STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER: Akers

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
- Multi-County
- City of
- County of
- Other

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

- Annual: The period covered is January 1, 2021, through December 31, 2021.
- Leasing Office: Date Left
- The period covered is __________, through December 31, 2021.
- The period covered is January 1, 2021, through the date of
- leaving office.
- The period covered is __________, through the date of
leaving office.

- Assuming Office: Date assumed __________

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: 1163 E. 7th St
CITY: Chico
STREET: 7th St
STATE: CA
ZIP CODE: 95928

DAYTIME TELEPHONE NUMBER: (530) 891-3000
EMAIL ADDRESS: jakers@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: 1/13/2021

Signature: ____________________________

Print Clear
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Allen Mike Anthony

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chapman Elementary School
Your Position
Principal
If filling for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: __________________________________________________________________________
Position: _________________________________________________________________________

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

☐ State
☐ Multi-County
☐ City of
☐ County of
☐ Other
Public School District

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
- or -
The period covered is __________/________/________, through December 31, 2021.

☐ Leaving Office: Date Left __________/________/__________

☐ The period covered is January 1, 2021, 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 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
(Business or Agency Address Recommended - Public Document)
1071 East 16th Street

CITY STATE ZIP CODE
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 1/19/2022

(month, day, year)

Signature __________________________

(File the originally signed paper statement with your filing official)
NAME OF FILER (LAST) (FIRST) (MIDDLE)
Benz Mele Lea

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
☐ 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ___ / ___ / ___.
☐ The period covered is ___ / ___ / ___, through December 31, 2021.
☐ 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

- □ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1598 W. 8th Ave. Chico CA 95926
DAY/TIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3297 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 2/24/22 (month, day, year) Signature (File the originally signed paper statement with your filing official)

Print Clear
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
   □ 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, 2021, through December 31, 2021.
   □ Leaving Office: Date Left __/__/____
   (Check one circle.)
   □ The period covered is January 1, 2021, 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: ______
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   ■ 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)
   169 Leora Ct. Chico CA 95973
   DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
   ( 530 ) 891-3141 bbesnard@chicousd.org

I have used all reasonable diligence in preparing 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 1/18/2022 Signature
(month, day, year) (File the originally signed paper statement with your filing official.)
**STATEMENT OF ECONOMIC INTERESTS**
**COVER PAGE**
**A PUBLIC DOCUMENT**

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bettencourt</td>
<td></td>
<td>Jo Ann</td>
<td>F</td>
</tr>
</tbody>
</table>

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, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
     - -or- The period covered is __/__/________, through December 31, 2021.
   - [ ] Leaving Office: Date Left __/__/________
     - (Check one circle.)
   - [ ] The period covered is January 1, 2021, 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 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**
     - (Business or Agency Address Recommended - Public Document)
     - 1163 E. 7th Street
     - Chico, CA 95928
     - STREET
     - CITY
     - STATE
     - ZIP CODE
   - **DAYTIME TELEPHONE NUMBER**
     - (530) 891-3104
     - 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**
   - 02/22/2022
   - (month, day, year)

   **Signature**
   - [Signature]
   - (Please sign 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)

#### 1. BUSINESS ENTITY OR TRUST

<table>
<thead>
<tr>
<th><strong>Name</strong></th>
<th>3030 Thornree Dr. Ste 3; Chico, CA 95973</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address (Business Address Acceptable)</strong></td>
<td>Check one:</td>
</tr>
<tr>
<td>Trust, go to 2</td>
<td>Business Entity, complete the box, then go to 2</td>
</tr>
</tbody>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Chemical Lawn Care**

<table>
<thead>
<tr>
<th><strong>FAIR MARKET VALUE</strong></th>
<th><strong>IF APPLICABLE, LIST DATE:</strong></th>
<th><strong>ACQUIRED</strong></th>
<th><strong>DISPOSED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
<td>Sole Proprietor</td>
<td>LLC</td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION**

Vice President

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

<table>
<thead>
<tr>
<th><strong>IF APPLICABLE, LIST DATE:</strong></th>
<th><strong>ACQUIRED</strong></th>
<th><strong>DISPOSED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Names listed below</td>
<td></td>
</tr>
</tbody>
</table>

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

**Check one box:**

<table>
<thead>
<tr>
<th>INVESTMENT</th>
<th>REAL PROPERTY</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th><strong>FAIR MARKET VALUE</strong></th>
<th><strong>IF APPLICABLE, LIST DATE:</strong></th>
<th><strong>ACQUIRED</strong></th>
<th><strong>DISPOSED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>1/21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Ownership/Deed of Trust</td>
<td>Stock</td>
<td>Partnership</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leasehold</th>
<th>Yes remaining</th>
<th>Other</th>
</tr>
</thead>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Check box if additional schedules reporting investments or real property are attached</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Print Clear
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bevers  Gloria  Jean

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
Chair
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
☐ Other Public School District
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left _____/_____/______
☐ The period covered is _____/_____/______, through December 31, 2021.
☐ 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 E - Income – Gifts – Travel Payments – schedule attached
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
1053 East 7th Street  Chico  CA  95928
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
(530) 2280949  gbbevers@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 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  Signature
3/9/2022  
(month, day, year)  
(Print the originally signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
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
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left __/__/______
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☐ The period covered is __/__/______ through the date of leaving office.
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☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
Business or Agency Address Recommended - Public Document
1163 E. SEVENTH STREET
CHICO
CA 95928

DAYTIME TELEPHONE NUMBER
EXT. 20127
( 530 ) 891-3000

EMAIL ADDRESS
cbromley@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 1/14/2022 Signature ____________________________
(month, day, year) (If this is the originally signed paper statement with your filing official.)

Print Clear
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER
(LAST) Caldera
(FIRST) Pedro
(MIDDLE) Altamirano

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chico Junior
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, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left
☐ -or-
☐ The period covered is / / , through December 31, 2021.
☐ The period covered is January 1, 2021, through the date of
☐ -or-
☐ Assuming Office: Date assumed / / , through
☐ the date of leaving office.
☐ Candidate: Date of Election and office sought, if different than Part 1:

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
280 Memorial
City Chico
State CA
ZIP CODE 95926

BUSINESS OR AGENCY ADDRESS RECOMMENDED - PUBLIC DOCUMENT

Daytime Telephone Number ( ) 891-3066
Email Address 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 2/25/2022 (month, day, year)

Signature Pedro A. Caldera

(Files the originally signed paper statement with your filing official.)
SCHEDULE B
Interests in Real Property
( Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2272 Holly 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:
/ /21
ACQUIRED
/ /21
DISPOSED

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

Yrs. remaining

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

Keri Smith

* 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
go

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
go

Guarantor, if applicable

Comments:

Print Clear
Statement of Economic Interests
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
Division, Board, Department, District, if applicable
Chico Unified School District
▶ 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, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
[ ] The period covered is / / , through December 31, 2021.
[ ] Assuming Office: Date assumed / / 
[ ] Leaving Office: Date Left / / 
[ ] The period covered is / / , 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 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

