and in any attached schedules is true and c	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 Califor	rnia that the foregoing is true and correct.			
Date Signed January 23, 2019		SI. 110.			
Date Signed (month, day, year)		(File the originally signed paper statement with your filing official.)			



STATEMENT OF ECONOMIC INTERESTS Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Holderman	Brian	Scott
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Hooker Oak School		Principal
▶ If filing for multiple positions, list below or on an a	ttachment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one	box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
City of		Other Public School District
Gity of		Other
3. Type of Statement (Check at least one box))	
★ Annual: The period covered is January 1, 2018	3, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is//_ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	i, if different than Part 1:
4. Schedule Summary (must complete)	► Total number	r of pages including this cover page:
Schedules attached		
☐ Schedule A-1 - Investments – schedule attac	hed [Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments – schedule attac	hed [Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attac	hed [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ☑ None - No reportable interests on a	any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
832 Orient Street	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3119		bholderm@chicousd.org
I have used all reasonable diligence in preparing this sherein and in any attached schedules is true and cor		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of	of the State of Califor	nia that the foregoing is true and correct.
Date Signed		Signature 7
(month, day, year)		(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Holen	Deanna	Lynn
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
		Assistant Principal
▶ If filing for multiple positions, list below or on a	n attachment. (Do not u	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least o	ne box)	
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Other Public School District
Gity of		Cure
3. Type of Statement (Check at least one l	oox)	
★ Annual: The period covered is January 1, 2	018, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/	_/, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed/_	J	The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sough	t, if different than Part 1:
4 Caladala Camanana (manata annulat		
 Schedule Summary (must complete Schedules attached 	e) ▶ lotal numbe	r of pages including this cover page:
Scriedules attached		
Schedule A-1 - Investments – schedule a		Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule R. Real Preparty schedule a		 Schedule D - Income − Gifts − schedule attached Schedule E - Income − Gifts − Travel Payments − schedule attached
Schedule B - Real Property – schedule a	llacrieu	Schedule L - Income - Onts - Traver r ayments - Schedule attached
-or- 🗷 None - No reportable interests of	n any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documer	CITY	STATE ZIP CODE
1475 East Avenue	Chico	CA 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530)891-3050	his statement. I have vari	dholen@chicousd.org
herein and in any attached schedules is true and	complete. I acknowledge	
I certify under penalty of perjury under the law	vs of the State of Califo	rnia that the foregoing is true and correct.
Date Signed 01-23-2019		Same HAlla-
Date Signed(month, day, year)		(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
HOVEY	,	LINDA	A.
1. Office, A	gency, or Court		
Agency Nar	ne (Do not use acronyms)		
CHICO	JNIFIED SCHOOL DISTRICT		
Division, Bo	ard, Department, District, if applicable		Your Position
			BOARD TRUSTEE
► If filing fo	or multiple positions, list below or on an attac	chment. (Do not u	ise acronyms)
Agency:	·		Position:
2. Jurisdic	tion of Office (Check at least one box	()	
☐ State			☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-Co	unty		County of
	•		⊠ Other Public School District
			- Ed Otto
3. Type of	Statement (Check at least one box)		
★ Annual -or-	The period covered is January 1, 2018, the December 31, 2018.	rough	Leaving Office: Date Left/
-01	The period covered is/	, through	The period covered is January 1, 2018, through the date of -or-
Assum	ng Office: Date assumed//_	3	The period covered is/, through the date of leaving office.
☐ Candid	ate: Date of Election	and office sough	it, if different than Part 1:
4. Schedul	e Summary (must complete)	- Total numbe	r of pages including this cover page:
Schedul	es attached		
☐ Scho	edule A-1 - Investments – schedule attached		■ Schedule C - Income, Loans, & Business Positions – schedule attached
	edule A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached
☐ Scho	edule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
	one - No reportable interests on any	schedule	
5. Verification	on		
MAILING ADDR	RESS STREET gency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	7TH STREET	CHICO	CA 95928
	PHONE NUMBER		EMAIL ADDRESS
	391-3000		LHOVEY@CHICOUSD.ORG
I have used herein and i	all reasonable diligence in preparing this state n any attached schedules is true and comple	ement. I have revi te. I acknowledge	ewed this statement and to the best of my knowledge the information contained e this is a public document.
I certify und	ler penalty of perjury under the laws of th	e State of Califor	rnia that the foregoing is true and correct.
Date Signed	1/23/2019	_ ;	Signature
	(month, day, year)		(File the originally signed paper statement with your filing official.)

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

CALIFORNIA FORM	
FAIR POLITICAL PRACTICES CO	MMISSION
Name	
	·

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CHICO COMMUNITY SHELTER PARTNERSHIP	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
101 SILVER DOLLAR WAY	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
NON PROFIT HOMELESS SHELTER	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
ACCOUNTANT	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \times \$1,000	\$500 - \$1,000 \$1,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)
You are not required to report loans from a commercial a retail installment or credit card transaction, made in the members of the public without regard to your official sta- regular course of business must be disclosed as follows:	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
10000000	%
ADDRESS (Business Address Acceptable)	
POTENTIAL APPARAGE	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
[] OAEV &100'000	Other(Describe)
	(บอรบานอ)
Comments:	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Vones	Scott		P
1. Office, Agency, or Court			,
Agency Name (Do not use acronyms)	2		
Personner Commission	NOF Chi	co UniFIED School	DISTRICT
Division, Board, Department, District, if applicab	le	Your Position	
\blacktriangleright If filing for multiple positions, list below or on	an attachment. (Do not	use acronyms)	
Agency:		Position: MemBo	ek
, igonoy.			
2. Jurisdiction of Office (Check at least	one box)		
☐ State		☐ Judge or Court Commissioner (Sta	atewide Jurisdiction)
Multi-County	8	County of	
☐ City of		_ Nother Public School District	
3. Type of Statement (Check at least one			
Annual: The period covered is January 1, December 31, 2018.	2018, through	Leaving Office: Date Left(Check one	
-or- The period covered is/	/ Abrough	7	
December 31, 2018.	, tillougi	-or- leaving office.	1, 2010, unough the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	
Candidate: Date of Election	and office sou	pht, if different than Part 1:	
4. Schedule Summary (must completed Schedules attached	ete) ▶ Total numb	er of pages including this cover page	ge:
Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments – schedule		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Pa	yments - schedule attached
/			
-or- None - No reportable interests	on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY eent)	STATE	ZIP CODE
1163 E. 7th St	Chic		95928
DAYTIME TELEPHONE NUMBER (S30) 781-2339		EMAIL ADDRESS	
I have used all reasonable diligence in preparing herein and in any attached schedules is true an			owledge the information contained
I certify under penalty of perjury under the la		With the control of the second page of the space of the s	
/ /	- Care of Gain	// A //	3
Date Signed 03/04/2019	2	Signature 200	poll
/ (month, day, year)		//File the originally signed paper state	ement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

A PUBLIC DOCUMENT

NAME OF FILER	(LAST)	(FIRST)			(MIDDLE)	
Kaiser		Kathleen		Elizabeth	'n	
1. Office, A	Agency, or Court					
Agency Na	ame (Do not use acronyms)		annica e e e que escribir e en el entre e e e la casa terre			
Chico U	Inified School District		School	Board 1	Member	
Division, B	oard, Department, District, if applicable		Your Position			3
(American Control of C						
► If filing	for multiple positions, list below or on an attachn	nent. (Do not us	se acronyms)			
Agency: _			Position:			-
2. Jurisdie	ction of Office (Check at least one box)					_
State	,		☐ Judge or Court	Commissioner (Sta	atewide Jurisdiction)	
	ounty		County of	·	,	
				School District		
			E Guior			
Type of	Statement (Check at least one box)					
☐ Annua	al: The period covered is January 1, 2018, thro	ugh	☐ Leaving Office			
-0			0.7	(Check one	•	
	The period covered is//	, through	O The period leaving offi		/ 1, 2018, through the date of	
X Assur		2018			, through	
			the date of	leaving office.		
⋉ Candi	date: Date of Election Nov. 6, 2018	and office sought	, if different than Part 1: .			_
4 Schedu	le Summary (must complete) ▶	Total number	r of pages including	thic pover par	No.	A STEEL STATE OF THE PARTY OF T
	iles attached	iotai iiuiiibei	or pages including	ı ılıs cover paç	<i>je.</i>	
		F	□ Cabadula Cadraama	Laana O Dualmaaa	Desitions schools attacked	
	hedule A-1 - Investments – schedule attached hedule A-2 - Investments – schedule attached	_	Schedule D - Income,		Positions – schedule attached	age of the second
	hedule B - Real Property – schedule attached				yments – schedule attached	and the same of th
			_			or and a second
-or- □ Λ	lone - No reportable interests on any s	chedule				
5. Verificat	tion		,			
MAILING ADI	DRESS STREET Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	\$
1163	E. 7th St	Chico		CA	95928	
DAYTIME TE	LEPHONE NUMBER		EMAIL ADDRESS	182		3
(530	891-3000		KKaiser	Chicouse	d-org	
	d all reasonable diligence in preparing this statem in any attached schedules is true and complete				owleage the information contained	
I certify u	nder penalty of perjury under the laws of the	State of Califor	nia that the foregoing is	true and correct.	~7%	
Date Sign	Feb, 25, 2019	ç	Signature A	Alla	me Harris	
Date digit	(month, day, year)			originally signed paper state	ement with your filing official.)	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kathleen E Kaiser

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1333 Marian Ave
CITY
Chico, CA 95928
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED DISPOSED
NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$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.
al lending institution made in the lender's regular course of without regard to your official status. Personal loans and incess must be disclosed as follows:
without regard to your official status. Personal loans and iness must be disclosed as follows:
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*



Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Kamph	Jessica	Ann	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if appl	icable	Your Position	
► If filing for multiple positions, list below o	or on an attachment. (Do not use	acronyms)	
Agency:		Position:	·
2. Jurisdiction of Office (Check at le	east one box)		
State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
☐ Multi-County		County of	
☐ City of		Other Public School Distric	et
3. Type of Statement (Check at least	one box)		
Annual: The period covered is Januar	y 1, 2018, through	Leaving Office: Date Left	
December 31, 2018. -or-		(Check one	
The period covered is December 31, 2018.	, through	 The period covered is Janua -or- leaving office. 	ry 1, 2018, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	J, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must com	ıplete) ► Total number	of pages including this cover pa	nge:
Schedules attached			
Schedule A-1 - Investments - sche	dule attached	Schedule C - Income, Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments - sche	dule attached	Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - sche	dule attached	Schedule E - Income – Gifts – Travel Pa	ayments - schedule attached
-or- 🗷 None - No reportable intere	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public L	CITY Document)	STATE	ZIP CODE
28 Rose Garden Ct.	Chico	CA	95973
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 966-6226		jkamph@chicousd.org	- suledge the information contained
I have used all reasonable diligence in prepherein and in any attached schedules is tru			nowleage the information contained
I certify under penalty of perjury under t	he laws of the State of Californ	ia that the foregoing is true and correc	1/ /
Date Signed <u>2/25/19</u>	Si	gnature / Mence	
(month, day, year)	- OI	(File the originally signed paper st	atement with your filing official.)



Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAN	IE OF FILER (LAST)	(FIRST)	(MIDDLE)
Ke	eene	Kristine	D
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	Chico Unified School District		
	Division, Board, Department, District, if applicable		Your Position
	Chico Unified School District		State and Federal Programs Director
	▶ If filing for multiple positions, list below or on an attac	hment. (Do not u	ise acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		S Other Public School District
			Cure -
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2018, th	rough	Leaving Office: Date Left/
	December 31, 2018.		(Check one circle.)
	The period covered is/	, through	 The period covered is January 1, 2018, through the date of -or-
	■ Assuming Office: Date assumed	2018	The period covered is, through the date of leaving office.
	Candidate: Date of Election	and office sough	t, if different than Part 1:
4.	Schedule Summary (must complete)	Total numbe	r of pages including this cover page:
	Schedules attached		
	Schedule A-1 - Investments – schedule attached	i	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	j	Schedule E - Income - Gifts - Travel Payments - schedule attached
-0	or- 🗵 None - No reportable interests on any	schedule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	PO Box 1147	Durham	CA 95938
	DAYTIME TELEPHONE NUMBER	_	EMAIL ADDRESS
	(530) 891-3000		kkeene@chicousd.org
	herein and in any attached schedules is true and comple		ewed this statement and to the best of my knowledge the information contained e this is a public document.
	I certify under penalty of perjury under the laws of the	e State of Califo	rnia that the foregoing is true and correct.
	Date Signed January 23, 2019		KNA Y
	(month, day, year)	-	Signature(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAI	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ke	eene	Kristine	D	
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Chico Unified School District			
	Division, Board, Department, District, if applicable	Э	Your Position	
	Chico Unified School District		Principal	
	▶ If filing for multiple positions, list below or on	an attachment. (Do not use	e acronyms)	
			26 4.2	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least	one box)		
	State	,	☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
	☐ Multi-County		County of	· .
	•		➤ Other Public School Distri	
	City of		X Other	
3.	Type of Statement (Check at least one	box)		
	Annual: The period covered is January 1,	2018, through	■ Leaving Office: Date Left	0 , 31 , 2018
	December 31, 2018.		(Check or	ne circle.)
	The period covered is/	/, through		ary 1, 2018, through the date of
	December 31, 2018.		-or- leaving office.	
	Assuming Office: Date assumed/_		The period covered is the date of leaving office.	_/, through
	Candidate: Date of Election	and office cought		
	Candidate. Date of Election	and office sought,	ii diletetit tilali Falt 1.	
4.	Schedule Summary (must comple	te) ▶ Total number	of pages including this cover p	age:
	Schedules attached			
	Schedule A-1 - Investments – schedule	attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
	Schedule A-2 - Investments – schedule	attached	Schedule D - Income - Gifts - schedul	e attached
	Schedule B - Real Property - schedule	attached] Schedule E - Income — Gifts — Travel F	Payments - schedule attached
albor.	or- 🗵 None - No reportable interests	on any schedule		
5.	Verification		Ä	i)
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	ent)	STATE	ZIP CODE
	PO Box 1147	Durham	CA	95938
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
	(530) 891-3000		kkeene@chicousd.org	
	I have used all reasonable diligence in preparing herein and in any attached schedules is true and			knowledge the information contained
	I certify under penalty of perjury under the la	ws of the State of Californ	ia that the foregoing is true and correct	ct.
	January 23, 2010		Kirchin Kan	
	Date Signed January 23, 2019 (month, day, year)	Si	gnature (File the originally signed paper s	tatement with your filing official.)
	(,	



Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kessler	Brandon	Kyle
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 School		Assistant Principal
▶ If filing for multiple positions, list below or on an	attachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one	box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
City of		N Other Public School District
		M Outer
3. Type of Statement (Check at least one bo	x)	
Annual: The period covered is January 1, 20	18, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/	/, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must complete)	Total number	of pages including this cover page:
Schedules attached	lotal Hulliber	or pages including this cover page.
	_	
Schedule A-1 - Investments – schedule atta		Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule A-2 - Investments – schedule atta Schedule B - Real Property – schedule atta 	_	Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
Schedule B - Real Property – Schedule atta	icited	Schedule E - Income – Onts – Traver Fayments – Schedule attached
-or- ⊠ None - No reportable interests on	any schedule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document) 1418 Scottsdale Ct	Chico	CA 95926
DAYTIME TELEPHONE NUMBER	Cilico	EMAIL ADDRESS
(530) 891-3026		bkessler@chicousd.org
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		wed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws	of the State of Californ	nia that the foregoing is true and correct.
Date Signed 2/25/19		ignature
(month, day, year)		(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Ple	ease type or print in ink.		
NAM	ME OF FILER (LAST) (FIR	RST)	(MIDDLE)
ΚI	ISTLE JU	JLIA	MARIE
1.	Office, Agency, or Court		
	Agency Name (Do not use acronyms)		
	CHICO UNIFIED SCHOOL DISTRICT		
	Division, Board, Department, District, if applicable	Your Position	
	FACILITIES DEPARTMENT	DIRECTOR	
	\blacktriangleright If filling for multiple positions, list below or on an attachment.	(Do not use acronyms)	
	Agency:	Position:	
2.	Jurisdiction of Office (Check at least one box)		
	State	☐ Judge or Court Commission	er (Statewide Jurisdiction)
	Multi-County	County of	
	City of	DUBLIC SCHOO	OL DISTRICT
3.	Type of Statement (Check at least one box)		
	★ Annual: The period covered is January 1, 2017, through	☐ Leaving Office: Date Left	
	December 31, 2017.	(Check one)	annual 1 2017 through the date of
	The period covered is//	_, through O The period covered is 3 leaving office.	anuary 1, 2017, through the date of
	Assuming Office: Date assumed		, through e.
	Candidate: Date of Election and o	office sought, if different than Part 1:	
4.	Schedule Summary (must complete) ▶ Total	al number of pages including this cove	er page:
	Schedules attached		
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Bu	siness Positions - schedule attached
	Schedule A-2 - Investments - schedule attached	Schedule D - Income - Gifts - sch	
	Schedule B - Real Property – schedule attached	Schedule E - Income – Gifts – Tra	vel Payments - schedule attached
=	or-		
	□ None - No reportable interests on any schedule	9	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE	ZIP CODE
	2455 CARMICHAEL DRIVE	CHICO CA	95928
	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS	
	(530) 891-3140	JKISTLE@CHICOUSD.OR	
	I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I a	I have reviewed this statement and to the best of acknowledge this is a public document.	my knowledge the information contained
	I certify under penalty of perjury under the laws of the State	te of California that the foregoing is true and c	orrect.
	Date Signed 02-22-18	Signature Mia	1. Kistle
	(month, day, year)		d statement with your filing official.)
-			

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	

► NAME OF SOURC	E (Not an Acronym)			▶ NAME OF SOURCE	(Not an Acrony	rm)	
United Buildin	ng Contractors			Darden Architects			
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)				
275 Fairchild Avenue, Suite 106, Chico Ca 95973				6790 N West Ave. Fresno, CA 93711			
BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	_	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE	
Construction	Company			C.A.S.H. Conference			
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
7 14 18	\$	2 baseball tickets	_	2 , 27 , 18	\$50.00	meal	
8 , 25 , 18	\$	2 baseball tickets	-		\$		
	\$		-		\$	-	
NAME OF SOURC	E (Not an Acronym)			► NAME OF SOURCE	E (Not an Acrony	m)	
ADDRESS (Busines				ADDRESS (Busines	s Address Accep	otable)	
BUSINESS ACTIVIT	TY, IF ANY, OF SOL	JRCE	_	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE	
Crab Feed for	r Butte College						
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	_	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
1 , 20 , 18	\$	2 seats at table	-		\$	_	
	\$		-		\$	_	
	\$		_		\$	_	
▶ NAME OF SOURC	E (Not an Acronym)			► NAME OF SOURCE	E (Not an Acrony	rm)	
ADDRESS (Busines	ss Address Accepta	ble)		ADDRESS (Busines	s Address Accep	otable)	
BUSINESS ACTIVI	TY, IF ANY, OF SOI	JRCE		BUSINESS ACTIVIT	Y, IF ANY, OF S	SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	_	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	\$		-		\$		
	\$		-		\$	_	
	\$	- <u></u>	_		\$	_	
Comments:							



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Koll	David		
1. Office, Agency, or Court		•	
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if app	olicable	Your Position	
District Office		Executive Director Human	Resources
▶ If filing for multiple positions, list below	or on an attachment. (Do not us	e acronyms)	
Agency:		Position:	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
2. Jurisdiction of Office (Check at	least one box)		
☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
— ☐ Multi-County		County of	S O H has not detected ?
☐ City of		Other Public School Distriction	ct
City of		Other	· n - Al - L' ·
3. Type of Statement (Check at leas	t one box)		
★ Annual: The period covered is Janual	ry 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check on	e circle.)
The period covered is December 31, 2018.	_/, through	 The period covered is Janua "Of" 	ry 1, 2018, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	_/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must cor	nplete) ▶ <i>Total number</i>	of pages including this cover page	age:
Schedules attached			
Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loans, & Busines	s Positions – schedule attached
Schedule A-2 - Investments - sche	edule attached	Schedule D - Income - Gifts - schedule	attached
☐ Schedule B - Real Property – sche	edule attached	Schedule E - Income - Gifts - Travel P	ayments – schedule attached
-or- □ None - No reportable intere	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public 1163 E. 7th Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER	Offico	EMAIL ADDRESS	93920
(530) 891-3000		dkoll@chicousd.org	
I have used all reasonable diligence in prepherein and in any attached schedules is tru			nowledge the information contained
I certify under penalty of perjury under	the laws of the State of Californ	nia that the foregoing is true and correc	t.
Date Signed 2-26-2019	s	ignature Wall	
(month, day, year)		(File the originally signed paper sta	atement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Dovid Koll

