

COVER PAGE

A PUBLIC DOCUMENT

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

Chapman Elementary

Your Position

Principal

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

Agency: _____ Position: _____

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

☐ State

☐ 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

1071 East 16th Street

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3100

EMAIL ADDRESS

MAllen@chicousd.org

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

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

Date Signed 2/19/2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Sienna View Elementary

Principal

Your Position

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

Agency: _____ Position: _____

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

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other Public School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

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

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

1598 Hooker Oak Ave. Chico CA 95926

DAYTIME TELEPHONE NUMBER

(530) 891-3117

EMAIL ADDRESS

mbenz@chicousd.org

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

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

Date Signed 2/25/19
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Besnard Bruce Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Shasta Elementary

Division, Board, Department, District, if applicable

Chico Unified School District

Your Position

Principal

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

Agency: _____ Position: _____

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

☐ 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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: 1

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

169 Leora Ct

Chico

CA

95973

DAYTIME TELEPHONE NUMBER

(530) 891-3141

EMAIL ADDRESS

bbsnrd@chicousd.org

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

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

Date Signed January 23, 2019
(month, day, year)

Signature

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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Rosedale Elementary School

Your Position

Principal

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
1163 E. 7th Street		Chico	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3104				

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

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

Date Signed 02/13/2019
(month, day, year)

Signature

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Bettencourt, Jo Ann F

► 1. BUSINESS ENTITY OR TRUST

Chico Turf Plus, LLC

Name

3030 Thorntree Dr. Ste 3

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

01/01/18 12/31/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Vice President

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

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

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

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

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

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

☐ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining

☐ Other

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

Comments:

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Please type or print in ink.

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

Beyers Gloria

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified Sch. Dist. Personell Comm

Division, Board, Department, District, if applicable

Your Position

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

Agency: Position:

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

☐ State

☐ Judge 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.

-or-

The period covered is through December 31, 2018.

☐ **Leaving Office:** Date Left (Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

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

☐ **Assuming Office:** Date assumed

☐ **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 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

1053 E. 7th St

STREET

Chico

CITY

CA

STATE

95928

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(530) 343-6442

EMAIL ADDRESS

gbeyers@pacbell.net

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

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

Date Signed

3-4-19

(month, day, year)

Signature

Gloria Beyers

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

COVER PAGE

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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

State and Federal Programs

Director

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

Agency: Position:

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☒ Other Public School District

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is / / , through December 31, 2018.

☒ Leaving Office: Date Left 10 / 29 / 2018
(Check one circle.)

☒ The period covered is January 1, 2018, through the date of leaving office.

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

☐ Assuming Office: Date assumed / /

☐ 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 attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

2795 Yuma Street

Orville

CA

95966

DAYTIME TELEPHONE NUMBER

(530) 532-3000

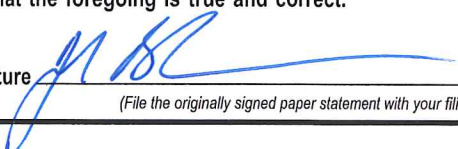
EMAIL ADDRESS

jbohannon@ocesd.net

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

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

Date Signed 2-25-19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bultema Kevin James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Business Services

Your Position

Assistant Superintendent, Business Services

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

Agency: _____ 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.)

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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: _____

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

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

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

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

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

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

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

5. Verification

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

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

kbultema@chicousd.org

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

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

Date Signed 3/4/19
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Kevin J. Bultema

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
548 W. 4th Avenue

CITY
Chico

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

IF APPLICABLE, LIST DATE:
____/____/18 ____/____/18
ACQUIRED DISPOSED

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
____/____/18 ____/____/18
ACQUIRED DISPOSED

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

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments: _____

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) CALDERA (FIRST) PEORO (MIDDLE) A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Chico Junior High School Principal

► If filing for multiple positions, list below or on an 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.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or- ☐ The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended, - Public Document)
280 Memorial Way Chico CA 95926
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3066 Ext 208 pcaldera@chicousd.org

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

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

Date Signed 1/22/19
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Pedro A. Calderon

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2182 Holley Ave

CITY

Chico

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 18 / / 18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☒ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None

Kerri Smith

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 18 / / 18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐ _____

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

CAPEN

JESSICA

THAIS

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

CJHS

► 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.)