5. Verification
Mailing Address
280 Memorial Way, Chico, CA 95928
Street (Business or Agency Address Recommended - Public Document)
City State Zip Code
Daytime Telephone Number (530) 891-3066
Email Address jcapen@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 2/25/2022
(month, day, year)
Signature

(See the attached signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court

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

Agency: ________________ Position: ________________

1. Office, Agency, or Court

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

☐ State
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other Public School District

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

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

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Total number of pages including this cover page:

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

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

☐ Candidate: Date of Election __________/________/________ and office sought, if different than Part 1:

5. Verification

Mailing Address:
1163 East Seventh St.
Chico, CA 95926

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: 3/8/2022
Signature: ____________________________
(Month, day, year)

(Print the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carver John Wayne

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
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
☐ County of Public School District
☐ Multi-County
☐ Judge, Retired Judge, Pro Temp Judge, or Court Commissioner (Statewide Jurisdiction)
☐ City of
☐ County of

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left __/____/____
☐ -or- The period covered is __/____/____, through December 31, 2021.
☐ The period covered is January 1, 2021, 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
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
(Street or Agency Address Recommended - Public Document)
2455 Carmichael Dr. Chico
STREET
CA 95928
CITY STATE ZIP CODE
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 01/13/2022
(month, day, year)
Signature ____________________________
(File the originally signed paper statement with your filing official)
NAME OF FILER

CHAIRED
Sydney
Breanne

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Nutrition Services Department
Nutrition Specialist
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
☐ County of
☐ Other
Public School District

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
- or -
The period covered is / / , through December 31, 2021.
☐ Leaving Office: Date Left / / 
(Check one circle.)
☐ The period covered is January 1, 2021, 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: 23

Schedules attached

☐ Schedule A-1 - Investments - schedule attached
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☐ 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
1163 E. 7th St.
(Not Business or Office Address Recommended - Public Document)

STREET
Chico
CITY
STATE
CA
ZIP CODE
95928

DAYTIME TELEPHONE NUMBER
(530) 891-3000
EMAIL ADDRESS
schairez@chicosisd.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
1/13/2021
(month, day, year)

Signature

(Fill the original signed statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
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
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
☐ Multi-County ________________________________
☐ City of ________________________________
☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
- or -
The period covered is _______/_____/_______, through December 31, 2021.

☐ 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, 2021, 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
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☐ 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
(Office or Agency Address Recommended - Public Document)
2455 Carmichael Dr.
Chico, CA 95928

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 864-3247

EMAIL ADDRESS
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 03/03/2022

Signature

(Print the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dalby Caitlin Marie

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Governing 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)
☐ State
☐ County of
☐ Other Public School District
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County
☐ City of

3. Type of Statement (Check at least one box)
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☐ 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: 2
Schedules attached
☐ Schedule A-1 - Investments – schedule attached
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☐ Schedule E - Income - Gifts - Travel Payments – schedule attached
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. Seventh Street Chico CA 95928
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 caitlin.dalby@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 March 21, 2022 Signature

Print Clear
### 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.*

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF BUSINESS ENTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amazon.com, Inc.</td>
<td>Apple, Inc.</td>
</tr>
</tbody>
</table>

**GENERAL DESCRIPTION OF THIS BUSINESS**

| Information Tech & Retail | Consumer Electronics & Software |

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$2,000 - $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100,001 - $1,000,000</td>
<td>$10,001 - $100,000</td>
</tr>
</tbody>
</table>

| $100,001 - $1,000,000 | Over $1,000,000 |

**NATURE OF INVESTMENT**

<table>
<thead>
<tr>
<th>Stock</th>
<th>Other</th>
<th>Stock</th>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Income Received of $0 - $499</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Received of $500 or More (Report on Schedule C)</td>
<td></td>
</tr>
</tbody>
</table>

**IF APPLICABLE, LIST DATE:**

<table>
<thead>
<tr>
<th>/ /21</th>
<th>/ /21</th>
</tr>
</thead>
</table>

**ACQUIRED**

**DISPOSED**

---

**GENERAL DESCRIPTION OF THIS BUSINESS**

<table>
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**DISPOSED**

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<th>/ /21</th>
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</thead>
</table>

**ACQUIRED**

**DISPOSED**

---

Comments:
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
▷ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Your Position
Assistant Principal
Agency: Position:

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

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
- or -
The period covered is / / , through December 31, 2021.
☐ Leaving Office: Date Left / / (Check one circle.)
- or -
The period covered is January 1, 2021, 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
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☑ 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 (Business or Agency Address Recommended - Public Document)
2376 North Ave. Chico Ca 95926
CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS ( 530 ) 891-3080 idebock@chicosd.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 in and 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 1-27-22
Signature

Print Clear
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1286 & 1290 Wanderer Ln.

FAIR MARKET VALUE
[ ] $2,000 - $10,000
[ X ] $10,001 - $100,000
[ X ] $100,001 - $1,000,000
[ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
/21 ACQUIRED
/21 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 Ln. - Jessica Ryan
1286 Wanderer Ln. - Jacob Boulant

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

## 1. INCOME RECEIVED

<table>
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<tr>
<th>NAME OF SOURCE OF INCOME</th>
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<tbody>
<tr>
<td>Enloe Medical Center</td>
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<table>
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<tr>
<th>ADDRESS (Business Address Acceptable)</th>
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<td>1531 Esplanade</td>
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<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
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<td>Hospital</td>
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<table>
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<tr>
<th>YOUR BUSINESS POSITION</th>
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<tr>
<td>Registered Nurse</td>
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<table>
<thead>
<tr>
<th>GROSS INCOME RECEIVED</th>
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<tr>
<td>□ $500 - $1,000</td>
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<tr>
<td>□ $1,001 - $10,000</td>
</tr>
<tr>
<td>□ $10,001 - $100,000</td>
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<tr>
<td>□ OVER $100,000</td>
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<table>
<thead>
<tr>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Salary</td>
</tr>
<tr>
<td>□ Spouse’s or registered domestic partner’s income (For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td>□ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>□ Sale of</td>
</tr>
<tr>
<td>□ Loan repayment</td>
</tr>
<tr>
<td>□ Commission or</td>
</tr>
<tr>
<td>□ Rental Income, list each source of $10,000 or more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Describe)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Describe)</th>
</tr>
</thead>
</table>

## 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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $500 - $1,000</td>
</tr>
<tr>
<td>□ $1,001 - $10,000</td>
</tr>
<tr>
<td>□ $10,001 - $100,000</td>
</tr>
<tr>
<td>□ OVER $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TERM (Months/Years)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SECURITY FOR LOAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ None</td>
</tr>
<tr>
<td>□ Personal residence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REAL PROPERTY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GUARANTOR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Describe)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Describe)</th>
</tr>
</thead>
</table>

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

1. Office, Agency, or Court
Agency Name  (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Marsh Junior 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
☐ 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left / / 
☐ -or- The period covered is / / , through December 31, 2021.
☐ The period covered is January 1, 2021, 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 A1 - Investments – schedule attached
☐ Schedule A2 - 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
2253 Humboldt Rd Chico CA 95926
(Business or Agency Address Recommended - Public Document)
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 2/23/2022 (month, day, year) Signature

