### STATEMENT OF ECONOMIC INTERESTS
#### COVER PAGE

**NAME OF FILER**  
(last) SEVERE  
(first) LAWRENCE  
(middle) RHYS

1. **Office, Agency, or Court**
   - **Agency Name (Do not use acronyms)**: MARIGOLD ELEMENTARY SCHOOL
   - **Division, Board, Department, District, if applicable**: CHICO UNIFIED SCHOOL DISTRICT
   - **Your Position**: PRINCIPAL
   - **Agency**:  
   - **Position**:  

2. **Jurisdiction of Office (Check at least one box)**
   - [ ] State  
   - [ ] Multi-County  
   - [ ] City of  
   - [ ] County of BUTTE  
   - [ ] Other  

3. **Type of Statement (Check at least one box)**
   - [x] **Annual**: The period covered is January 1, 2014, through December 31, 2014.  
   - or-  
   - [ ] **Leaving Office**: Date Left / / /  
   - [x] The period covered is / / / , through December 31, 2014.  
   - [ ] **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  
   - or-  
   - [ ] 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**
     - (Business or Agency Address Recommended - Public Document)
     - 2446 MARIGOLD AVE
     - CITY CHICO  
     - STATE CA  
     - ZIP CODE 95926
   - **DAYTIME TELEPHONE NUMBER**
     - (530) 891-3121
   - **E-MAIL ADDRESS**
     - lsevere@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** 4-2-15  
   (month, day, year)  
   **Signature**

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FPSC Form 700 (2014/2015)  
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