NAME OF FILER
Besnard

(LAST) Bruce (FIRST) Robert (MIDDLE)

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
Chico Unified School District Principal
Division, Board, Department, District, if applicable

Your Position

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

Agency: ___________________________ Position: ___________________________

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

☐ State
☐ Multi-County
☐ City of Chico

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of ___________________________
☐ Other ___________________________

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

☑ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left __/__/_____

☐ The period covered is __/__/_____, through December 31, 2014.

☐ Assuming Office: Date assumed __/__/_____

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

☐ 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

☑ None - No reportable interests on any schedule

☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

>Total number of pages including this cover page: _______

5. Verification

MAILING ADDRESS
1163 E. 7th Street
CHICO CA 95928

STREET CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 891-3141

E-MAIL ADDRESS bbesnard@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 3/23/15
(m/d/y, year)

Signature

(Filer's original signed statement with your filing office)