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

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Keenan & Associates	Hanna Broph
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2868 Prospect Drive, Suite #600	3100 Zinfandel Drive Suite #400
CITY AND STATE	CITY AND STATE
Rancho Cordova	Rancho Cordova
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CAJPA Conference	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE CALPERLA Conference
DATE(S): 09 / 11 / 18 - 09 / 14 / 18 AMT: \$ 150	DATE(S): 12 / 04 / 18 - 12 / 07 / 18 AMT: \$ 125
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income	▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Hanna Brophy	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3100 Zinfandel Drive Suite #400	
CITY AND STATE	CITY AND STATE
Rancho Cordova	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 11 / 18 - 09 / 14 / 18 AMT: \$150	DATE(S):// AMT: \$
▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income	MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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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 Manager
▶ If filing for multiple positions, list below or on an atta	chment. (Do not u	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one bo	x)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
City of		⊠ Other Public School District
		M Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, to December 31, 2018.	hrough	Leaving Office: Date Left/
The period covered is//	, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed//_		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	t, if different than Part 1:
4. Schedule Summary (must complete)	➤ Total numbe	r of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments – schedule attache	d [Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attache	-	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attache	d [Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests on an	/ schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
1163 E. Seventh Street	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3000 ext. 20131		jkruger@chicousd.org
I have used all reasonable diligence in preparing this standard herein and in any attached schedules is true and complete the complete in the complete is true and complete in the complete in the complete is true and complete in the comple		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of t	he State of Califor	rnia that the foregoing is true and correct.
Date Signed <u>01/31/19</u>	:	Signature Haclyn Kigh
(month, day, year)		(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF	FILER (LAST)	(FIRST)		(MIDDLE)
	ando	Thamas		
1. Offi	ce, Agency, or Court			
Ager	ncy Name (Do not use acronyms)		(, 0)	0 1/1
	ico Unified School District		Governing Board	Nember
Divis	ion, Board, Department, District, if applicable		Your Position	
▶ If	filing for multiple positions, list below or on an att	tachment. (Do not use a	acronyms)	
Age	ncy:		Position:	
	risdiction of Office (Check at least one b	ох)		
	State		☐ Judge or Court Commissioner (State	tewide Jurisdiction)
	Multi-County		County of	
	City of		■ Other Public School District	
3. Ty	oe of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2018, December 31, 2018.	Mark Minis	Leaving Office: Date Left(Check one	
	The period covered is 17 / 5 / December 31, 2018.	ZoK, through	 The period covered is January or-leaving office. 	1, 2018, through the date of
	Assuming Office: Date assumed/	<u></u>	The period covered is	, through
	Candidate: Date of Election	_ and office sought, if	different than Part 1:	
	hedule Summary (must complete)	► Total number o	f pages including this cover pag	ye:
Sc	hedules attached			
٨	Schedule A-1 - Investments - schedule attach	ned	Schedule C - Income, Loans, & Business	Positions - schedule attached
/	Schedule A-2 - Investments – schedule attach		Schedule D - Income - Gifts - schedule a	
	Schedule B - Real Property – schedule attach	ned	Schedule E - Income – Gifts – Travel Pay	ments – schedule attached
-or-	■ None - No reportable interests on a	ny schedule		
5. Ver	ification			
	ING ADDRESS STREET iness or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
t	163 E 7th St. TIME TELEPHONE NUMBER	Chica	EMAIL ADDRESS (95928
(5	301354-1649		Hando Ochico	USd.059
I ha	ve used all reasonable diligence in preparing this s ein and in any attached schedules is true and com	statement. I have reviewen plete. I acknowledge th	ed this statement and to the best of my kno is is a public document.	owledge the information contained
l ce	rtify under penalty of perjury under the laws o	f the State of California	a that the foregoing is true and correct.	11/
Date	e Signed 3-1-19	Sig	nature	oment with your filing official \
	(month, day, year)		- (i no the originally signed paper state	mon. mar your ming omorally

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	/ 0
1 homas	Lando

► NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF THIS BUSINESS	S	GENERAL DESCRIPTION OF	THIS BUSINESS
\$100,001 - \$1,000,000 Over \$1,0	scribe) 499	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT Stock Other Partnership O Income Reconciler	\$10,001 - \$100,000 Over \$1,000,000 (Describe) Ceived of \$0 - \$499 Ceived of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
			_//_18_ DISPOSED
► NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY	***************************************
GENERAL DESCRIPTION OF THIS BUSINES:	s	GENERAL DESCRIPTION OF	THIS BUSINESS
\$100,001 - \$1,000,000 Over \$1,0	scribe) 499	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT Stock Other Partnership O Income Re	\$10,001 - \$100,000 Over \$1,000,000 (Describe) Ceived of \$0 - \$499 Ceived of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	/ / 18
ACQUIRED DISPOSED	-		DISPOSED
► NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF THIS BUSINES	s	GENERAL DESCRIPTION OF	THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 \$ \$100,001 - \$1,000,000 Over \$1,000	- \$100,000 000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000	\$10,001 - \$100,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Decomposed of \$0 - \$0 Income Received of \$500		NATURE OF INVESTMENT Stock Other Partnership O Income Re Income Re	(Describe) ceived of \$0 - \$499 ceived of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
/	-	/	
Comments: \(\sqrt{\frac{1}{A}} \)			

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FAIR POLITICAL PE			70	0
Name	AG IIG-	S GOM	MISSI	// //
1/om	M	L	ysk.	0

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	□ \$0 - \$1,999
\$2,000 - \$10,000//18//18	\$2,000 - \$10,000// 18 //
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole ProprietorshipOther
YOUR BUSINESS POSITION	VOLID BLIGHTESS 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)
S0 - \$499 S10,001 - \$100,000	☐ \$0 - \$499 ☐ \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or ☐ Names listed below	None or Names listed below
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
□ INVESTMENT □ REAL PROPERTY	□ INVESTMENT □ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcer Number of Street Address of Real Property	Assessor's Parcel Number of Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\Bigcirc{1}{2,000} - \\$10,000\$	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000//	\$10,001 - \$100,000/ 18
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FOR	м 700
FAIR POLITICAL PRACTICE	S COMMISSION
Name	M Land

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE FAPPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED 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	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of busi	
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable
Comments:	

SCHEDULE C Income, Loans, & Business

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name // /
Man M Lando

Income, Loans,				
Positions Name / //				
(Other than Gifts and Travel Payments)				
Pivot Charter School	Copi Lagrand			
▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME , #150,	NAME OF SOURCE OF INCOME			
1350 E 9th 6+ // CA	NUSA Therapi			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
Police Clark - Solved				
BUSINESS ACTIVITY, IF ANY, OF SOURCE A	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
	2 Country of Goods			
Education Constitutor	COURSELING & TRAINS			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only			
\$500 - \$1,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000			
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)			
Loan repayment	Loan repayment			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other	Other			
(Describe)	(Describe)			
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER				
· · · · · · · · · · · · · · · · · · ·	lending institution, or any indebtedness created as part of			
	he lender's regular course of business on terms available to			
	atus. Personal loans and loans received not in a lender's			
regular course of business must be disclosed as follow	S:			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
	%			
ADDRESS (Business Address Acceptable)				
	SECURITY FOR LOAN			
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence			
<u> </u>	Real Property			
HIGHEST BALANCE DURING REPORTING PERIOD	Street address			
<u>\$500 - \$1,000</u>				
\$1,001 - \$10,000	City			
\$10,001 - \$100,000	Guarantor			
OVER \$100,000	Other(Describe)			
	(Describe)			
Comments:				

SCHEDULE D Income - Gifts



▶ NAME OF SOURCE (Not an Acronym)	▶ N	NAME OF SOURCE	(Not an Acronym)	
ADDRESS (Business Address Acceptable)	Ā	ADDRESS (Busines	s Address Acceptable	e)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION	I OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$	-		\$	
\$			\$	
► NAME OF SOURCE (Not an Acronym)	▶ 1	NAME OF SOURCE	(Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptable	e)
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
DATE (mm/dd/yy) VALUE DESCRIPTION	I OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
	-	//	\$	
			\$	
▶ NAME OF SOURCE (Not an Acronym)	► N	NAME OF SOURCE	(Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptable	e)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	. Ē	BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	RCE
DATE (mm/dd/yy) VALUE DESCRIPTION	I OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$	-		\$	
\$	-		\$	MANAGE COMMANDATE.
	_		\$	
Comments: MA				
Comments: / / / / -				

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

CALIFORNIA FO	
Name / / / / / / / / / / / / / / / / / / /	Lando

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

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Loustale	Gary	Ner
1. Office, Agency, or Court		8
Agency Name (Do not use acronyms)		1 - 1 -
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 use ac	ronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least of	one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
City of		✓ Other Public School District
		E 91101
3. Type of Statement (Check at least one	box)	13 7 2-16
Annual: The period covered is January 1, 2	.018, through	Leaving Office: Date Left 12, 7, 20/8
December 31, 2018.		(Check one circle.)
The period covered is/	_/, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed/_		O The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought, if dif	fferent than Part 1:
4. Schedule Summary (must complete	e) > Total number of u	pages including this cover page:
Schedules attached	-, Protein number of p	ouges mending this cover page.
Schedule A-1 - Investments – schedule a	ttached 🗆 Sci	hedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments - schedule a		hedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule a		hedule E - Income - Gifts - Travel Payments - schedule attached
~ _/ w		
-or- ✓ None - No reportable interests o	n any schedule	V
5. Verification 163 7 7 th	st Chier	Cu 95928
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	()	STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (530) 228-2510		GLOUStale @ Gmail. Com
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	is statement. I have reviewed the complete. I acknowledge this is	his statement and to the best of my knowledge the information contained s a public document.
I certify under penalty of perjury under the law	s of the State of California th	at the foregoing is true and correct.
Date Signed 4-9-19	Signate	ure San in fourtale
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
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A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)	
Marchant Jay Christopher	
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	-
Chico Unfied School Disdtrict	
Division, Board, Department, District, if applicable Your Position	
Director of Secondary Education	
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)	
Agency: Position:	
2. Jurisdiction of Office (Check at least one box)	
☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)	
☐ Multi-County ☐ County of ☐	
☐ City of Other Public School District	
City of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through	_
December 31, 2018. (Check one circle.)	
The period covered is/, through Oecember 31, 2018. The period covered is January 1, 2018, through the period c	e date of
Assuming Office: Date assumed/ O The period covered is/ the date of leaving office.	, through
Candidate: Date of Election and office sought, if different than Part 1:	
4. Schedule Summary (must complete) ► Total number of pages including this cover page:	
Schedules attached	
☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule	e 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 a	tached
-or- ☑ None - No reportable interests on any schedule	
5. Verification	,
MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document)	
1163 E. 7th Street Chico Ca. 95928	
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS	
(530) 891-3000 jmarchant@chicousd.org	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information herein and in any attached schedules is true and complete. I acknowledge this is a public document.	on contained
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date Signed 1/31/2019 Signature	
Date Signed	



Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
МсКау	David	Stephen	į
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if appli	cable	Your Position	
		Principal	
▶ If filing for multiple positions, list below o	r on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at le	ast one box)		
☐ State		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	
☐ City of		Nother Public School District	
Gity of		M Othor	
3. Type of Statement (Check at least	one box)		
★ Annual: The period covered is January	y 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check one	circle.)
The period covered is December 31, 2018.	/, through	 The period covered is January -or- leaving office. 	1, 2018, through the date of
Assuming Office: Date assumed		O The period covered is the date of leaving office.	, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must com	plete) ► Total number	of pages including this cover pag	ye:1
Schedules attached			
Schedule A-1 - Investments - sched	dule attached	Schedule C - Income, Loans, & Business	Positions - schedule attached
Schedule A-2 - Investments - sched	dule attached	Schedule D - Income - Gifts - schedule a	attached
Schedule B - Real Property – sched	dule attached	Schedule E - Income - Gifts - Travel Pay	ments – schedule attached
-or- ⊠ None - No reportable intere	sts on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY ocument)	STATE	ZIP CODE
2376 North Ave	Chico	CA	95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 891-3080		dmckay@chicousd.org	
I have used all reasonable diligence in prepa herein and in any attached schedules is true			owledge the information contained
I certify under penalty of perjury under the	ne laws of the State of Californi	ia that the foregoing is true and correct.	
Date Signed	Sic	gnature	
(month, day, year)		(File the originally signed paper state	ement with your filing official.)



