STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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
Human Resources
Your Position
Director of Classified Human Resources

obbies: (Do not use acronyms)
Agency:__________________________________________
Position:________________________________________

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of ______________________________________
☐ County of ____________________________________
☐ Other: Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2013, through
December 31, 2013.
☐ The period covered is ______/_____/______, through
December 31, 2013.
☐ Leaving Office: Date Left ______/_____/______
(checked)
☐ The period covered is January 1, 2013, through the date of
leaving office.
☐ The period covered is ______/_____/______, through
the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/______
☐ Candidate: Election year ___________ and office sought, if different than Part 1:

4. Schedule Summary
Check applicable schedules or "None."
☐ 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

☐ None - No reportable interests on any schedule

☐ Total number of pages including this cover page: 2

5. Verification
MAILING ADDRESS: 1163 East 7th Street
STREET: Chico
CITY: CA
STATE: 95928
ZIP CODE

DAYTIME TELEPHONE NUMBER: (530) 891-3000
E-MAIL ADDRESS: (OPTIONAL)

I have used all reasonable diligence in preparing this statement. I have reviewed this
tatement 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 03/17/2014
(month, day, year)

Signature ____________________________

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

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov
FPPC TOLL-FREE HELPLINE: 866/275-3772 www.fppc.ca.gov
### NAME OF SOURCE (Not an Acronym)

Keenan & Associates

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

CITY AND STATE
Rancho Cordova

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09/10/13, 09/13/13 AMT: $100.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description

Meal

### NAME OF SOURCE (Not an Acronym)

Burke, Williams & Sorensen LLP

ADDRESS (Business Address Acceptable)
444 South Flower Street Suite 2400

CITY AND STATE
Los Angeles California

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CALPERLA Conference

DATE(S): 11/20/13 AMT: $100.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description

Meal

### NAME OF SOURCE (Not an Acronym)

Hanna & Brophy

ADDRESS (Business Address Acceptable)
3100 Zinfandel Drive Suite 400

CITY AND STATE
Rancho Cordova California

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CAJPA Conference - NVSIG Risk Mgmt. Member

DATE(S): 09/10/13 AMT: $100.00

TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income

☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description

Meal

Comments: 

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
David Koll