Print Clear
NAME OF FILER (LAST) (FIRST) (MIDDLE)
Enserro Vince P

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 of Nutrition
► 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
☐ County of
☐ Other: Public School District

3. Type of Statement (Check at least one box)
-OR-
The period covered is __/__/____, through December 31, 2017.
☐ Leaving Office: Date Left __/__/____
-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 A1 - Investments - schedule attached
☐ Schedule A2 - 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
2455 Carmichael Dr Chico CA 95928
(Daytime or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 8913021 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 2.22.2022 (month, day, year)
Signature (File the originally signed statement with your filing official)
NAME OF FILER: Gallaty

1. Office, Agency, or Court
   Agency Name: Chico Unified School District
   Division, Board, Department, District, if applicable: Chico Unified School District
   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
   □ Multi-County
   □ City of __________________________
   □ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
   □ Leaving Office: Date Left: __________/________/________
   □ The period covered is __________/________/________ through January 1, 2021.
   □ 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 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: 1475 E. Ave.
   STREET: Chico
   CITY: CA
   STATE: 95926
   ZIP CODE: __________________________
   DAYTIME TELEPHONE NUMBER: (530) 8913050
   EMAIL ADDRESS: jgallaty@chicosusd.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: __________/________/________
   Signature: __________________________
   (For the originally signed copy statement with your filing official)

   FPPC Form 700 - Cover Page (2021/2022)
   advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
   Page 5
Please type or print in ink.

**NAME OF FILER**

**LAST**
German

**FIRST**
Eric

**MIDDLE**
Johan

1. **Office, Agency, or Court**

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

**Division, Board, Department, District, if applicable**
N/A

**Your Position**
Maintenance and Operations Manager

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

**Agency**
N/A

**Position**
N/A

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

☑ State

☐ Multi-County________________________

☐ County of__________________________

☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.

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

☐ The period covered is January 1, 2021, through the date of leaving office.

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

☐ Candidate: Date assumed __/__/__________ 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

☐ None - No reportable interests on any schedule

5. **Verification**

**MAILING ADDRESS**
(Your mailing address is required - Public Document)
9628 HWY 99 E Los Molinos Ca 95966

**STREET**

**CITY**

**STATE**

**ZIP CODE**
95966

**DAYTIME TELEPHONE NUMBER**
(530) 624 2547

**EMAIL ADDRESS**
Egerman@chicosd.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** 2/22/22

**Signature** Eric Jerman

(Date of signing statement with your filing officer.)

Print Clear
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER
(GENERAL) Gunderson
(First) John
(Middle) Allen

1. Office, Agency, or Court
Agency Name / (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Vice 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
[ ] 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, 2021, through December 31, 2021.
[ ] Leaving Office: Date Left ___________/_________/__________
[ ] The period covered is January 1, 2021, 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 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

5. Verification
MAILING ADDRESS
STREET ________________________________
CITY ________________________________ STATE ___________ ZIP CODE ___________
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER ________________________________ 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 2/22/22 [month, day, year] Signature ________________________________

(Fill the properly signed/signed statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

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
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
☐ 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left __/__/______
☐ The period covered is __/__/______, through December 31, 2021.
☐ The period covered is __/__/______, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/______
☐ The period covered is __/__/______, through the date of leaving office.

☐ Candidate: Date of Election ____________ and office sought, 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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1163 East Seventh Street
STREET
Chico
CITY
CA
STATE: 95928
ZIP CODE
DAYTIME TELEPHONE NUMBER
( 530 ) 514-2993
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 1/14/22
(month, day, year)

Signature
(File the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
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
Fiscal 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)

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ County of ______________________________________

☐ City of __________________________________________

☐ Multi-County _____________________________________

☐ State ___________________________________________

☐ Other Public School District _________________________

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.

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

☐ The period covered is January 1, 2021, 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
1163 E. 7th St.
Chico, CA 95928

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER (530) 891-3000

EMAIL ADDRESS 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 2/22/22

(print, month, day, year)

Signature __________________________

[For the original, signed paper statement with your filing official]

Print Clear
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Heath Shawneeese Cunningham

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Elementary Principal- Marigold

► 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
☐ County of
☐ City of
☐ Other Public School District

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
-OR-
The period covered is __________/_________/________, through December 31, 2021.

☐ Leaving Office: Date Left __________/_________/________
(Check one circle.)

☐ The period covered is January 1, 2021, 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
345 Denali Drive Chico CA 95973

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 __________________________ Signature __________________________
(month, day, year) (Print the originally signed paper statement with your hand)

Print Clear
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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)

☐ 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left __/__/______
☐ The period covered is __/__/______, through December 31, 2021.
☐ The period covered is __/__/______, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/______
☐ The period covered is __/__/______, through the date of leaving office.

☐ Candidate: Date of Election __/__/______ and office sought, 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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
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 January 19, 2022
Signature

(Filing or original paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms) Chico Unified School District
Division, Board, Department, District, if applicable Personnel 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)
☐ 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, 2021, through December 31, 2021.
- or -
The period covered is __/__/____, through December 31, 2021.
☐ Leaving Office: Date Left __/__/____
- or -
The period covered is January 1, 2021, 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 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
(530) 781-2339
1163 E. Seventh Street Chico CA 95926
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 01/20/2022
Signature ____________________________

(Fill the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER

(LAST) Kaiser

(FIRST) Kathleen

(MIDDLE) Elizabeth

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Board

Your Position
Board Vice President

► 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, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.

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

☐ The period covered is January 1, 2021, 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 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

5. Verification

MAILING ADDRESS
1163 E. 7th Street
Chico, CA 95928

STREET
CITY
STATE
ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
(530) 891-3000

EMAIL ADDRESS
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: Jan 19, 2022

Signature: ____________________________

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

Print Clear
**SCHEDULE B**  
Interests in Real Property  
(Including Rental Income)

<table>
<thead>
<tr>
<th>ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1029 Poppy St.</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>Chico</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**

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

**IF APPLICABLE, LIST DATE:**  
1/21  
1/21

**NATURE OF INTEREST**  
☑ Leasehold  
☐ Easement

**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

**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:**

1/21  
1/21

**NATURE OF INTEREST**  
☐ Leasehold  
☐ Easement

**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:*

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
</tbody>
</table>

**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

---

<table>
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<tr>
<th>NAME OF LENDER*</th>
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</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
</tbody>
</table>

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

NAME OF SOURCE OF INCOME
Rush Personnel Services Inc.