Date Initial Filing Received Official Use Only

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A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Molina	Teri	Lyn
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Child Nutrition		Nutrition Supervisor
▶ If filing for multiple positions, list below or on an att	achment. (Do not u	ise acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one b	ox)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Nother Public School District
City of		O Outer
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2018, December 31, 2018.	through	Leaving Office: Date Left/(Check one circle.)
-or-	d l	The period covered is January 1, 2018, through the date of
The period covered is/	, through	-or-
Assuming Office: Date assumed/	<u> </u>	The period covered is, through the date of leaving office.
Candidate: Date of Election	_ and office sough	nt, if different than Part 1:
4. Schedule Summary (must complete)	▶ Total numbe	er of pages including this cover page:
Schedules attached	1010111011100	, or pages meaning and core, pages
Schedule A-1 - Investments – schedule attach	od	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attach	'	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attach	•	Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- ⊠ None - No reportable interests on a	ny schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
2455 Carmichael Dr.	Chico	Ca. 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3021	estament I have revi	twebber@chicousd.org
herein and in any attached schedules is true and com		iewed this statement and to the best of my knowledge the information contained e this is a public document.
I certify under penalty of perjury under the laws of	the State of Califo	rnia that the foregoing is true and correct.
Data Signal 1-29-2019		Vosi Malina
Date Signed		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Official Use Only

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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Moll	Andrew	James	S
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District		HOMINISTRATOR	
Division, Board, Department, District, if ap	plicable	Your Position	
		Administrator	
▶ If filing for multiple positions, list below	or on an attachment. (Do not use acro	onyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
State	9	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of	otatomas cambalous,
		Nother Public School Distr	ict
City of		X Other	ICL
3. Type of Statement (Check at leas	st one box)		
Annual: The period covered is January	ary 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.	, , ,	-	ne circle.)
The period covered is December 31, 2018.		 The period covered is January -or- leaving office. 	ary 1, 2018, through the date of
Assuming Office: Date assumed		O The period covered is	/, through
		the date of leaving office.	
Candidate: Date of Election	and office sought, if diff	erent than Part 1:	
4. Schedule Summary (must co	mplete) ▶ Total number of p	pages including this cover p	page:1
Schedules attached		,	v
Schedule A-1 - Investments – sch	haduste aluba	nedule C - Income, Loans, & Busine	ass Positions - schedule attached
Schedule A-2 - Investments – sch	SERVICE AND SERVIC	nedule D - Income - Gifts - schedu	
Schedule B - Real Property – sch		nedule E - Income – Gifts – Travel I	
	_		
-or- 🗹 None - No reportable inter	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	Document)	STATE	ZIP CODE
290 East Ave	Chico	CA	95926
DAYTIME TELEPHONE NUMBER		L ADDRESS	
(530) 891-3092		oll@chicousd.org	
I have used all reasonable diligence in pre herein and in any attached schedules is tr			knowledge the information contained
I certify under penalty of perjury under	the laws of the State of California th	at the foregoing is true and corre	oct.
1/24/10		/ \//	
Date Signed 1/24/19 (month, day, year)	Signati		statement with your filing official.)
(···-·····, au), you')		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Olsen	Diane	Louise		
1. Office, Agency, or Court				
Agency Name (Do not use acron	yms)			
Chico Unified School Dist	rict			
Division, Board, Department, Distri	ict, if applicable	Your Position		
	8	Director of Student Support Services		
▶ If filing for multiple positions, lis	st below or on an attachment. (Do not us	se acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Ca	heck at least one box)			
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County		County of		
		Public School District		
		E. 0.1101		
3. Type of Statement (Check	k at least one box)			
X Annual: The period covered		Leaving Office: Date Left		
December 31, 2018		(Check one circle.)		
The period covered December 31, 2018	is, through 3.	O The period covered is January 1, 2018, through the date of -or- leaving office.		
Assuming Office: Date assu	umed/	O The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office sought	t, if different than Part 1:		
4. Schedule Summary (mu	st complete) ► Total number	r 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 - Investmen	State of the second open property of the second open and the secon	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 interests on any schedule				
5. Verification				
MAILING ADDRESS STREE (Business or Agency Address Recommende		STATE ZIP CODE		
1163 East Seventh Stree	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	CA 95973		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3000		dolsen@chicousd.org		
	te in preparing this statement. I have review fulles is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.		
I certify under penalty of perjury	y under the laws of the State of Califor	nia that the foregoing is true and correct.		
Date Signed		Signature Amy Alexander		
(month,	day, year)	(File the originally signed paper statement with your filing official.)		



Date Initial Filing Received
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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Ontiveros	Richard	Robert	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if appl	icable	Your Position	A CONTRACT OF THE CONTRACT OF
		Transportation Superviso	r
▶ If filing for multiple positions, list below o	r on an attachment. (Do not use acro	nyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at le	east one box)		
☐ State	Ţ	☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County		County of	
City of		Nother Public School Distri	
Gity or		N Outer	
3. Type of Statement (Check at least	one box)		
Annual: The period covered is Januar December 31, 2018.	_	Leaving Office: Date Left(Check on	
-or- The period covered is December 31, 2018.	J, through	O The period covered is Janua -or-	ary 1, 2018, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	
Candidate: Date of Election	and office sought, if diffe	erent than Part 1:	
4. Schedule Summary (must com	plete) ► Total number of p	ages including this cover p	age:
Schedules attached	, rotal manual of p	ngoo monaamg ana cerer p	
Schedule A-1 - Investments – sche	dule attached Sch	edule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – sche		edule D - Income - Gifts - schedule	
Schedule B - Real Property - sche		edule E - Income – Gifts – Travel F	
-or- 🗵 None - No reportable interes	and an amount and and other		
	ests on any scriedule		
5. Verification	ests on any scriedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public D	CITY Occument)		
MAILING ADDRESS STREET	CITY Document) Live Oak	STATE Ca LADDRESS	ZIP CODE 95953
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public E 10155 Orchard Way	CITY Cocument) Live Oak EMAIL	Ca	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public E 10155 Orchard Way DAYTIME TELEPHONE NUMBER	CITY Live Oak EMAIL bon aring this statement. I have reviewed the	Ca LADDRESS utiveros@chicousd.org nis statement and to the best of my keep to the control of	95953
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public E 10155 Orchard Way DAYTIME TELEPHONE NUMBER (530) 216-9355 I have used all reasonable diligence in preparations.	CITY Live Oak EMAIL bon aring this statement. I have reviewed the and complete. I acknowledge this is	Ca LADDRESS attiveros@chicousd.org his statement and to the best of my keep to a public document.	95953
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public E 10155 Orchard Way DAYTIME TELEPHONE NUMBER (530) 216-9355 I have used all reasonable diligence in preparent and in any attached schedules is true	CITY Live Oak EMAIL bon aring this statement. I have reviewed the and complete. I acknowledge this is	Ca LADDRESS Intiveros@chicousd.org Inis statement and to the best of my keep a public document. The foregoing is true and correct the correct that the foregoing is true and the forego	95953

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Parsley	Joanne	Warrer	1
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			,
Chico Unified School District			
Division, Board, Department, District, if	applicable	Your Position	
<u> </u>		Assistant Superintendent	
▶ If filing for multiple positions, list bel	ow or on an attachment. (Do not use acr	onyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
☐ Multi-County		County of	
City of		➤ Other Public School District	
		Other	,
3. Type of Statement (Check at I	east one box)		
Annual: The period covered is Ja December 31, 2018.	nuary 1, 2018, through	Leaving Office: Date Left (Check on	
-or- The period covered is December 31, 2018.		The period covered is Janua -or-	ary 1, 2018, 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 di	fferent than Part 1:	
4. Schedule Summary (must o	complete) ► Total number of	pages including this cover pa	age:
Schedules attached			
Schedule A-1 - Investments -	schedule attached Sc	hedule C - Income, Loans, & Busines	ss Positions – schedule attached
Schedule A-2 - Investments -	schedule attached Sc	hedule D - Income - Gifts - schedule	e attached
▼ Schedule B - Real Property —	schedule attached	hedule E - Income – Gifts – Travel P	ayments - schedule attached
-or- □ None - No reportable in	terests on any schedule		
5. Verification		3	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Po	ublic Document)	STATE	ZIP CODE
6280 Bennett Rd	Chico	CA	95973
DAYTIME TELEPHONE NUMBER		AIL ADDRESS	
(530) 864-0347		arsley@chicousd.org	
	preparing this statement. I have reviewed s true and complete. I acknowledge this		nowledge the information contained
I certify under penalty of perjury und	der the laws of the State of California th	hat the foregoing is true and correc	et.
Date Signed 3-8-19	Signa		lez
(month, day, y	ear)	(File the originally signed paper st	latement 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
Joanne Parsely

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Parsley Farms	
Name 6280 Bennett Rd	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
walnut orchards	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
□ \$100,001 - \$1,000,000 ☑ Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
▼ Partnership	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION spouse	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$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
walnuts	La mana
walluts	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT X REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
	News of Dusings Fath, 16 I was to see
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
6280 Bennett Rd Chico CA	
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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000//	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
▼ Property Ownership/Deed of Trust	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Joanne Parsely