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

☐ 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 attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

280 Memorial

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 518 5313

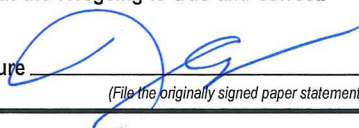
EMAIL ADDRESS

jcapien@chico.usd.org

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

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

Date Signed 1/22/2019
(month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Jessica Cayan</u>

1. BUSINESS ENTITY OR TRUST

Name Chico Paper Company
Address (Business Address Acceptable) 345 Broadway
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Framing/Art Gallery
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000
ACQUIRED 18 DISPOSED 18

NATURE OF INVESTMENT

☒ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Owner

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

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

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED 18 DISPOSED 18

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

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

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED 18 DISPOSED 18

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

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

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

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
ACQUIRED 18 DISPOSED 18

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

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

Comments:

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cariss Timothy Andrew

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

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

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

1163 East Seventh St.

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

tcariss@chicousd.org

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

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

Date Signed 2/25/19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

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/Operations/Transportation

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

Agency: _____ Position: _____

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

☐ State

☐ Judge 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

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

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

2455 Carmichael Dr.

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(**530**) **624-7411**

EMAIL ADDRESS

jcarver@chicousd.org

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

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

Date Signed **01/22/2018**
(month, day, year)

Signature

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Connelly Courtney C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Emma Wilson Elementary/Shasta Elementary

Your Position

Assistant Principal

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is July / 1 / 2018, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

☐ 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 attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

1163 E. 7th Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3141

EMAIL ADDRESS

cconnelly@chicoousd.org

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

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

Date Signed 1/24/19
(month, day, year)

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

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

CSU, Chico

ADDRESS (Business Address Acceptable)

400 West First Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

PACT Scorer

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☒ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

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

☐ Loan repayment

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

(Describe)

☐ Other Independent Contractor

(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

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

☐ Loan repayment

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

(Describe)

☐ Other _____
(Describe)

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Maintenance

Your Position

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)

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

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

- | | |
|--|--|
| <input type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: 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

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

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

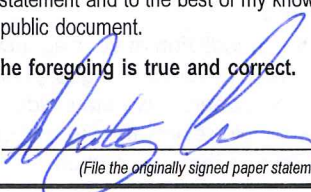
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
2455 Carmichael Dr.		Chico	Ca.	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 864-3247		dcopper@chicousd.org		

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

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

Date Signed 1/22/19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

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 acronyms)

Chico Unified School district

Division, Board, Department, District, if applicable

Bidwell Jr. High School

Your Position

Assistant Principal

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

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

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

☐ **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 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

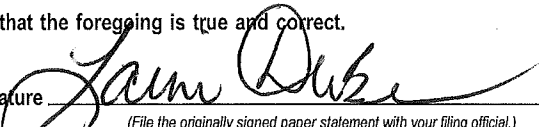
5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
2376 North Ave.		Chico	CA	95926
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3080	ldebock@chicousd.org			

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

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

Date Signed 1-23-19
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1030 Broadway

CITY

Chico

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1286 & 1290 Wanderer Ln.

CITY

Chico

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None

1290 Wanderer - Joe Tierno, Jim Tierno

1286 Wanderer - Jessica Bergem

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Enloe Medical Center

ADDRESS (Business Address Acceptable)

1531 Esplanade

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospital

YOUR BUSINESS POSITION

Registered Nurse

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

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

☐ Loan repayment

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

(Describe)

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

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

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

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

☐ Loan repayment

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

(Describe)

☐ Other _____
(Describe)

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

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

NAME OF LENDER*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

BUSINESS ACTIVITY, IF ANY, OF LENDER

☐ Real Property _____
Street address

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) De Luna (FIRST) Amy (MIDDLE) Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Marsh Jr. High - Assistant Principal

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Chico

☒ Other 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.)

-or-

The period covered is 7/01/2018, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

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

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

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

2253 Humboldt Rd. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 895-4110 adeluna@chicousd.org

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

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

Date Signed 3/11/19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

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)

CHICO UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

BUYER

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

Agency: Position:

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☒ Other Public School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is / / , through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

1163 EAST 7th STREET

CHICO

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

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

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

Date Signed 1/22/2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Child Nutrition

Your Position

Director

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

Agency: _____ Position: _____

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

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

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

- ☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or- ☐ The period covered is ____/____/____, through the date of leaving office.

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2455 Carmichael Dr Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(**530**) **891-3021** **venserro@chicousd.org**

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

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

Date Signed **1.26.2019**
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Maintenance and Operations

Your Position

Manager

► 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
2455 Carmichael Dr		Chico	Ca	95928
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3095	EGERMAN@CHICOUSD.ORG			

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

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

Date Signed 1/22/19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Chico Unified School District

Division, Board, Department, District, if applicable Board of Education, Trustee Your Position

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

Agency: _____ Position: _____

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

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

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

- ☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or- The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
605 Sycamore St., Chico, CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 864-0549 egriffin@chicousd.org

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

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

Date Signed 2-19-19
(month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Griffin, Elizabeth</u>