ADDRESS (Business Address Acceptable)
15 Independence Circle

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Election Worker

YOUR BUSINESS POSITION
Temporary Help

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
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- Sale of ______________________ (Real property, car, boat, etc.)
- Commission or ______________________ Rental Income, list each source of $10,000 or more
- Other ______________________

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
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- Sale of ______________________ (Real property, car, boat, etc.)
- Commission or ______________________ Rental Income, list each source of $10,000 or more
- Other ______________________

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:

Kathleen Kaiser
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
Marsh Junior High School
Your Position
Principal, Marsh Junior High School
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
☐ County of
☐ Other
Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left __/__/____ (Check one circle.)
☐ The period covered is January 1, 2021, through the date of leaving office.
☐ The period covered is __/__/____, through the date of leaving office.
☐ Assum ing 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 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

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
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 1/13/22
(month, day, year)
Signature
(Firmly signed on original paper as stated on your filing cover)

Print Clear
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
Director, State and Federal Programs
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Director, State and Federal Programs
Position: Director, State and Federal Programs

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, 2021, through December 31, 2021.
- or -
The period covered is / / , through December 31, 2021.
☐ Leaving Office: Date Left / / (Check one circle.)
☐ The period covered is January 1, 2021, 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:

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☐ 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 (Business or Agency Address Recommended - Public Document)
1163 East 7th Street Chico CA 95928
STREET CITY STATE ZIP CODE
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 01/19/22 (month, day, year) Signature

(Fill the original or signed paper statement with your filing official.)
1. Office, Agency, or Court

Agency Name (Do not use acronyms) Chico Unified School District
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
- 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, 2021, through December 31, 2021.
- Leaving Office: Date Left __/__/____
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- The period covered is __/__/____, through the date of leaving office.

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- or - None - No reportable interests on any schedule

5. Verification

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: 2-22-22
Signature: [Signature]

[Signature on the original signed paper statement with your signature]

[Print] [Clear]
1. Office, Agency, or Court
   Agency Name: Chico Unified School District
   Division, Board, Department, District, if applicable: Facilities Department
   Your Position: Director

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, 2021, through December 31, 2021.
   - Leaving Office: Date Left __/__/______ (Check one circle)
   - The period covered is January 1, 2021, through the date of leaving office.
   - The period covered is __/__/______, through the date of leaving office.

4. Schedule Summary (must complete)

5. Verification
   MAILING ADDRESS: 2455 Carmichael Drive, Chico, CA 95928
   DAYTIME TELEPHONE NUMBER: (530) 891-3000
   EMAIL ADDRESS: JKistle@chicousd.org

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

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FAIR MARKET VALUE</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td>$10,001 - $100,000</td>
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<tr>
<td></td>
<td>Over $1,000,000</td>
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<td></td>
<td>NATURE OF INVESTMENT</td>
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<td></td>
<td>Stock</td>
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<td>Other</td>
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<td></td>
<td>Partnership</td>
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<tr>
<td></td>
<td>Income Received of $0 - $499</td>
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<tr>
<td></td>
<td>Income Received of $500 or More (Report on Schedule C)</td>
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<td>IF APPLICABLE, LIST DATE:</td>
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<td>ACQUIRED  DISPOSED</td>
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</tr>
<tr>
<td></td>
<td>ACQUIRED  DISPOSED</td>
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</tbody>
</table>

**Comments:**

Print  Clear
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.

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

☐ The period covered is January 1, 2021, through the date of leaving office.

☐ Assuming Office: Date assumed / / through
Dec 31, 2021.

☐ 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 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 (Business or Agency Address Recommended - Public Document)
1163 East 7th Street
Chico CA 95928

STREET

CITY STATE ZIP CODE

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 1-13-2022

(month, day, year) Signature ____________________________

[Print the originally signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER
(LAST) Kruger

(FIRST) Jaclyn

(MIDDLE)  

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable

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

☐ Multi-County ____________________________________________

☐ City of ____________________________________________________________________________

☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.

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☐ 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: ______

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☐ Schedule D - Income – Gifts – schedule attached

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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

1163 E. Seventh Street

CITY STATE ZIP CODE

Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

( 530 ) 891-3000 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 02/17/22

(Signature)

Print Clear
California Form 700: Jaclyn Kruger

Statement of Economic Interests 2021

Item 1: Attachment

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern California Schools Insurance Group</td>
<td>Board Member</td>
</tr>
<tr>
<td>Butte County Consolidated Oversight Board</td>
<td>Board Member</td>
</tr>
<tr>
<td>North Valley Self Insurance Group</td>
<td>Alternate Board Member</td>
</tr>
</tbody>
</table>
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER
(LAST) LANDO
(FIRST) THOMAS
(MIDDLE) Michael

1. Office, Agency, or Court
Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: Member Board of Trustees
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
☐ Other
Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left
☐ The period covered is January 1, 2021, through the date of leaving office.
☐ The period covered is through December 31, 2021.
☐ 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: 2

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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
STREET (Business or Agency Address Recommended - Public Document)
571 Eight Street Chico, CA 95924

DAYTIME TELEPHONE NUMBER
(530) 359-1644

EMAIL ADDRESS:
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: 2-16-2022
Signature: ____________________________

(Fill the originally signed paper statement with your filing official.)
# SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

**NAME OF SOURCE OF INCOME**
- Nord Country School
- Public Education
- Teacher

**ADDRESS (Business Address Acceptable)**
- 5554 California St, Chico 95926

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
- Teacher

**YOUR BUSINESS POSITION**
- Educator

**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
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- Sale of [Describe]
- 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)**

**SECURITY FOR LOAN**
- None
- Personal residence
- Real Property
- Street address
- City
- Guarantor

**Other**

**Comments**

N/A
### Statement of Economic Interests

**Cover Page**

**A Public Document**

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merchant</td>
<td>Jay</td>
<td>Christopher</td>
<td></td>
</tr>
</tbody>
</table>

1. **Office, Agency, or Court**

- **Agency Name**: (Do not use acronyms)
  - Chico Unified School District
- **Division, Board, Department, District, if applicable**: Educational Services
- **Your Position**: Assistant Superintendent
- **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, 2021, through December 31, 2021.
- [ ] Leaving Office: Date Left ______/_____/______  (Check one circle.)
- [ ] The period covered is January 1, 2021, through the date of leaving office.
- [ ] The period covered is ______/_____/______, through the date of leaving office.
- [ ] Assuming Office: Date assumed ______/_____/______

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**: 1163 E. 7TH Street
- **CITY**: Chico
- **STATE**: Ca.
- **ZIP CODE**: 95928
- **DAYTIME TELEPHONE NUMBER**: (530) 891-3000
- **EMAIL ADDRESS**: jmerchant@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 13, 2022

**Signature**: [Signature]

(Fill the originally signed paper statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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
☐ 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, 2021, through December 31, 2021.

☐ Leaving Office: Date Left ____________

- or -

The period covered is ____________/____________/____________, through December 31, 2021.