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6280 Bennett Rd	5928 Anita Road
CITY	CITY
Chico CA	Chico CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J_J_18 J_J_18 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
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	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.
Hone	
	11
You are not required to report loans from a commerc	ial lending institution made in the lender's regular course of
	c without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	siness must be disclosed as follows:
business on terms available to members of the public	c 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 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	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 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 business 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 on terms available to members of the public loans received not in a lender's regular course of business Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone None	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 business received not in a lender's received not received n	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 business received not in a lender's received not received not in a lender's received not received	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 business received not in a lender's received not received n	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 business received not in a lender's received not received not in a lender's received not received	without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NA		irst)	(MIDDLE)
1.	Office, Agency, or Court		
•	Agency Name (Do not use acronyms)		
	Chico Unified School District		Assistant Principal.
	Division, Board, Department, District, if applicable		Your Position
	▶ If filing for multiple positions, list below or on an attachmen	t. (Do not us	e acronyms)
	Agency:		Position:
2.	Jurisdiction of Office (Check at least one box)		
	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County		County of
	City of		✓ Other Public School District
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2018, through December 31, 2018.		Leaving Office: Date Left/(Check one circle.)
	The period covered is/	, through	 The period covered is January 1, 2018, through the date of -or-
	Assuming Office: Date assumed/		The period covered is/, through the date of leaving office.
	Candidate: Date of Election and	office sought	, if different than Part 1:
4.		al 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	L	Schedule E - Income - Gifts - Travel Payments - schedule attached
-(or- 🗆 None - No reportable interests on any sche	edule	
5.	Verification		
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
	14 Hillsbord Civ.	Ch	
	DAYTIME TELEPHONE NUMBER (630) 519-6096		EMAIL ADDRESS Spasillas & Chicousd. ora.
	350		wed this statement and to the best of my knowledge the information contained
	I certify under penalty of perjury under the laws of the Sta		
	Date Signed 2 26 19	S	ignature MAA
	(month, day, year)		(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
Sara M. Pasillas.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 100 Taut St. CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 1409 Jackson St. CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	□ \$1,000 - \$1,000
NATURE OF INTEREST ✓ Ownership/Deed of Trust	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	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
	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* IN COUNTIES BOUNK:
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years) % None	INTEREST RATE TERM (Months/Years) White the second
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	∑ \$10,001 - \$100,000 □ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Sam M. Pasilas.

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 139 West Lassen #75 CITY Chico, CA 95973	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Mownership/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
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
business on terms available to members of the public	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and
loans received not in a lender's regular course of busi	
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
	\$500 - \$1,000\$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	11

FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
PATRICK	BEVERLY	. J	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
CHICO UNIFIED SCHOOL DISTRI	CT		
Division, Board, Department, District, if applica	ble	Your Position	
PERSONNEL COMMISSION		COMMISSIONER	
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
Agency:		Position:	
2. Jurisdiction of Office (Check at leas	st one box)		
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of	
City of		Other Public School District	
		Otilei	
3. Type of Statement (Check at least of	ne box)		
Annual: The period covered is January 1, 2018, through			
December 31, 2018. (Check one circle.)		one circle.)	
The period covered is/, through Oecember 31, 2018. The period covered is January 1, 2018, through the date ofleaving office.			
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.	
Candidate: Date of Election	and office souç	ht, if different than Part 1:	
4. Schedule Summary (must complete) ► Total number of pages including this cover page:6			
Schedules attached			
Schedule A-1 - Investments - schedu	Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attach		ness Positions – schedule attached
Schedule A-2 - Investments – schedu	le attached	Schedule D - Income - Gifts - schedule attached	
Schedule B - Real Property - schedu	Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached		Payments - schedule attached
-or- ☐ None - No reportable interest	s on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docu	CITY iment)	STATE	ZIP CODE
1163 E 7TH STREED	CHICO	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530)891-3000	0.1	bpatrick@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.			
		72.11 D	
Date Signed 02/14/19 (month, day, year)	Date Signed (month, day, year) Signature (File the originally signed paper statement with your filing official.)		statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)



ASSESSOR'S PARCEL NUMBER OR STREE 3953 KEEFER RD	ET ADDRESS		SESSOR'S PARCEL NUMB SPRINGBROOK C	
CITY		CIT		
\$2,000 - \$10,000	ABLE, LIST DATE: / 18 // 18 RED DISPOSED	FAII	R MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	IF APPLICABLE, LIST DATE:
NATURE OF INTEREST Ownership/Deed of Trust	asement	1/1	TURE OF INTEREST Ownership/Deed of Trust	☐ Easement
Leasehold	Other	. -	LeaseholdYrs. remaini	□
IF RENTAL PROPERTY, GROSS INCOME R □ \$0 - \$499 □ \$500 - \$1,000	ECEIVED	11 _	RENTAL PROPERTY, GRO	
▼ \$10,001 - \$100,000 □ OVER \$	\$100,000	×	\$10,001 - \$100,000	OVER \$100,000
SOURCES OF RENTAL INCOME: If you over interest, list the name of each tenant the income of \$10,000 or more.		inte ince		
	*			
You are not required to report loa business on terms available to make loans received not in a lender's r	nembers of the publ	cial lending	regard to your offic	ial status. Personal loans and
business on terms available to m	nembers of the publ	cial lending c without siness mu	regard to your offic	ial status. Personal loans and
business on terms available to moleons received not in a lender's r	nembers of the publ	cial lending without siness mu	regard to your officust be disclosed as	ial status. Personal loans and follows:
business on terms available to m loans received not in a lender's n NAME OF LENDER*	nembers of the publ	cial lending c without siness mu	regard to your offic ust be disclosed as AME OF LENDER*	sial status. Personal loans and follows:
business on terms available to m loans received not in a lender's r NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	nembers of the publ	cial lending continues must be siness must be sines	regard to your office ust be disclosed as AME OF LENDER*	sial status. Personal loans and follows:
business on terms available to m loans received not in a lender's r NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	nembers of the public	cial lending continues must be siness must be sines	regard to your office Just be disclosed as AME OF LENDER* DDRESS (Business Addre	cial status. Personal loans and follows: ss Acceptable) NY, OF LENDER TERM (Months/Years)
business on terms available to m loans received not in a lender's n NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM	nembers of the public regular course of bu	cial lending without siness mu	regard to your officient of the disclosed as AME OF LENDER* DDRESS (Business Addrest) USINESS ACTIVITY, IF AND LITEREST RATE	cial status. Personal loans and follows: ss Acceptable) NY, OF LENDER TERM (Months/Years) ne
business on terms available to m loans received not in a lender's management of the lender's managemen	nembers of the publicegular course of butter the publicegular course of the publicegular course of butter the publicegular course of the publicegular course	cial lending control without siness mu	regard to your officient of the disclosed as AME OF LENDER* DDRESS (Business Address Address) USINESS ACTIVITY, IF AND ITEREST RATE	cial status. Personal loans and follows: ss Acceptable) NY, OF LENDER TERM (Months/Years) ne
business on terms available to m loans received not in a lender's make of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM HIGHEST BALANCE DURING REPORTING	nembers of the public regular course of but	cial lending control without siness mu	regard to your office ust be disclosed as AME OF LENDER* DDRESS (Business Addrest) USINESS ACTIVITY, IF AND ITEREST RATE	cial status. Personal loans and follows: ss Acceptable) NY, OF LENDER TERM (Months/Years) ne NG REPORTING PERIOD

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM / UU FAIR POLITICAL PRACTICES COMMISSION
Name
PATRICK, BEVERLY

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 417 HICKORY ST	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 787 HUMBOLDT AVE - UNITS A-D
CHICO	CHICO
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$10,000 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 Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
	■ \$10,001 - \$100,000 □ \$1,001 - \$10,000 ■ \$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 CLARA & JOE LOGIUDICE	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
	Il lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

SCHEDULE B Interests in Real Property (Including Rental Income)



17	20-1722 SHERIDAN AVE		- 11	1519 HEMLOCK STREE	
CIT	Y HICO			CITY CHICO	
	\$2,000 - \$10,000 \$10,001 - \$100,000/_	LICABLE, LIST DATE: /_18	/ <u>18</u> SED	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	IF APPLICABLE, LIST DATE:
	TURE OF INTEREST Ownership/Deed of Trust	Easement		NATURE OF INTEREST Ownership/Deed of Trust	☐ Easement
	Leasehold [Other		Leasehold	Other
	RENTAL PROPERTY, GROSS INCOME \$0 - \$499	E RECEIVED \$1,001 - \$10,000 ER \$100,000	00	IF RENTAL PROPERTY, GROSS II ☐ \$0 - \$499 ☐ \$500 - \$1,0	NCOME RECEIVED
inte	URCES OF RENTAL INCOME: If you erest, list the name of each tenant ome of \$10,000 or more.			SOURCES OF RENTAL INCOME: interest, list the name of each income of \$10,000 or more.	If you own a 10% or greater tenant that is a single source of
Yo	ou are not required to report	loans from a con	mmercial le	nding institution made in the	e lender's regular course o
bu	ou are not required to report usiness on terms available to ans received not in a lender'	members of the	public wit	nout regard to your official s	status. Personal loans and
bu loa	siness on terms available to	members of the	public wit	nout regard to your official s	status. Personal loans and
loa NAI	siness on terms available to ans received not in a lender	o members of the	public wit	nout regard to your official s s must be disclosed as follo	status. Personal loans and ows:
DU IO8 NAI	siness on terms available to ans received not in a lender' ME OF LENDER*	o members of the	public wit	nout regard to your official s s must be disclosed as follo NAME OF LENDER*	status. Personal loans and ows:
NAI ADI	Isiness on terms available to ans received not in a lender' ME OF LENDER* DRESS (Business Address Acceptable) BINESS ACTIVITY, IF ANY, OF LENDE	o members of the	public wit	nout regard to your official s s must be disclosed as follon NAME OF LENDER* ADDRESS (Business Address Ac	status. Personal loans and ows:
NAI ADI	Isiness on terms available to ans received not in a lender' ME OF LENDER* DRESS (Business Address Acceptable) SINESS ACTIVITY, IF ANY, OF LENDE	o members of the	public wit	nout regard to your official s s must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Activity, IF ANY, Official s	etatus. Personal loans and ows: Comparison
NAI ADI	Isiness on terms available to ans received not in a lender ME of LENDER* DRESS (Business Address Acceptable) BINESS ACTIVITY, IF ANY, OF LENDE EREST RATE TE	o members of the	public wit	NAME OF LENDER* ADDRESS (Business Address Activity, IF ANY, OI	status. Personal loans and ows: Comparison
NAI ADI BUS	Isiness on terms available to ans received not in a lender. ME OF LENDER* DRESS (Business Address Acceptable) BINESS ACTIVITY, IF ANY, OF LENDE EREST RATE TE	o members of the s's regular course SER ERM (Months/Years)	public wit	NAME OF LENDER* ADDRESS (Business Address Activity, IF ANY, OI INTEREST RATE	status. Personal loans and ows: Comparison
NAI ADI HIG	Isiness on terms available to ans received not in a lender. ME OF LENDER* DRESS (Business Address Acceptable) SINESS ACTIVITY, IF ANY, OF LENDE EREST RATE TE Mone CHEST BALANCE DURING REPORTING	o members of the 's regular course RR (Months/Years) RG PERIOD \$10,000	public wit	NAME OF LENDER* ADDRESS (Business Address Activity, IF ANY, OI INTEREST RATE	status. Personal loans and ows: ceptable) F LENDER TERM (Months/Years) EPORTING PERIOD