1. BUSINESS ENTITY OR TRUST

Name B. L. Griffin Co., Inc.
Address (Business Address Acceptable) 2225 Fair St., Chico, CA
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

fueling systems repair & service

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ Corporation
Other

YOUR BUSINESS POSITION spouse of owner

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

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

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

☐ Leasehold Yrs. remaining ☐ Other

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

Comments: _____

1. BUSINESS ENTITY OR TRUST

Name _____
Address (Business Address Acceptable) _____
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

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

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

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

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

☐ Leasehold Yrs. remaining ☐ Other

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Griffin, Elizabeth</u>
--

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS <u>605 Sycamore St.</u> CITY <u>Chico, CA</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold <u> </u> Yrs. remaining <input type="checkbox"/> <u> </u> Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
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. <input checked="" type="checkbox"/> None <u>personal residence</u>	

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS <u>620 Sycamore St.</u> CITY <u>Chico, CA</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u> ACQUIRED DISPOSED
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold <u> </u> Yrs. remaining <input type="checkbox"/> <u> </u> Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
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. <input type="checkbox"/> None <u>Michael Polsan</u>	

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

NAME OF LENDER*	
<u> </u>	
ADDRESS (Business Address Acceptable) <u> </u>	
BUSINESS ACTIVITY, IF ANY, OF LENDER <u> </u>	
INTEREST RATE <u> </u> % <input type="checkbox"/> None	TERM (Months/Years) <u> </u>
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

NAME OF LENDER*	
<u> </u>	
ADDRESS (Business Address Acceptable) <u> </u>	
BUSINESS ACTIVITY, IF ANY, OF LENDER <u> </u>	
INTEREST RATE <u> </u> % <input type="checkbox"/> None	TERM (Months/Years) <u> </u>
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

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
1427 Sunset Ave.

CITY
Chico, CA

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

IF APPLICABLE, LIST DATE:
____/____/18 ____/____/18
ACQUIRED DISPOSED

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
____/____/18 ____/____/18
ACQUIRED DISPOSED

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

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Gundersen (FIRST) John (MIDDLE) A

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 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.
-or- The period covered is ____/____/____, through December 31, 2018.
☒ **Assuming Office:** Date assumed 6 / 1 / 2018
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 1

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
983 E. 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(702) 379-5972 jgundersen@chicoasd.org

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

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

Date Signed 1/24/19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Assistant Superintendent - Human Resources

Division, Board, Department, District, if applicable

Your Position

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Chico Unified School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

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

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

15 Carol Lee Court

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000 ext. 20143

EMAIL ADDRESS

jhanlon@chicousd.org

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

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

Date Signed 1/31/19
(month, day, year)

Signature


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

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

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 applicable
Business Services
Your Position
Director, Fiscal Services

► 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.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: _____

Schedules attached

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

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

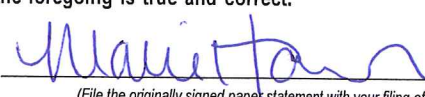
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 East 7th St. Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 x20141 mhartman@chicousd.org

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

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

Date Signed 3/11/19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(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 _____

☒ 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

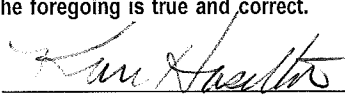
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
2455 Carmichael Dr.		Chico	CA	95928
DAYTIME TELEPHONE NUMBER		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.

Date Signed 1-29-2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

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

Chico Unified School District

Your Position

Principal

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

Agency: Position:

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

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

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

- ☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is / / , through December 31, 2018.
☐ Assuming Office: Date assumed / /
☐ Leaving Office: Date Left / /
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or-
☐ The period covered is / / , through the date of leaving office.
☐ Candidate: Date of Election and office sought, if different than Part 1:

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

Schedules attached

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

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


5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2446 Marigold Avenue Chico CA 95926
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3121 sheath@chicousd.org

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

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

Date Signed January 23, 2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Holderman	Brian	Scott

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Hooker Oak School

Your Position

Principal

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

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

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

☐ 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 attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
832 Orient Street	Chico	CA	95926

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(530) 891-3119

EMAIL ADDRESS

bholderm@chicousd.org

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

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

Date Signed 1.22.19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Assistant Principal

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

Agency: _____ Position: _____

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

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: 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

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

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
1475 East Avenue		Chico	CA	95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3050		dholen@chicousd.org		

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

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

Date Signed 01-23-2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CHICO UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

BOARD TRUSTEE

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

Agency: _____ Position: _____

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

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: 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

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

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
1163 E. 7TH STREET		CHICO	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3000		LHOVEY@CHICOUSD.ORG		

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

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

Date Signed 1/23/2019
(month, day, year)

Signature

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Jones (FIRST) Scott (MIDDLE) P

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Personnel Commission of Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

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

Agency: _____ Position: Member

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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