☐ Assuming Office: Date assumed ____________

- 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: 2376 North Ave
Street:
City: Chico
State: CA
ZIP Code: 95928

DAILY 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: January 13, 2022

Signature: ________________________________

(Place the original signed paper statement with your filing affidavit)

Print Clear
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
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
☐ County of
☐ Judge, Retired Judge, Pro Temp Judge, or Court Commissioner (Statewide Jurisdiction)
☐ Other Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ______/______/______
☐ The period covered is ______/______/______, through December 31, 2021.
☐ 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
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☐ 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 or Agency Address Recommended - Public Document) CITY ____________________________ STATE ZIP CODE __________

DAYTIME TELEPHONE NUMBER (________) ____________________________ 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 2/22/22 (Month, day, year) Signature ____________________________

(Handwritten original signed paper statement with your filing official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Morris John Nelson

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Maintenance operations: Custodial 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
☐ Multi-County
☐ County
☐ City of
☐ Other

Public School District

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.

☐ Leaving Office: Date Left __/__/______

☐ The period covered is __/__/______, through December 31, 2021.

☐ The period covered is __/__/______, through 

Assuming Office: Date assumed __/__/______

Leaving Office: Date Left __/__/______

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
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- 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
Chico Dr. Ca 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3095 jmorris@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 03/2/2022 Signature

FPPC Form 700 - Cover Page (2021/2022)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 5
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Mullins Emily Elizabeth

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Hooker Oak 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
☐ 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ______/_____/______
☐ The period covered is ______/_____/______ through December 31, 2021.
☐ 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:

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☐ 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
1238 Arbutus Ave. Chico CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3119 emuillins@chieousd.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 1/13/2022
Signature ____________________________
(File the original, signed paper statement with your filing official.)
CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
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
Transportation 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)

☐ State

☐ 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, 2021, through
December 31, 2021.

- or - The period covered is _____/_____/______, through
December 31, 2021.

☐ Leaving Office: Date Left _____/_____/______

☐ The period covered is January 1, 2021, 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 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
(Mailing or Agency Address Recommended - Public Document)
2455 Carmichael Dr Chico CA. 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3097 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 01/13/2022 Signature __________________________
(print, type, or print in year)

(Fill the originally signed paper statement with your filing official.)
NAME OF FILER (LAST)  Odlum  Rhonda

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  Principal - Oak Bridge
Chico Unified School District  Your Position
Division, Board, Department, District, if applicable  

▷ 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
☐ Other  Public School District

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of

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

☒ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left __/__/____
 phen one circle) 
☐ The period covered is January 1, 2021, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/____
  The period covered is __/__/____, through the date of leaving office.

☐ Candidate: Date of Election __/__/____ and office sought, 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS  1163 E. Seventh St  Chico  CA  95926
(Business or Agency Address Recommended - Public Document)

STREET  CITY  STATE  ZIP CODE
N/A  N/A  N/A  N/A

DAYTIME TELEPHONE NUMBER  (530) 897-8877  EMAIL ADDRESS  rhondar@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 2/2/22  Signature  [Sign here]

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

Print  Clear
**SCHEDULE B**

**Interests in Real Property**

*(Including Rental Income)*

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

10036 Lotb Rd

**CITY**

Durham

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>$100,001 - $1,000,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**IF APPLICABLE, LIST DATE:**

/21 /21

**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

Beverly George

**ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS**

1884 Cummings

**CITY**

Durham

**FAIR MARKET VALUE**

<table>
<thead>
<tr>
<th>$2,000 - $10,000</th>
<th>$10,001 - $100,000</th>
<th>$100,001 - $1,000,000</th>
<th>Over $1,000,000</th>
</tr>
</thead>
</table>

**IF APPLICABLE, LIST DATE:**

/21 /21

**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

Judy Templeman
Robert Delcosta
Ashlee Olson

* 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**

N/A

**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**

N/A

**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:
Olsen Diane Louise

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Director, 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
☐ Multi-County
☐ County of ________
☐ City of ________
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
☐ (Statewide Jurisdiction)
☐ Other Public School District

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left _____________
☐ The period covered is _____________ through December 31, 2021.
☐ 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
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☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
1163 E 7th Street
Chico, CA 95928

STREET
CITY
STATE
ZIP CODE

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: 02/25/2022
Signature: ________________________

Print Clear
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pasillas Sara M

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
☐ Multi-County
☐ City of
☐ County of
☐ Other Public School District

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
- or -
The period covered is __/____/____, through December 31, 2021.
☐ Leaving Office: Date Left __/____/____
(Check one circle.)
☐ The period covered is January 1, 2021, 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:

☐ None - No reportable interests on any schedule

4. Schedule Summary (must complete) ➤ Total number of pages including this cover page: _________
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☐ Schedule E - Income - Gifts - Travel Payments – schedule attached

☐ Other - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
(BoD or Agency Address Recommended - Public Document)
14 Hillsboro Cir
STREET
Chico
CITY CA
STATE ZIP CODE 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 Jan. 13, 2022
SIGNATURE (Put the original, signed paper statement with your filing official)
### SCHEDULE B

**Interests in Real Property**  
( Including Rental Income )

#### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
100 Tait St.
City: Gerber, CA 96035

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ /21 Acquired</td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ /21 Disposed</td>
<td>Easement</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
<td>Leasehold</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
<td>Yrs. remaining</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>/ /21 Acquired</td>
<td>Ownership/Deed of Trust</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>/ /21 Disposed</td>
<td>Easement</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
<td>Leasehold</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
<td>Yrs. remaining</td>
</tr>
</tbody>
</table>

**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*
**Tri Counties Bank**

**ADDRESS** (Business Address Acceptable)
780 Mangrove Ave. Chico, CA 95926

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**
- 4.25 %
- None

**TERM (Months/Years)**
- 20 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 )

### ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

139 West Lassen #25  
Chico, CA 95973  

### CITY

Chico, CA 95973

### FAIR MARKET VALUE

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

### IF APPLICABLE, LIST DATE:

- **/21**
- **/21**

### ACQUIRED

- **DISPOSED**

### NATURE OF INTEREST

- Ownership/Deed of Trust
- Easement
- Leasehold

### Years 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

### Justin Downey

*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*

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
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</thead>
<tbody>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>$500 - $1,000</td>
</tr>
<tr>
<td>$1,001 - $10,000</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td>OVER $100,000</td>
</tr>
<tr>
<td>Guarantor, if applicable</td>
</tr>
</tbody>
</table>

### NAME OF LENDER*

<table>
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<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
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<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>None</td>
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</tbody>
</table>

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<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
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<tr>
<td>$1,001 - $10,000</td>
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</tr>
<tr>
<td>OVER $100,000</td>
</tr>
<tr>
<td>Guarantor, if applicable</td>
</tr>
</tbody>
</table>
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

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)
☐ 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, 2021, through December 31, 2021.
☐ The period covered is __________/________/________ through December 31, 2021.
☐ Keeping Office: Date assumed __________/________/________
☐ Leaving Office: Date Left __________/________/________
☐ The period covered is January 1, 2021, 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: __7__
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
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS: 1163 E 7TH ST, CHICO, CA 95928
STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER: (530) 891-3000
EMAIL ADDRESS: beverlypatrick7@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: 1/21/2022 Signature: ________________________________
(month, day, year) (File the originally signed paper statement with your filing official)
SCHEDULE B
Interests in Real Property (Including Rental Income)

ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

1 SPRINGBROOK CT

CITY

CHICO

FAIR MARKET VALUE

\( \square \) $2,000 - $10,000
\( \square \) $10,001 - $100,000
\( \times \) $100,001 - $1,000,000
\( \square \) Over $1,000,000

IF APPLICABLE, LIST DATE:

\( \square \) / /21
\( \square \) / /21

NATURE OF INTEREST

\( \times \) Ownership/Deed of Trust
\( \square \) Easement

\( \square \) Leasehold

Yrs. remaining
\( \square \) Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\( \square \) $0 - $499
\( \square \) $500 - $1,000
\( \square \) $1,001 - $10,000
\( \times \) $10,001 - $100,000
\( \square \) 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.