SCHEDULE B Interests in Real Property (Including Rental Income)



131 & 131 1/2 WEST 11TH STREET	
CHICO	CITY
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 \$100,001 - \$1,000,000 Over \$1,000,000
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	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ■ \$1,001 - \$100,000 ☐ OVER \$100,000	\$1,000 \$1,
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater
	_ -
	ercial lending institution made in the lender's regular course o blic without regard to your official status. Personal loans and business must be disclosed as follows:
business on terms available to members of the pulloans received not in a lender's regular course of	blic without regard to your official status. Personal loans and
business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER*	blic without regard to your official status. Personal loans and business must be disclosed as follows:
business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Mone None	blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None None
business on terms available to members of the pulloans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans and business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD

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

CALIFORNIA FORM	700
Name	
PATRICK, BEVERLY	

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

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Peyton	Jeana	Lea	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if a	applicable	Your Position	
Loma Vista Special Educaiton		Assistant Principal	
► If filing for multiple positions, list belo	w or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	n de la
2. Jurisdiction of Office (Check a	at least one box)	Subsection of the Car	
State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
☐ Multi-County Butte		County of	and to carry year or
☐ City of Chico		Other Public School Distri	ct
3. Type of Statement (Check at le	ast one box)		
Annual: The period covered is Jan	uary 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.	mig ingalatori da kunt ma alabawa darawali	(Check or	e circle.)
		O The period covered is Janua -or-	ary 1, 2018, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must co	omplete) ► Total number	of pages including this cover p	age:
Schedules attached			
Schedule A-1 - Investments – so	chedule attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments – se		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property - so	chedule attached	Schedule E - Income - Gifts - Travel F	Payments - schedule attached
-or- 🗷 None - No reportable inte	erests on any schedule	u due a company de la company	with the contract of the contr
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub.	CITY Iic Document)	STATE	ZIP CODE
368 Picholine Way	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	a breath out the
(530) 521-1598	Charles and Manager	jpeyton@chicousd.org	
I have used all reasonable diligence in pr herein and in any attached schedules is		wed this statement and to the best of my k this is a public document.	nowledge the information contained
I certify under penalty of perjury under	er the laws of the State of Californ	ia that the foregoing is true and correc	et.
Date Signed 03/14/2019	Si	gnature Puff	The state of the s
(month, day, yea		(File the driginally signed paper si	atement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

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Please type or print in ink.

NA	RODINSON Eileen	(MIDDLE)
1.	Office, Agency, or Court	
	Agency Name (Do not use acronyms) Chico Unified School District Division, Board, Department, District, if applicable	BOARD Member Your Position
	▶ If filing for multiple positions, list below or on an attachment. (Do not use a	acronyms)
	Agency:	Position:
2.	Jurisdiction of Office (Check at least one box)	
	☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	☐ City of	Other Public School District
-	Type of Statement (Check at least one box)	
J.	Annual: The period covered is January 1, 2018, through December 31, 2018.	Leaving Office: Date Left/(Check one circle.)
	The period covered is/, through December 31, 2018.	O The period covered is January 1, 2018, through the date of -or- leaving office.
	Assuming Office: Date assumed/	The period covered is
	Candidate: Date of Election and office sought, if	different than Part 1:
4.	Schedule Summary (must complete) ► Total number of Schedules attached	f pages including this cover page:/
	Schedule A-2 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached Schedule D - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
=	or- 🔀 None - No reportable interests on any schedule	
5.	Verification 1371 MANZANITA Ave Chamber of Allenga Address Recommended - Public Document)	STATE ZIP CODE
	DAYTIME TELEPHONE NUMBER E	MAIL ADDRESS
	(530 521-9756	
	I have used all reasonable diligence in preparing this statement. I have reviewe herein and in any attached schedules is true and complete. I acknowledge this	
	I certify under penalty of perjury under the laws of the State of California	
	Date Signed	nature Leen Dio Ourson (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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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 applicate	ble	Your Position
Emma Wilson Elementary		Principal
▶ If filing for multiple positions, list below or or	n an attachment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	t one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
☐ City of		Public School District
Gity or		Outer
3. Type of Statement (Check at least one	e box)	
★ Annual: The period covered is January 1,	, 2018, through	Leaving Office: Date Left/
December 31, 2018.		(Check one circle.)
The period covered is/ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must comple	ete) ▶ Total number	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	e 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 Docur 1530 W. Eighth Avenue	Chico	CA 95926
DAYTIME TELEPHONE NUMBER	Office	EMAIL ADDRESS
(530)891-3297		krodgers@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 this is a public document.
I certify under penalty of perjury under the l	laws of the State of Californ	nia that the foregoing is true and correct.
Date Signed 01/22/2019	\$	ignature Kimly Rodge
(month, day, year)		(File the originally signed paper statement with your filing official.)



Date Initial Filing Received Official Use Only

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Please type or print in ink.

NA	ME OF FILER (LAST) (FIRST) SAUBERAN (FIRST)	RON	TIL	(MIDDLE)
<u> </u>	Office, Agency, or Court	COTO	Į n	MYER
	Agency Name (Do not use acronyms) Chico Unified Sch. Do Division, Board, Department, District, if applicable Loma Vista Special Ex	ist. Your ducate	Principal Position	
	▶ If filing for multiple positions, list below or on an attachment. (Do r	not use acronyms)		
	Agency:	Posi	ition:	
2.	Jurisdiction of Office (Check at least one box)			
	State	☐ Jud	dge or Court Commissioner (Statewide J	urisdiction)
	Multi-County		unty of	
	City of	X Oth	Public School District	
3.	Type of Statement (Check at least one box)			
,	Annual: The period covered is January 1, 2018, through December 31, 2018.		(Check one circle.)	
	The period covered is/, through December 31, 2018.		The period covered is January 1, 2018 leaving office.	s, through the date of
	Assuming Office: Date assumed/		The period covered is/	, through
	Candidate: Date of Election and office so	ought, if different th	nan Part 1:	
4.	Schedule Summary (must complete) ► Total num	nber of pages	including this cover page:	0
	 ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule A-2 - Investments - schedule attached ☐ Schedule B - Real Property - schedule attached 	Schedule [C - Income, Loans, & Business Positions D - Income – Gifts – schedule attached E - Income – Gifts – Travel Payments –	
=(or- None - No reportable interests on any schedule			
5.	Verification			
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document) AVE. DAYTIME TELEPHONE NUMBER (530) 879 – 7400 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 schedules are true and complete.	EMAIL ADDRES	CA. 95926 Search berachia	to WSd. organization contained
	I certify under penalty of perjury under the laws of the State of Ca	alifornia that the f	foregoing is true and correct.	
	Date Signed [29 19 (month, day, year)	Signature	(File the originally signed paper statement with yo	Levau our filing official.)



Date Initial Filing Received Official Use Only

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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 Elementary		Principal	
► If filing for multiple positions, list belo	ow or on an attachment. (Do not use ac	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
☐ State	,	☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of	•
City of		➤ Other Public School Distr	
City of		Otner	ICL
3. Type of Statement (Check at le	ast one box)		
Annual: The period covered is Jar December 31, 2018.	nuary 1, 2018, through	Leaving Office: Date Left(Check on	ne circle.)
	, through	O The period covered is Janu- or- leaving office.	ary 1, 2018, 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 d	different than Part 1:	
4. Schedule Summary (must c Schedules attached	omplete) ▶ Total number of	pages including this cover p	page:
Scriedules allacried			
Schedule A-1 - Investments – s		chedule C - Income, Loans, & Busine	
Schedule A-2 - Investments – s		chedule D - Income - Gifts - schedul	
Schedule B - Real Property – s	chedule attached 50	chedule E - Income - Gifts - Travel I	Payments – schedule attached
-or- ⊠ None - No reportable int	erests on any schedule		
5. Verification	The state of the s		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	CITY	STATE	ZIP CODE
2090 Amanda Way	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		IAIL ADDRESS	30320
(530) 891-3285	ks	schrock@chicousd.org	
I have used all reasonable diligence in properties and in any attached schedules is			knowledge the information contained
I certify under penalty of perjury under	er the laws of the State of California t	that the foregoing is true and corre	ct.
Date Signed January 23, 2019	Signa	ature I WM SM	mk_
(month, day, yea			statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST)	(MIDDLE)
Shephel John	Raymon
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	6 . 1
Chico Unified School District	Hirripal
Division, Board, Department, District, if applicable	Your Position
► If filing for multiple positions, list below or on an attachment. (Do n	not use acronyms)
I ming for matter positions, not below or off an attaconment.	
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of	Other Public School District
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2018, through	Leaving Office: Date Left/
December 31, 2018.	(Check one circle.)
-or- The period covered is/, through	O The period covered is January 1, 2018, through the date of
December 31, 2018.	-or- 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:
4. Schedule Summary (must complete) ▶ <i>Total num</i>	nber of pages including this cover page:
Schedules attached	not. of pages molaumy and cover pages
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
None No venestable interests on any schodule	
-or- ✓ None - No reportable interests on any schedule	0.60
5. Verification \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Y STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(530) 891-3000	isherherde chiconsdorg
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknowled	reviewed this statement and to the best of my knowledge the information contained ledge 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 Date Signed	Signature Signature
(month, day, year)	(File the originally signed paper statement with your filing official.)