1163 E. 7th St

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 781-2339

EMAIL ADDRESS

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

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

Date Signed 03/04/2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kaiser	Kathleen	Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

School Board Member

Your Position

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

Agency: _____ Position: _____

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

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

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

- | | |
|--|--|
| <input type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input checked="" type="checkbox"/> Assuming Office: Date assumed 12 / 5 / 2018 | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input checked="" type="checkbox"/> Candidate: Date of Election Nov. 6, 2018 and office sought, if different than Part 1: _____ | |

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

Schedules attached

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

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

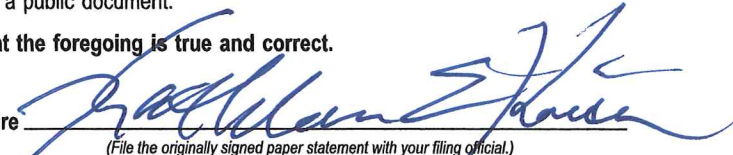
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
1163 E. 7th St Chico CA 95928				
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000	kkaiser@chicousd.org			

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

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

Date Signed Feb, 25, 2019
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Kathleen E Kaiser

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1029 Poppy St

CITY
Chico, CA 95928

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

ACQUIRED / / 18 DISPOSED / / 18

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
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
☐ Over \$1,000,000

ACQUIRED / / 18 DISPOSED 12 / 3 / 18

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

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % ☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % ☐ None

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kamph Jessica Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

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

Agency: Position:

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

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

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

- ☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is / / , through December 31, 2018.
☐ **Assuming Office:** Date assumed / /
☐ **Candidate:** Date of Election and office sought, if different than Part 1:
☐ **Leaving Office:** Date Left / /
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or-
☐ The period covered is / / , through the date of leaving office.

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
28 Rose Garden Ct. Chico CA 95973
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(**530**) **966-6226** **jkamph@chicousd.org**

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

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

Date Signed **2/25/19**
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Keene Kristine D

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Chico Unified School District

Your Position

State and Federal Programs Director

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

Agency: _____ Position: _____

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

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

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

- ☐ **Annual:** The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is ____/____/____, through December 31, 2018.
☒ **Assuming Office:** Date assumed **11 / 1 / 2018**
☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or- ☐ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

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

Schedules attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
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 this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed **January 23, 2019**
(month, day, year)

Signature **Kristine Keene**
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Keene Kristine D

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Chico Unified School District

Your Position

Principal

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other **Public School District**

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

☐ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☒ **Leaving Office:** Date Left **10 / 31 / 2018**
(Check one circle.)

☒ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

PO Box 1147

Durham

CA

95938

DAYTIME TELEPHONE NUMBER

(**530**) **891-3000**

EMAIL ADDRESS

kkeene@chicousd.org

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

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

Date Signed **January 23, 2019**
(month, day, year)

Signature **Kristine Keene**
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

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

Chico High School

Your Position

Assistant Principal

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

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

-or-

The period covered is ____/____/_____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

☐ 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 attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1418 Scottsdale Ct Chico CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3026 bkessler@chicousd.org

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

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

Date Signed 2/25/19
(month, day, year)

Signature _____
(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.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
KISTLE	JULIA	MARIE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CHICO UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

FACILITIES DEPARTMENT

Your Position

DIRECTOR

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

Agency: _____ Position: _____

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

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☒ Other PUBLIC SCHOOL DISTRICT

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

☒ Annual: The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is ____/____/____, through December 31, 2017.

☐ Assuming Office: Date assumed ____/____/____

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

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

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

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

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

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

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

☒ Schedule D - Income - Gifts - schedule attached

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

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
2455 CARMICHAEL DRIVE		CHICO	CA	95928
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(530) 891-3140	JKISTLE@CHICOUSD.ORG			

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

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

Date Signed 02-22-18
(month, day, year)

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

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF SOURCE (Not an Acronym)

United Building Contractors

ADDRESS (Business Address Acceptable)

275 Fairchild Avenue, Suite 106, Chico Ca 95973

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 14 / 18</u>	<u>\$ 150.00</u>	<u>2 baseball tickets</u>
<u>8 / 25 / 18</u>	<u>\$ 150.00</u>	<u>2 baseball tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>

NPH

ADDRESS (Business Address Acceptable)

555 Flying V St. #5 Chico, CA 95928

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Crab Feed for Butte College

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 20 / 18</u>	<u>\$ 100.00</u>	<u>2 seats at table</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

Darden Architects

ADDRESS (Business Address Acceptable)

6790 N West Ave. Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

C.A.S.H. Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 27 / 18</u>	<u>\$ 50.00</u>	<u>meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