\( \square \) None

KEITH & CHRISTINA POWELL

ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

787 HUMBOLDT AVE

CITY

CHICO

FAIR MARKET VALUE

\( \square \) $2,000 - $10,000
\( \square \) $10,001 - $100,000
\( \times \) $100,001 - $1,000,000
\( \square \) Over $1,000,000

IF APPLICABLE, LIST DATE:

\( \square \) / /21
\( \square \) / /21

NATURE OF INTEREST

\( \times \) Ownership/Deed of Trust
\( \square \) Easement

\( \square \) Leasehold

Yrs. remaining
\( \square \) Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

\( \square \) $0 - $499
\( \square \) $500 - $1,000
\( \square \) $1,001 - $10,000
\( \times \) $10,001 - $100,000
\( \square \) 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.

\( \square \) 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)

\( \square \) %
\( \square \) None

HIGHEST BALANCE DURING REPORTING PERIOD

\( \square \) $500 - $1,000
\( \square \) $1,001 - $10,000
\( \square \) $10,001 - $100,000
\( \square \) OVER $100,000

\( \square \) Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\( \square \) %
\( \square \) None

HIGHEST BALANCE DURING REPORTING PERIOD

\( \square \) $500 - $1,000
\( \square \) $1,001 - $10,000
\( \square \) $10,001 - $100,000
\( \square \) OVER $100,000

\( \square \) Guarantor, if applicable

Comments:
SCHEDULE B
Interests in Real Property
(Including Rental Income)

× ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS

417 HICKORY ST
CITY
CHICO

FAIR MARKET VALUE

$100,001 - $1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust

IF APPLICABLE, LIST DATE:

/ 21 ACQUIRED
/ 21 DISPOSED

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

$0 - $499

$1,001 - $10,000

$10,001 - $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

1720-1722 SHERIDAN AVE
CITY
CHICO

FAIR MARKET VALUE

$100,001 - $1,000,000

NATURE OF INTEREST

Ownership/Deed of Trust

IF APPLICABLE, LIST DATE:

/ 21 ACQUIRED
/ 21 DISPOSED

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

$0 - $499

$1,001 - $10,000

$10,001 - $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

□ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

□ None

□ Guarantor, if applicable

Comments:
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1519 HEMLOCK ST

CITY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

PATRICK_BEVERLY

--

FAIR MARKET VALUE

$2,000 - $10,000 □

$10,001 - $100,000 □

$100,001 - $1,000,000 X

Over $1,000,000 □

IF APPLICABLE, LIST DATE:

/ / 21 ACQUIRED

/ / 21 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)

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)

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
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST)  (FIRST)  (MIDDLE)
Payne  Shanon  Joell

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Citrus 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
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
- or -
The period covered is 1/1/2021 through December 31, 2021.
☐ Leaving Office: Date Left ______/______/______
( Check one circle.)
☐ The period covered is January 1, 2021, 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 A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
- or -  ☐ 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

5. Verification
MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
1350 Citrus Ave.  Chico  Ca  95926
(Business or Agency Address Recommended - Public Document)
DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
(530) 891-3107  spayne@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 1/13/2022
(signature)
(Write the originally signed paper statement with your signature)

Print  Clear

Print  Clear

Print  Clear

Print  Clear

Print  Clear

Print  Clear

Print  Clear
1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Coordinator, Special Education
Agency:
Position:

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ____________
☐ The period covered is ____________, through December 31, 2021.
☐ The period covered is ____________, through the date of leaving office.
☐ Assuming Office: Date assumed ____________
☐ The period covered is ____________, through the date of leaving office.
☐ Candidate: Date of Election ____________ and office sought, if different than Part 1:

4. Schedule Summary (must complete)  ▶ Total number of pages including this cover page: _________
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☐ Schedule D - Income – Gifts – schedule attached
☐ Schedule E - Income – Gifts – Travel Payments – schedule attached
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
368 Picholine Way
Chico, CA 95928
STREET
CITY
STATE
ZIP CODE
(Business or Agency Address Recommended - Public Document)
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
01/14/2022
(moon, day, year)
Signature
(print the original signed paper statement with your filing official)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Robinson Eileen Lynnette

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
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left / / 
-OR-
☐ The period covered is / / / , through December 31, 2021.
☐ The period covered is / / / , through the date of leaving office.
☐ Assuming Office: Date assumed / / / 
-OR-
☐ 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
1372 Manzanita Ave Chico, Ca. 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 Erobinson@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 01/27/2022
(month, day, year)

Signature

(Files the original, signed paper statement with your filing official)

Print Clear
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
Sierra View 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
☐ 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left / / (Check one circle.)
☐ The period covered is through December 31, 2021.
☐ 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 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

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
1598 Hooker Oak Avenue Chico California 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3117 krogers@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 1/13/2022
Signature Kimberly Rodgers

(Fill the online or signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
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
☐ 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, 2021, through December 31, 2021.
☐ Leaving Office: Date left __/__/____________ (Check one circle.)
☐ The period covered is January 1, 2021, through the date of leaving office.
☐ Assuming Office: Date assumed __/__/____________
☐ The period covered is __/__/____________, through the date of leaving office.
☐ Candidate: Date of Election __/__/____________ and office sought, 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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Founded Office Address Recommended - Public Document)
2090 Amanda Way Chico CA
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3285 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
(month, day, year)
Signature

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

#### 1. BUSINESS ENTITY OR TRUST

**North Rim Adventure Sports**

- **Name**: 1768 E. 2nd 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**

**bike shop**

- **FAIR MARKET VALUE**
  - [ ] $0 - $1,999
  - [x] $2,000 - $10,000
  - [x] $10,001 - $100,000
  - [x] $100,001 - $1,000,000
  - [ ] Over $1,000,000

- **IF APPLICABLE, LIST DATE:**
  - [ ] / / 21

- **DISPOSED**
  - [ ] / / 21

**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**
- **$500 - $1,000**
- **$1,001 - $10,000**
- **$10,001 - $100,000**
- **OVER $100,000**

---

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

- **None**
- [ ] 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
  - [x] $10,001 - $100,000
  - [x] $100,001 - $1,000,000
  - [ ] Over $1,000,000

- **IF APPLICABLE, LIST DATE:**
  - [ ] / / 21
  - [ ] / / 21

**DISPOSED**

- [x] / / 21

**NATURE OF INTEREST**

- [ ] Property Ownership/Deed of Trust
- [ ] Stock
- [ ] Partnership

- [ ] Leasehold

- [ ] Yrs. remaining

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

---

Comments:

[Print] [Clear]

---

FPPC Form 700 - Schedule A-2 (2021/2022)

advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov

Page - 9
NAME OF FILER: Shepherd
(LAST) John (MIDDLE) Raymond

1. Office, Agency, or Court
Agency Name: Chico Unified School District
Division, Board, Department, District, if applicable: Educational 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
- 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, 2021, through December 31, 2021.
- Or:
  - The period covered is _______/_____/________, through December 31, 2021.
- Leasing Office: Date Left / / (Check one circle)
- The period covered is January 1, 2021, through the date of leaving office.
- Or:
- The period covered is _______/_____/________, through the date of leaving office.
- Candidate: Date assumed / / 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
1163 East 7th St. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3000 jshepherd@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: 2/26/2022 Signature: ______________________
(month, day, year)

Print Clear
STATEMENT OF ECONOMIC INTERESTS
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)

☐ 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, 2021, through December 31, 2021.
   -or-
   The period covered is ______/_____/______ through December 31, 2021.
☐ Leaving Office: Date Left, ______/_____/______
   (Check one circle.)
   -or-
   The period covered is ______/_____/______, 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 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

901 Esplanade
Chico
CA
95926

DAYTIME TELEPHONE NUMBER
(530) 8913026
EMAIL ADDRESS
esherida@chicosud.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 2/22/2022
Signature ____________________________

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

Print Clear
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER: Spaggian, Renee Camille

1. Office, Agency, or Court
Agency Name (Do not use acronyms):
Chico Unified School District
Division, Board, Department, District, if applicable: administration
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
☐ County of
☐ Other: Public School District

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ The period covered is _______/_______/_______, through December 31, 2021.
☐ Assuming Office: Date assumed _______/_______/_______
☐ Leaving Office: Date Left _______/_______/_______
☐ The period covered is January 1, 2021, through the date of leaving office.
☐ 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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1475 East Ave. Chico, Ca 95926

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3050 X 31105

EMAIL ADDRESS
rspaggian@chucusd.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.

Data Signed: 1/13/22
Signature: R. Spaggian

(For the originally signed page statement with yourlegal official)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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
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
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ______/_____/______
- or -
The period covered is ______/_____/______, through December 31, 2021.
☐ The period covered is January 1, 2021, through the date of leaving office.
- or -
The period covered is ______/_____/______, through the date of leaving office.
☐ Assming 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 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
(1163 East Seventh Street Chico CA 95928)
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3000 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 Signature
January 20, 2022 Kelly Jan Staley
(month, day, year) (Print the original signed paper statement with your filing official)
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

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 (Appraiser)

GROSS INCOME RECEIVED

☐ $500 - $1,000  ☐ No Income - Business Position Only
☐ $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, lst each source of $10,000 or more
(Describe)

☐ Other ____________________________________________
(Describe)

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ $500 - $1,000  ☐ None
☐ $1,001 - $10,000  ☐ Personal residence
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE

☐ %  ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ Real Property ____________________________
Street address

City ____________________________

☐ Guarantor ____________________________

☐ Other ____________________________
(Describe)

Comments:

Kelly Staley

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Print  Clear
NAME OF FILER  (LAST)  (FIRST)  (MIDDLE)
Starkey  Marije

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Marigold Elementary
Your Position
Administrator

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, 2021, through
December 31, 2021.
☐ Leaving Office: Date Left   /   /   
☐ The period covered is   /   /   , through
December 31, 2021.
☐ Assuming Office: Date assumed   /   /   
☐ 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 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

5. Verification
MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
2446 Marigold Ave  Chico  CA  95926

DAILY TELEPHONE NUMBER  EMAIL ADDRESS
( 530 ) 891-3121  mstarkey@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  13 January 2022
(month, day, year)
Signature  
(Print the officially signed paper statement with your name official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

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

Steinbach Kellie Ann Iveron

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

[ ] County of
[ ] Other

Public School District

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

[ ] Leaving Office: Date Left __________/__________/__________

(Check one circle.)

[ ] The period covered is January 1, 2021, through the date of leaving office.
[ ] The period covered is __________/__________/__________, through the date of
leaving office.

[ ] Candidate: Date assumed __________/__________/__________ 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

[ ] None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
473 Paseo Companeros  Chico, CA 95928

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
530 891-3110

EMAIL ADDRESS
ksteinbach@chicoisd.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  3/3/2022

[Signature] [Printed Name]

Print  Clear
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.

NAME OF BUSINESS ENTITY
Vanguard

GENERAL DESCRIPTION OF THIS BUSINESS

Investment

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:

/21 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
403 B

GENERAL DESCRIPTION OF THIS BUSINESS

Investment

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:

/21 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:

/21 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:

/21 ACQUIRED DISPOSED

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

#### 1. BUSINESS ENTITY OR TRUST

**Hudson's Gastropub**

**Name:**

2760 Esplanade

**Address (Business Address Acceptable):**

Check one:
- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Restaurant**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>21/21</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>21/21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>21/21</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>21/21</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INVESTMENT**

- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] Other

**YOUR BUSINESS POSITION:**

Co-Owner

---

**Burban Kitchen**

**Name:**

1925 Market Pl

**Address (Business Address Acceptable):**

Check one:
- [ ] Trust, go to 2
- [ ] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Restaurant**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>21/21</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>21/21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>21/21</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>21/21</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**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
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] Over $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
- [ ] 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

**Property Name, Address, City, and Other Precise Location of Real Property**

- [ ] Description of Business Activity or
- [ ] Property Ownership/Deed of Trust
- [ ] Leasehold
- [ ] Stock
- [ ] Partnership

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td>21/21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>21/21</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>21/21</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- [ ] Property Ownership/Deed of Trust
- [ ] Leasehold
- [ ] Stock
- [ ] Partnership

**Comments:**

- [ ] Check box if additional schedules reporting investments or real property are attached
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
437 Paseo Companeros Street

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:

/ 21 / 21 ACQUIRED DISPOSED

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

Yrs. remaining:

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:
1. Office, Agency, or Court

Agency Name: 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

☐ Multi-County

☐ County of

☐ City of

☐ Other Public School District

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.

☐ -or- The period covered is / , through December 31, 2021.