Date Initial Filing Received
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NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
SHERIDAN	ERICA	LORRA	INE
1. Office, Agency, or Court	and years and manufacture managers and an artist of the analysis of the second	Sumble of the Control	
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if app	licable	Your Position	
CHICO HIGH		ASSISTANT PRINCIPAL	
► If filing for multiple positions, list below of	or on an attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at I	east one box)		
State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
Multi-County		County of	
City of		Nother Public School Distric	t
City of		A Outer	
3. Type of Statement (Check at least	one box)		
Annual: The period covered is Janua December 31, 2018.	ry 1, 2018, through	Leaving Office: Date Left(Check one	
-or-	_/, through	The period covered is Januar	,
December 31, 2018.	-	-or- leaving office.	
Assuming Office: Date assumed		The period covered is the date of leaving office.	/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must con	nplete) ▶ <i>Total number</i>	of pages including this cover pa	ge:2
Schedules attached			
Schedule A-1 - Investments - sche	edule attached	Schedule C - Income, Loans, & Business	s Positions - schedule attached
Schedule A-2 - Investments - sche	edule attached	Schedule D - Income - Gifts - schedule	attached
Schedule B - Real Property - sche	edule attached] Schedule E - Income — Gifts — Travel Pa	yments - schedule attached
-or- None - No reportable intere	ests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public L	CITY Document)	STATE	ZIP CODE
901 ESPLANADE	CHICO	CA	95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 891-3026		ESHERIDA@CHICOUSD.ORG	
I have used all reasonable diligence in prep herein and in any attached schedules is tru			owledge the information contained
I certify under penalty of perjury under t	the laws of the State of Californ	nia that the foregoing is true and correct	٠ د د د د د د د د د د د د د د د د د د د
Date Signed <u>2/27/2019</u>	٩	ignature Arriva Sl	eridan
(month, day, year)		(File the originally signed paper state	ement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

 \sim	CHEDIC	3 A A F
 к.д	SHERI	IAIN

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 779 VICTORIAN PARK DRIVE	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY CHICO	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
X 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
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
▼ None	None
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	☐ Guarantor, if applicable



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COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Spaggiari	Renee	Camille
1. Office, Agency, or Court	,	
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	3	Your Position
► 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 of	one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		Public School District
3. Type of Statement (Check at least one	hoxi	
Annual: The period covered is January 1, 2	•	Leaving Office: Date Left/(Check one circle.)
The period covered is/ December 31, 2018.	_/, through	 The period covered is January 1, 2018, through the date of -or-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	, if different than Part 1:
4. Schedule Summary (must complet Schedules attached	e) ▶ Total number	of pages including this cover page:
	_	_
Schedule A-1 - Investments – schedule a	-	Schedule C - Income, Loans, & Business Positions – schedule attached
 Schedule A-2 - Investments – schedule a Schedule B - Real Property – schedule a 	<u></u>	☐ Schedule D - Income — Gifts — schedule attached ☐ Schedule E - Income — Gifts — Travel Payments — schedule attached
Concado D Mean Nopony Concado C	L	
-or- ⊠ None - No reportable interests of	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY	STATE ZIP CODE
1475 East Avenue	Chico	Ca 95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 891-3050		rspaggiari@chicousd.org
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and		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 law	ws of the State of Califor	nia that the foregoing (s/true and correct.
Date Signed 03/10/2019		Signature 100 pagg 1 cm
(month, day, year)		(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Staley	Kelly	Jan	
1. Office, Agency, or Court		¥	
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if applicable	8	Your Position	
District Office		Superintendent	
▶ If filing for multiple positions, list below or on an	attachment. (Do not us	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least on	e box)		
☐ State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
☐ Multi-County		County of	
City of		Other Public School Distric	ct
Gity 01	a	M Other	
3. Type of Statement (Check at least one bo	ox)		
★ Annual: The period covered is January 1, 20	18, through	Leaving Office: Date Left	
December 31, 2018.		(Check on	e circle.)
The period covered is	/, through	 The period covered is Janua Leaving office. 	ary 1, 2018, 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,	-	
			1
4. Schedule Summary (must complete) ► Total number	of pages including this cover page	age:4
Schedules attached			
□ Schedule A-1 - Investments – schedule att	ached	Schedule C - Income, Loans, & Busines	ss Positions - schedule attached
Schedule A-2 - Investments – schedule att		Schedule D - Income - Gifts - schedule	
Schedule B - Real Property – schedule att	ached [>	Schedule E - Income – Gifts – Travel P	Payments – schedule attached
-or- ☐ None - No reportable interests on	any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1163 East Seventh Street	Chico	CA	95973
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	**************************************
(530) 891-3000		kstaley@chicousd.org	-
I have used all reasonable diligence in preparing thi herein and in any attached schedules is true and c			nowledge the information contained
I certify under penalty of perjury under the laws	of the State of Californ	nia that the foregoing is true and correct	the state of the s
Date Signed January 25, 2019	S	ignature <i>JUU</i>	tally
(month, day, year)		(File the originally signed paper s	atement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kelly Staley

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tri Counties Bank	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
63 Constitution Drive, Chico, CA 95973	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Husband's Employment as Appraiser	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
None	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,000 \$1,000
■ S10,001 - \$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.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOD
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 to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
S1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
Comments:	3

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Kelly Staley

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Stutz, Artiano, Shinoff, Holtz	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2488 Historic Decator Rd #200, San Diego, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Firm	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 13 , 18	\$
	\$
	\$
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
<u> </u>	\$

Comments: This unsolicited gift arrives annually during the holidays. It is placed in a common area for all District Office staff to enjoy. We currently do not utilize the services of this Southern California legal firm.

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Kelly Staley

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

. o. girlo o. maroi, provido mo maroi accumano	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Fiscal Crisis & Managment Assistance Team (FCMAT	Fiscal Crisis & Managment Assistance Team (FCMAT
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1300 17th Street	1300 17th Street
CITY AND STATE	CITY AND STATE
Bakersfield, CA 93301	Bakersfield, CA 93301
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Board Member: Meeting Travel Cost Reimbursement	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Board Member: Meeting Travel Cost Reimbursement
DATE(S): 01 / 23 / 19 - 01 / 24 / 19 AMT: \$0	DATE(S): 06 / 23 / 18 - 06 / 24 / 18 AMT: \$804.86
▶ MUST CHECK ONE: ☐ Gift -or- ☑ Income	► MUST CHECK ONE: ☐ Gift -or- ☒ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination Monterey, CA	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym) Fiscal Crisis & Managment Assistance Team (FCMAT	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1300 17th Street CITY AND STATE	CITY AND STATE
	OTT AND STATE
Bakersfield, CA 93301 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Board Member: Meeting Travel Cost Reimbursement	
DATE(S): 04 / 21 / 18 - 04 / 22 / 18 AMT: \$747.47	DATE(S):
► MUST CHECK ONE: ☐ Gift -or- 🔀 Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination Santa Ana, CA	► If Gift, Provide Travel Destination
•	

Comments: FCMAT pays travel costs, hotel and meals for the 4 required annual meetings held at various locations in the State. My employer paid for costs associated with Monterey (at conference). I was unable to attend the last meeting (10/14/18) in Redwood City and thus there are no reportable reimbursements.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Please type or print in ink.

A PUBLIC DOCUMENT

NAME	OF FILER (LAST) STRINGER (LAST) (FIRST) (FIRST)	(MIDDLE)
1. C	Office, Agency, or Court	
_	gency Name (Do not use acronyms)	D
_	Chico Unified School Distr	AINTERM Principal
	ivision, Board, Department, District, if applicable	Your Position
_	NEW DOVY	DIHENIVII PVIINIPUL
)	If filing for multiple positions, list below or on an attachment. (Do not us	e acronyms)
,	Agency:	Position:
2	Jurisdiction of Office (Check at least one box)	
	State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	City of	X Other Public School District
2 -	Type of Statement (Check of least are hard	
	Type of Statement (Check at least one box) ✓ Annual: The period covered is January 1, 2018, through	Leaving Office: Date Left/
Ļ	December 31, 2018.	(Check one circle.)
	The period covered is	O The period covered is January 1, 2018, through the date of -or- leaving office.
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
	Candidate: Date of Election and office sought	if different than Part 1:
4. 3	Schedule Summary (must complete) ► Total number	of pages including this cover page:
9	Schedules attached	
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
		Schedule D - Income - Gifts - schedule attached
	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-01	- □ None - No reportable interests on any schedule	
5. V	erification	
N (MAILING ADDRESS STREET CITY Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	420 Neal DOW Are C	NICO CA OKOZIO
[DAYTIME TELEPHONE NUMBER	VS de Nolaccia Con il Contisolo di
	have used all reasonable diligence in preparing this statement. I have revieuerein and in any attached schedules is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
	certify under penalty of perjury under the laws of the State of Califor	
	1125/19	ignature
	(month, day, year)	(File the originally signed paper statement with your filing official.)

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
437 DUSCO COMPANETOS		
CITY CH 95928	CITY	
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement	
Leasehold Other	Leasehold Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
1 \$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 income of \$10,000 or more.	
income of \$10,000 or more.		
None	None	
You are not required to report loans from a commerci	al lending institution made in the lender's regular course or without regard to your official status. Personal loans and	
You are not required to report loans from a commerci business on terms available to members of the public	al lending institution made in the lender's regular course or without regard to your official status. Personal loans and	
You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:	
You are not required to report loans from a commerci business on terms available to members of the public loans received not in a lender's regular course of bus	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*	
You are not required to report loans from a commerci 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)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	
You are not required to report loans from a commerci 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	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	
You are not required to report loans from a commerci 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	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	
You are not required to report loans from a commerci 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)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone None	
You are not required to report loans from a commerci 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)	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD	
You are not required to report loans from a commerci 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) "" HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)	

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
Christian Michaels Ristorate	California Parta
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$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 Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CO PAANOY	YOUR BUSINESS POSITION CO-PARTM
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST 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 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

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
HUBOMS Gastropus	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole ProprietorshipOther
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 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000	□ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
* 5- 5-15 * 1	The state of the s
	i remande de la constante de l
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
□ INVESTMENT □ REAL PROPERTY	□ INVESTMENT □ REAL PROPERTY
Fig. of Confed Mt Cone Confed to the	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Pusiness Activity or	Description of Puninger Activity or
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Sufuentes Heather Watroba		
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable		Your Position
Chico Unified, Principal-Parkvie wEle	mentary	
► If filing for multiple positions, list below or on a	an attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least o	ne box)	
☐ State	,	☐ Judge or Court Commissioner (Statewide Jurisdiction)
_		
Multi-County		☐ County of
City of		X Other
3. Type of Statement (Check at least one b	oox)	
Annual: The period covered is January 1, 2	018. through	Leaving Office: Date Left/
December 31, 2018.	- · · · · · · · · · · · · · · · · · · ·	(Check one circle.)
The period covered is	_/, through	O The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed/_		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	if different than Part 1:
Schedule Summary (must complete Schedules attached	³) ► Total number	of pages including this cover page:
Schedule A-1 - Investments – schedule a	ttached F	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments – schedule a	-	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule a	_	Schedule E - Income – Gifts – Travel Payments – schedule attached
	_	,
-or- □ None - No reportable interests o	n any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documen	CITY	STATE ZIP CODE
1163 E. 7th St Chico, CA95928	9	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530)891-3114		Hsufuentes@Chicousd.org
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and		wed 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 law		
Date Signed 3/1/19	c	ignatura
(month, day, year)		ignature (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
Heather Sufuentes