District Office

Your Position

Executive Director Human Resources

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

Agency: _____ Position: _____

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

☐ State

☐ 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

1163 E. 7th Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(**530**) **891-3000**

EMAIL ADDRESS

dkoll@chicousd.org

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

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

Date Signed **2-26-2019**
(month, day, year)

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

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

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name <u>David Koll</u>	

- 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)
Keenan & Associates

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

CITY AND STATE
Rancho Cordova

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

DATE(S): 09 / 11 / 18 - 09 / 14 / 18 AMT: \$ 150
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Meal

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Hanna Brophy

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

CITY AND STATE
Rancho Cordova

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

DATE(S): 09 / 11 / 18 - 09 / 14 / 18 AMT: \$ 150
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Hanna Broph

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

CITY AND STATE
Rancho Cordova

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

DATE(S): 12 / 04 / 18 - 12 / 07 / 18 AMT: \$ 125
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Meal

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Business Manager

► 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 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**

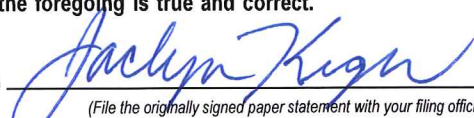
5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	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 statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 01/31/19
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Governing Board Member
Your Position

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is 12 / 5 / 2018, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th St. Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 354-1649 lando@chicoUSD.org

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

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

Date Signed 3-1-19
(month, day, year)

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

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Thomas M Lando

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

Comments:

N/A

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tom M Lardo</u>

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION _____

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

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

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

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

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

☐ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

Comments: N/A

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Thomas M. Lund

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18

ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold _____

Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

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

☐ None

NAME OF LENDER*

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____% <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____ % <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

N/A

SCHEDULE C
Income, Loans, & Business
Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tom M Lando</u>

Pivot Charter School

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME #150
1350 E 9th St. Chico CA
ADDRESS (Business Address Acceptable)
Public Charter School
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Coordinator
YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

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

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

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

☐ Loan repayment

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

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Nyson Therapy
ADDRESS (Business Address Acceptable)
572 Rio Linda Ave, Chico
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Counseling & Training
YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

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

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

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

☐ Loan repayment

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

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Tom M. Lardo</u>

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: N/A

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <i>Tom M. Lando</i>

- 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) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym) _____

ADDRESS (Business Address Acceptable) _____

CITY AND STATE _____

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: N/A

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Board member

Division, Board, Department, District, if applicable

Your Position

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

-or-

The period covered is ____/____/____, through December 31, 2018.

☒ Leaving Office: Date Left 12 / 7 / 2018
(Check one circle.)

☒ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

☐ Assuming Office: Date assumed ____/____/____

☐ 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 attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

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

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

5. Verification

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

1163 E 7th St

Chico

Ca

95928

DAYTIME TELEPHONE NUMBER

(530) 228-2510

EMAIL ADDRESS

G-Loustaie@Gmail.com

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

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

Date Signed 4-9-19
(month, day, year)

Signature Gary M Loustaie
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marchant Jay Christopher

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director of 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**

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.)

-or-

The period covered is ____/____/_____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

1163 E. 7th Street

Chico

Ca.

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

jmarchant@chicousd.org

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

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

Date Signed **1/31/2019**

(month, day, year)

Signature

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Principal

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

Agency: _____ Position: _____

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

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

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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: 1

Schedules attached

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

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

5. Verification

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

2376 North Ave

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3080

EMAIL ADDRESS

dmckay@chicousd.org

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

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

Date Signed 1/22/2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

Child Nutrition

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)

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: 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

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

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
2455 Carmichael Dr.		Chico	Ca.	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3021		twebber@chicousd.org		

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

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

Date Signed 1-29-2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

ADMINISTRATOR

Your Position

Administrator

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

Agency: _____ Position: _____

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

- ☐ State ☐ Judge 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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: 1

Schedules attached

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

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

5. Verification

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

290 East Ave

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(**530**) **891-3092**

EMAIL ADDRESS

amoll@chicousd.org

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

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

Date Signed **1/24/19**

(month, day, year)

Signature

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Olsen	Diane	Louise

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director of Student Support Services

► 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.)

-or-

The period covered is ____/____/_____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

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

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

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

1163 East Seventh Street

Chico

CA

95973

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

dolsen@chicousd.org

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

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

Date Signed 1/22/2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ontiveros	Richard	Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Transportation 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)

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: 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

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

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

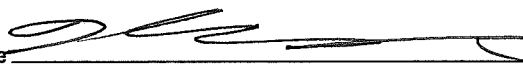
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
10155 Orchard Way		Live Oak	Ca	95953
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 216-9355		bontiveros@chicousd.org		

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

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

Date Signed 02/26/2019
(month, day, year)

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

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Parsley Joanne Warren

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Assistant Superintendent

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

Agency: _____ Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other **Public School District**

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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 attached

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

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

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

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

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

5. Verification

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

6280 Bennett Rd

Chico

CA

95973

DAYTIME TELEPHONE NUMBER

(530) 864-0347

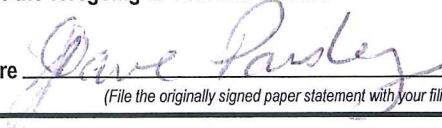
EMAIL ADDRESS

jparsley@chicousd.org

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

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

Date Signed **3-8-19**
(month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Joanne Parsely

► 1. BUSINESS ENTITY OR TRUST

Parsley Farms

Name

6280 Bennett Rd

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

walnut orchards

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☒ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION spouse

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

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

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

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

☐ None or ☐ Names listed below

walnuts

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

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

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

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

6280 Bennett Rd Chico CA

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Joanne Parsely

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

CITY
Chico CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000
 ACQUIRED / / 18 DISPOSED / / 18

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

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

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

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

CITY
Chico CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000
 ACQUIRED / / 18 DISPOSED / / 18

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

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % ☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % ☐ None

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

Comments:

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Pasillas (FIRST) Sara (MIDDLE) M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Assistant Principal.

Your Position

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

Agency: _____

Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

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

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

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

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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: 3

Schedules attached

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

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

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

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

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

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

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

5. Verification

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

14 Hillsboro Cir.

Chico, CA 95926

DAYTIME TELEPHONE NUMBER

(530) 518-6096

EMAIL ADDRESS

spasillas@chicoUSD.org

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

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

Date Signed 2/26/19
(month, day, year)

Signature Sara Pasillas
(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
Sara M. Pasillas

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

100 Tait St.

CITY

Gender, CA 96035

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED

____/____/18
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1409 Jackson St.

CITY

Red Bluff, CA 96080

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED

____/____/18
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☒ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____%

☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

4.75%

☐ None

TERM (Months/Years)

80 year fixed.

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Sara M. Pasillas

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

139 West Lassen #25

CITY

Chico, CA 95923

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

12/05/18

 / / 18

ACQUIRED

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☒ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 18

 / / 18

ACQUIRED

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

COVER PAGE

A PUBLIC DOCUMENT

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 DISTRICT

Division, Board, Department, District, if applicable

PERSONNEL COMMISSION

Your Position

COMMISSIONER

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

Agency: _____ Position: _____

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

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

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

- | | |
|---|--|
| <input type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018.
-or-
The period covered is ____/____/____, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.)
<input type="radio"/> The period covered is January 1, 2018, through the date of leaving office.
-or-
<input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input checked="" type="checkbox"/> Assuming Office: Date assumed <u>01</u> / <u>17</u> / <u>2018</u> | |
| <input type="checkbox"/> 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: 6

Schedules attached

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

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
1163 E 7TH STREET		CHICO	CA	95928
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3000		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.

Date Signed 02/14/19
(month, day, year)

Signature

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

PATRICK, BEVERLY

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3953 KEEFER RD

CITY

CHICO

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1 SPRINGBROOK CT

CITY

CHICO

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None

TIM NEFF, JESSIE NEFF

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

PATRICK, BEVERLY

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

417 HICKORY ST

CITY

CHICO

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

CLARA & JOE LOGIUDICE

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

787 HUMBOLDT AVE - UNITS A-D

CITY

CHICO

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

PATRICK, BEVERLY

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1720-1722 SHERIDAN AVE

CITY

CHICO

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1519 HEMLOCK STREET UNITS A & B

CITY

CHICO

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

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NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

Comments: _____

SCHEDULE B

Interests in Real Property

(Including Rental Income)

Name

PATRICK, BEVERLY

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

131 & 131 1/2 WEST 11TH STREET

CITY

CHICO

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
 ACQUIRED DISPOSED

NATURE OF INTEREST

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
 ACQUIRED DISPOSED

NATURE OF INTEREST

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

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

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

☐ None

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NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

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)

CHICO UNIFIED SCHOOL DISTRICT

ADDRESS (Business Address Acceptable)

1163 E 7TH STREET

CITY AND STATE

CHICO, CA 95928

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

PUBLIC SCHOOL DISTRICT

DATE(S): 10 / 7 / 18 - 10 / 9 / 18 AMT: \$ 454.10
(If gift)

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

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

SCHOOL PERSONNEL COMMISSION CONF.

► If Gift, Provide Travel Destination

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

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 applicable

Loma Vista Special Educaiton

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County **Butte**

☐ County of _____

☐ City of **Chico**

☒ 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.)