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 19 River Oaks Dr	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
CITY	CITY	
Chico , CA		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
▼ Ownership/Deed of Trust	Ownership/Deed of Trust Easement	
Leasehold Other	Leasehold Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
☐ \$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	S10,001 - \$100,000 OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
∐ None	None	
	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*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
% None	%	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
Guarantor, if applicable	Guarantor, if applicable	
Comments:		



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Sullivan	Theodore	William	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Chico Unified School District			
Division, Board, Department, District, if a	pplicable	Your Position	
		Director	
► If filing for multiple positions, list below	v or on an attachment. (Do not use a	cronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check a	t least one box)		
State		☐ Judge or Court Commissioner (St	atewide Jurisdiction)
Multi-County		County of	
☐ City of			t
		El Otto	-
3. Type of Statement (Check at lea	st one box)		
🔀 Annual: The period covered is Janu	uary 1, 2018, through	Leaving Office: Date Left	
December 31, 2018.		(Check one	,
The period covered is December 31, 2018.	, through	 The period covered is Januar -or- 	y 1, 2018, through the date of
Assuming Office: Date assumed _		The period covered is the date of leaving office.	J, through
Candidate: Date of Election	and office sought, if	different than Part 1:	
4. Schedule Summary (must co	omplete) ► Total number of	pages including this cover pa	ge:
Schedules attached			
Schedule A-1 - Investments - sc	hedule attached S	chedule C - Income, Loans, & Busines	s Positions – schedule attached
Schedule A-2 - Investments - sc		chedule D - Income - Gifts - schedule	
Schedule B - Real Property – sc	hedule attached S	chedule E - Income – Gifts – Travel Pa	ayments – schedule attached
-or- ⊠ None - No reportable inte	erests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publi	CITY ic Document)	STATE	ZIP CODE
1163 East Seventh Street	Chico	CA	95928
DAYTIME TELEPHONE NUMBER		MAIL ADDRESS	
(530) 891-3000 ext 20137		sulliva@chicousd.org	
I have used all reasonable diligence in proherein and in any attached schedules is	true and complete. I acknowledge this	s is a public document.	
I certify under penalty of perjury unde	r the laws of the State of California	that the foregoing is true and correct	S S S S S S S S S S S S S S S S S S S
Data Signed 2/27/19	O:	atura All At	
Date Signed	Date Signed 2/27/19 Signature (month, day, year) (File the originally signed paper statement with your filing official.)		tement with your filing official.)



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Tadeo	Rachel	Ann	
1. Office, Agency, or Court			
Agency Name (Do not use acronym	5)		
Chico Unified School Distric	t		
Division, Board, Department, District,	if applicable	Your Position	
John McManus Elementary		Prinicpal	
► If filing for multiple positions, list b	elow or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Chec	k at least one box)		
☐ State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County		County of	
City of		Other Public School Distri	ct
Oity of		<u> </u>	
3. Type of Statement (Check at	t least one box)		
Annual: The period covered is December 31, 2018.	January 1, 2018, through	Leaving Office: Date Left (Check or	
-or- The period covered is December 31, 2018.	, through	O The period covered is Janua -or-	ary 1, 2018, through the date of
★ Assuming Office: Date assume	ed <u>11 , 5 , 2018</u>		, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must	complete) ► Total number	of pages including this cover p	ace:
Schedules attached	, ,	,	
Schedule A-1 - Investments	- schedule attached	Schedule C - Income, Loans, & Busine	ss Positions – schedule attached
Schedule A-2 - Investments		Schedule D - Income - Gifts - schedul	
☐ Schedule B - Real Property	<u></u>] Schedule E - Income — Gifts — Travel F	
-or- ⊠ None - No reportable	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - 2283 Burlingame Dr	Public Document) Chico	CA	95928
DAYTIME TELEPHONE NUMBER	Offico	EMAIL ADDRESS	
(530) 864-4777		ratadeo@chicousd.org	
I have used all reasonable diligence i	n preparing this statement. I have reviews is true and complete. I acknowledge	wed this statement and to the best of my lithis is a public document.	knowledge the information contained
I certify under penalty of perjury u	nder the laws of the State of Californ	nia that the foregoing is true and corre	ct.
Date Signed 1/22/2019	\$i	ignature Rachel Ca	lasta
(month, day		(File the originally signed paper s	tatement with your filing official.)



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Tadeo	Rachel	Ann
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Chico Unified School District		
Division, Board, Department, District, if applicable	e	Your Position
Citrus Avenue Elementary		Prinicpal
▶ If filing for multiple positions, list below or on	an attachment. (Do not us	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least	one box)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
─ Multi-County		County of
City of		☑ Other Public School District
		El Culoi
3. Type of Statement (Check at least one	box)	44 0 0040
★ Annual: The period covered is January 1, December 31, 2018.	2018, through	★ Leaving Office: Date Left 11 / 2 / 2018 (Check one circle.)
The period covered is/ December 31, 2018.	, through	 The period covered is January 1, 2018, through the date of -or- leaving office.
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must comple	te) ▶ Total number	of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments - schedule	attached	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule	attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule	attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable interests	on any schedule	
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docum	CITY ent)	STATE ZIP CODE
2283 Burlingame Dr	Chico	CA 95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
(530) 864-4777		ratadeo@chicousd.org
I have used all reasonable diligence in preparing herein and in any attached schedules is true an		wed 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 State of Californ	nia that the foregoing is true and correct.
Date Signed	c	innoture Kachel Hasher
(month, day, year)		(File the originally signed paper statement with your filing official.)



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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Vincent	John	Everd		
1. Office, Agency, or Cour	t			
Agency Name (Do not use acro	nyms)			
Chico Unified School Dis	trict			
Division, Board, Department, Dis	rict, if applicable	Your Position		
Information Services		Director		
► If filing for multiple positions,	list below or on an attachment. (Do not	use acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least one box)			
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)		
•		Dublic School District		
		_ Other		
3. Type of Statement (Chec	k at least one box)			
X Annual: The period covered	d is January 1, 2018, through	Leaving Office: Date Left/		
December 31, 201	8.	(Check one circle.)		
	d is/, through 8.	The period covered is January 1, 2018, through the date of or normal eaving office.		
Assuming Office: Date ass	sumed/	The period covered is, through the date of leaving office.		
Candidate: Date of Election	ı and office souç	ght, if different than Part 1:		
4. Schedule Summary (m	ust complete) ▶ Total numb	per of pages including this cover page:		
Schedules attached				
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached				
Schedule A-2 - Investme	nts - schedule attached	Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Prope	erty – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached		
-or- ⊠ None - No reporta	ole interests on any schedule			
5. Verification	2			
MAILING ADDRESS STRE (Business or Agency Address Recommend		STATE ZIP CODE		
1163 East Seventh Street	et Chico	CA 95928		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3000	and a manual and his statement of the	jvincent@chicousd.org		
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the informati herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
I certify under penalty of perju	ry under the laws of the State of Calif	fornia that the foregoing is true and correct.		
Date Signed 01/23/2019 (mont	h, day, year)	Signature(File the originally signed paper statement with your filling official.)		
		1 1 1		



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Please type or print in ink.

NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Telephone (whittaker	Damor	\		
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 attach	ment. (Do not	use acronyms)		
	Agency:		Position:		
2.	Jurisdiction of Office (Check at least one box)				
	State		☐ Judge or Court Commissioner (Statewide Jurisdiction)		
	Multi-County				
	City of		Bublic School District		
	City of		Otrier		
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2018, thro	ough	Leaving Office: Date Left		
	December 31, 2018.		(Check one circle.)		
	The period covered is/	, througl	h O The period covered is January 1, 2018, through the date of		
	December 31, 2018.		-or- leaving office.		
	Assuming Office: Date assumed		O The period covered is, through		
	D o the Draction		the date of leaving office.		
-	Candidate: Date of Election	and office soug	ght, if different than Part 1:		
4.	Schedule Summary (must complete) ▶	Total numb	er of pages including this cover page:		
	Schedules attached				
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
	Schedule A-2 - Investments – schedule attached		Schedule D - Income – Gifts – schedule attached		
	☐ Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached		
-(or- \square None - No reportable interests on any s	schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE		
	1475 East Ave.	Chico	CA 95926		
	DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
	(530)891-3050		dwhittaker@chicousd.org		
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information containe 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.				
1/23/10					
	Date Signed 1/23/19 (month, day, year)		Signature		
	francisco and A service		the agreement of the control of the		

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)				
Williams	Douglas	James				
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 School		Principal				
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use ac	ronyms)				
Agency:		Position:				
2. Jurisdiction of Office (Check at least of	ne box)					
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)				
Multi-County		⊠ County ofButte				
⊠ City of Chico		Other				
Ed only of		Out of the second of the secon				
3. Type of Statement (Check at least one b	iox)					
Annual: The period covered is January 1, 20 December 31, 2018.	018, through	Leaving Office: Date Left/(Check one circle.)				
The period covered is/	_/, through	The period covered is January 1, 2018, through the date of -or-				
Assuming Office: Date assumed/_		The period covered is				
Candidate: Date of Election	and office sought, if di	fferent than Part 1:				
4. Schedule Summary (must complete	∋) ► Total number of	pages including this cover page:				
Schedules attached						
Schedule A-1 - Investments – schedule at		hedule C - Income, Loans, & Business Positions – schedule attached				
Schedule A-2 - Investments – schedule at		hedule D - Income - Gifts - schedule attached				
Schedule B - Real Property – schedule at	.tacrieu 3c	hedule E - Income - Gifts - Travel Payments - schedule attached				
-or- ⊠ None - No reportable interests on any schedule						
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document	CITY (t)	STATE ZIP CODE				
901 Esplanade	Chico	CA 95926				
DAYTIME TELEPHONE NUMBER	EM/	AIL ADDRESS				
(530) 891-3026 Ext. 105		Villiams@chicousd.org				
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and the schedules in the schedu		this statement and to the best of my knowledge the information contained is a public document.				
I certify under penalty of perjury under the law	s of the State of California t	hat the foregoing is true and correct.				
Date Signed2/25/2019	Signa	ture Double LWik				
(month, day, year)	Jigha	(File the originally signed paper statement with your filing official.)				