-or-

The period covered is ____/____/_____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ **Assuming Office:** Date assumed ____/____/____

☐ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

368 Picholine Way

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(**530**) **521-1598**

EMAIL ADDRESS

jpeyton@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **03/14/2019**
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Robinson (FIRST) Eileen (MIDDLE) L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District BOARD Member
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge 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.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or-
☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS 1372 MANZANITA AVE Chico CA 95926
(Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

(530) 521-9756

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1-30-2019
(month, day, year)

Signature

Eileen L. Robinson
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Rodgers	Kimberly	Jeanne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Emma Wilson Elementary

Your Position

Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **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 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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1530 W. Eighth Avenue		Chico	CA	95926
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3297	krodgers@chicousd.org			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/22/2019
(month, day, year)

Signature

Kimberly Rodgers

(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) SAUBERAN (FIRST) AARON (MIDDLE) THAYER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified Sch. Dist. Principal

Division, Board, Department, District, if applicable

Your Position

Loma Vista Special Education

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least 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.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
○ The period covered is January 1, 2018, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 0

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2404 Mangold Ave. Chico CA. 95926
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 879-7400 asaubera@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/29/19
(month, day, year)

Signature Aaron Sauberan
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Schrock Kristen Joelle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Little Chico Creek Elementary

Your Position

Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **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 attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

2090 Amanda Way

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3285

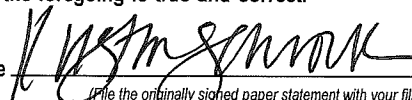
EMAIL ADDRESS

kschrock@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed January 23, 2019
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Shepherd	John	Raymond

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Principa

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
 ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ Multi-County _____
 ☐ County of _____
- ☐ City of _____
 ☒ Other **Public School District**

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.
- or-
- The period covered is ____/____/____, through December 31, 2018.
- ☐ **Assuming Office:** Date assumed ____/____/____
- ☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
- ☐ The period covered is January 1, 2018, through the date of leaving office.
- or-
- ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _____

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached
- ☐ **Schedule A-2 - Investments** – schedule attached
- ☐ **Schedule B - Real Property** – schedule attached
- ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
- ☐ **Schedule D - Income – Gifts** – schedule attached
- ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				

DAYTIME TELEPHONE NUMBER

(\$30) 891-3000

EMAIL ADDRESS

ADDRESS
sherpherd@chico.usd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/25/19
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
SHERIDAN	ERICA	LORRAINE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

CHICO HIGH

Your Position

ASSISTANT PRINCIPAL

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

3. Type of Statement (Check at least one box)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
901 ESPLANADE		CHICO	CA	95926
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3026		ESHERIDA@CHICOUSD.ORG		

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/27/2019
(month, day, year)

Signature Erica Sheridan
(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
ERICA SHERIDAN

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

779 VICTORIAN PARK DRIVE

CITY

CHICO

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☒ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Spaggiari	Renee	Camille

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

3. Type of Statement (Check at least one box)

- | | |
|--|--|
| <input type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle.) |
| -or- | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: 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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
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 this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/10/2019
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Staley Kelly Jan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

District Office

Your Position

Superintendent

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other **Public School District**

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **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: 4

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 East Seventh Street

Chico

CA

95973

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

kstaley@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **January 25, 2019**
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Kelly Staley

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Tri Counties Bank

ADDRESS (Business Address Acceptable)

63 Constitution Drive, Chico, CA 95973

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Husband's Employment as Appraiser

YOUR BUSINESS POSITION

None

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☒ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☐ Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Kelly Staley

► NAME OF SOURCE (Not an Acronym)

Stutz, Artiano, Shinoff, Holtz

ADDRESS (Business Address Acceptable)

2488 Historic Decator Rd #200, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 18	=/- 30.00	Boxed Candy/Sweets
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: This unsolicited gift arrives annually 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.

Name

Kelly Staley

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

- 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)

Fiscal Crisis & Management Assistance Team (FCMAT)

ADDRESS (Business Address Acceptable)

1300 17th Street

CITY AND STATE

Bakersfield, CA 93301

☐ 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
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description _____

Represent Region 2 Supts on FCMAT Board

▶ If Gift, Provide Travel Destination _____

Monterey, CA

▶ NAME OF SOURCE (Not an Acronym)

Fiscal Crisis & Management Assistance Team (FCMAT)

ADDRESS (Business Address Acceptable)

1300 17th Street

CITY AND STATE

Bakersfield, CA 93301

☐ 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
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description _____

Represent Region 2 Supts on FCMAT Board

▶ If Gift, Provide Travel Destination _____

Santa Ana, CA

▶ NAME OF SOURCE (Not an Acronym)

Fiscal Crisis & Management Assistance Team (FCMAT)

ADDRESS (Business Address Acceptable)

1300 17th Street

CITY AND STATE

Bakersfield, CA 93301

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

Board Member: Meeting Travel Cost Reimbursement

DATE(S): 06 / 23 / 18 - 06 / 24 / 18 AMT: \$ 804.86
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description _____

Represent Region 2 Supts on FCMAT Board

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: 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.

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Steinbach (FIRST) Kellie (MIDDLE) A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District Interim Principal

Division, Board, Department, District, if applicable

Your Position

Neal Dow

Interim 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.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or- ☐ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☒ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☒ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
420 Neal Dow Ave Chico CA 95926
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3110 ksteinbach@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/25/19
(month, day, year)

Signature [Signature]
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
437 Paseo Companeros

CITY
Chico, CA 95928

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
12/1/18 ACQUIRED 12/31/18 DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☒ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/18 ACQUIRED _____/_____/18 DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____

▶ 1. BUSINESS ENTITY OR TRUST

Name Christian Michaels Ristrante
192 E. 3rd St.
Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

1/1/18 12/31/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION co-partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 18 18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name California Pasta
11000 Mangrove Suite 1
Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

1/1/18 12/31/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION co-partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☒ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 18 18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold ☐ Other
Yrs. remaining

☐ 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

Name Hudsons Gastropub
2110 Esplanade #160
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 1/1/18 12/31/18
☐ \$2,000 - \$10,000 ACQUIRED DISPOSED
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☒ Over \$1,000,000

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION CO-OWNER

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 1/1/18 12/31/18
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
 Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name _____
Address (Business Address Acceptable) _____
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 _____/_____/18 _____/_____/18
☐ \$2,000 - \$10,000 ACQUIRED DISPOSED
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____/_____/18 _____/_____/18
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
 Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

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 wElementary

► 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.

-or-

The period covered is / / , through December 31, 2018.

☐ **Leaving Office:** Date Left / /
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ **Assuming Office:** Date assumed / /

☐ **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 attached

☐ **Schedule A-2 - Investments** - schedule attached

☐ **Schedule D - Income - Gifts** - schedule attached

☒ **Schedule B - Real Property** - schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 E. 7th St Chico, CA95928

DAYTIME TELEPHONE NUMBER

(530) 891-3114

EMAIL ADDRESS

Hsufuentes@Chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/1/19
(month, day, year)

Signature
(File the originally signed paper statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Heather Sufuentes

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

19 River Oaks Dr

CITY

Chico, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18

ACQUIRED

____/____/18

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☒ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/18

ACQUIRED

____/____/18

DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Sullivan	Theodore	William

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director

► 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.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **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 attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				

1163 East Seventh Street

Chico

CA

95928

DAYTIME TELEPHONE NUMBER

(530) 891-3000 ext 20137

EMAIL ADDRESS

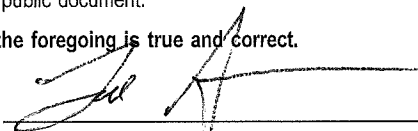
tsullivan@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/27/19
(month, day, year)

Signature



(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

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

John McManus Elementary

Your Position

Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☒ **Assuming Office:** Date assumed 11/5/2018

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	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 this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/22/2019
(month, day, year)

Signature 
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Tadeo	Rachel	Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Citrus Avenue Elementary

Your Position

Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

3. Type of Statement (Check at least one box)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018. | <input checked="" type="checkbox"/> Leaving Office: Date Left <u>11 / 2 / 2018</u>
(Check one circle.) |
| -or-
The period covered is ____/____/____, through December 31, 2018. | <input type="checkbox"/> The period covered is January 1, 2018, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> 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

- | | |
|--|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
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 this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/22/2019
(month, day, year)

Signature Rachel Tadeo
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vincent John Everd

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Information Services

Your Position

Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ 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.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____ (Check one circle.)
○ The period covered is January 1, 2018, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ **Schedule A-1 - Investments** – schedule attached ☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached
☐ **Schedule A-2 - Investments** – schedule attached ☐ **Schedule D - Income – Gifts** – schedule attached
☐ **Schedule B - Real Property** – schedule attached ☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 East Seventh Street Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 **jvincent@chicousd.org**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed **01/23/2019**
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Whittaker (FIRST) Damon (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Assistant Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☒ Other Public School District

3. Type of Statement (Check at least one box)

☐ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **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 attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1475 East Ave.

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3050

EMAIL ADDRESS

dwhittaker@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 1/23/19

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Williams	Douglas	James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Chico High School

Your Position

Principal

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of Butte

☒ City of Chico

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **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 attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or- ☒ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
901 Esplanade		Chico	CA	95926

DAYTIME TELEPHONE NUMBER: (530) 891-3026 Ext. 105

EMAIL ADDRESS: DWilliams@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2/25/2019
(month, day, year)

Signature Douglas A. Williams
(File the originally signed paper statement with your filing official.)