☐ Assuming Office: Date assumed / / 

☐ Leaving Office: Date Left / / 

☐ The period covered is January 1, 2021, 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

(Use Business or Agency Address Recommended - Public Document)

1163 East Seventh St Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

( 530 ) 891-3000 dstubbs@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 1/13/22 (month, day, year) 

Signature (File the originally signed paper statement with your filing official)
NAME OF FILER (LAST) Sufuentes
(FIRST) Heather
(MIDDLE) W

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Chico Unified
Your Position
Principal
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: ______________________________________________________________________
Postion: ______________________________________________________________________

2. Jurisdiction of Office (Check at least one box)
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
☐ County of
☐ Other Public School District
☐ State
☐ Multi-County
☐ City of

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ______/_____/______
☐ The period covered is ______/_____/______, through December 31, 2021.
☐ The period covered is ______/_____/______, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/______
☐ -or-
☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1:

☐ Schedule Summary (must complete) Total number of pages including this cover page: __________
☐ 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: 1770 E. 8th St
STREET
CITY Chico
STATE CA
ZIP CODE 95926

DAYTIME TELEPHONE NUMBER: (530) 518-4367
EMAIL ADDRESS: HsuSfuentes@choucsd.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: 2/22/22
Signature: [Signature]

(File the original signed, sworn statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Tennis Matthew David

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   Chico Unified School District
   Division, Board, Department, District, if applicable
   Board of Trustees
   Your Position
   Trustee
   If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
   Agency:
   Butte County Water Commission
   Position:
   Commissioner

2. Jurisdiction of Office (Check at least one box)
   □ State
   □ Multi-County
   □ City of
   □ Judge, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
   -or-
   The period covered is ______/_____/______, through December 31, 2021.
   □ Leaving Office: Date Left ______/_____/______
   (Check one circle.)
   -or-
   The period covered is ______/_____/______, 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 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
   1171 Woodland Ave
   Chico, CA 95928
   STREET
   CITY
   STATE
   ZIP CODE
   (Business or Agency Address Recommended - Public Document)
   DAYTIME TELEPHONE NUMBER
   (916) 316-3388
   EMAIL ADDRESS
   matttennis@yahoo.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 2/1/22 (month, day, year)
Signature ________________________________
(Fill 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)*

### 1. BUSINESS ENTITY OR TRUST

**Tendoor Farming Partnership**

- **Name**: PO Box 1202, Durham, CA 95938
- **Address (Business Address Acceptable)**: 
- **Check one**: [ ] Trust, go to 2  [ ] Business Entity, complete the box, then go to 2

#### GENERAL DESCRIPTION OF THIS BUSINESS: Rice Farming

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/ /21</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/ /21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INVESTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
</tr>
<tr>
<td>Sole Proprietorship</td>
</tr>
<tr>
<td>LLC</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION**: Partner

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

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

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE

- Associated Rice Marketing Co-op (ARMCO), Pinnacle Rice, Butte County Rice Growers Assn., Farm Services Agency USDA.

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

- **Check one box**: [ ] INVESTMENT  [ ] REAL PROPERTY

- **Rice Inventory, Land Lease**
  - **Name of Business Entity, if Investment, or Assessor’s Parcel Number or Street Address of Real Property**: 7595 Aquas Frias Rd., Durham, 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
    - **NATURE OF INTEREST**
      - Property Ownership/Deed of Trust
      - Stock
      - Partnership

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

---

### 1. BUSINESS ENTITY OR TRUST

**Wild Ink Press**

- **Name**: 183 E. 6th St., Chico CA 95928
- **Address (Business Address Acceptable)**: 
- **Check one**: [ ] Trust, go to 2  [ ] Business Entity, complete the box, then go to 2

#### GENERAL DESCRIPTION OF THIS BUSINESS: Stationery design-manufacturing

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $1,999</td>
<td>/21</td>
</tr>
<tr>
<td>$2,000 - $10,000</td>
<td>/21</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>ACQUIRED DISPOSED</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INVESTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership</td>
</tr>
<tr>
<td>Sole Proprietorship</td>
</tr>
<tr>
<td>LLC</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION**: Junior Principal

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

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

### 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE

- Paper Source, URBN

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

- **Check one box**: [ ] INVESTMENT  [ ] REAL PROPERTY

- **Stationery Design-Manufacturing**
  - **Name of Business Entity, if Investment, or Assessor’s Parcel Number or Street Address of Real Property**: 183 E. 6th St., Chico CA 95928
  - **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
    - **NATURE OF INTEREST**
      - Property Ownership/Deed of Trust
      - Stock
      - Partnership

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

---

Comments:
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7595 Aguas Frias Rd.

CITY
Durham, 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:
/ / 21

ACQUIRED
DISPOSED

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

Yrs. remaining

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

Mid-Valley Title and Escrow, 601 Main St., Chico CA 95928

* 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*
Mid-Valley Title Co.

ADDRESS (Business Address Acceptable)
601 Main St., Chico, CA 95928

BUSINESS ACTIVITY, IF ANY, OF LENDER
Title and Escrow

INTEREST RATE
4

TERM (Months/Years)
15 years

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

Comments:

Print Clear

FPPC Form 700 - Schedule B (2021/2022)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 11
**SCHEDULE C**
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

<table>
<thead>
<tr>
<th>1. INCOME RECEIVED</th>
<th>1. INCOME RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF SOURCE OF INCOME</strong></td>
<td><strong>NAME OF SOURCE OF INCOME</strong></td>
</tr>
<tr>
<td>Lance D. Tennis, Inc.</td>
<td></td>
</tr>
<tr>
<td><strong>ADDRESS (Business Address Acceptable)</strong></td>
<td><strong>ADDRESS (Business Address Acceptable)</strong></td>
</tr>
<tr>
<td>806 Westgate Ct., Chico, CA 95926</td>
<td></td>
</tr>
<tr>
<td><strong>BUSINESS ACTIVITY, IF ANY, OF SOURCE</strong></td>
<td><strong>BUSINESS ACTIVITY, IF ANY, OF SOURCE</strong></td>
</tr>
<tr>
<td>Farming</td>
<td></td>
</tr>
<tr>
<td><strong>YOUR BUSINESS POSITION</strong></td>
<td><strong>YOUR BUSINESS POSITION</strong></td>
</tr>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td><strong>GROSS INCOME RECEIVED</strong></td>
<td><strong>GROSS INCOME RECEIVED</strong></td>
</tr>
<tr>
<td>[ ] No Income - Business Position Only</td>
<td>[ ] No Income - Business Position Only</td>
</tr>
<tr>
<td>[ ] $500 - $1,000</td>
<td>[ ] $500 - $1,000</td>
</tr>
<tr>
<td>[ ] $1,001 - $10,000</td>
<td>[ ] $1,001 - $10,000</td>
</tr>
<tr>
<td>[ ] $10,001 - $100,000</td>
<td>[ ] $10,001 - $100,000</td>
</tr>
<tr>
<td>[ ] OVER $100,000</td>
<td>[ ] OVER $100,000</td>
</tr>
<tr>
<td><strong>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</strong></td>
<td><strong>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</strong></td>
</tr>
<tr>
<td>[ ] Salary</td>
<td>[ ] Salary</td>
</tr>
<tr>
<td>[ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</td>
<td>[ ] Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td>[ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
<td>[ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td>[ ] Sale of</td>
<td>[ ] Sale of</td>
</tr>
<tr>
<td>(Real property, car, boat, etc.)</td>
<td>(Real property, car, boat, etc.)</td>
</tr>
<tr>
<td>[ ] Loan repayment</td>
<td>[ ] Loan repayment</td>
</tr>
<tr>
<td>[ ] Commission or</td>
<td>[ ] Commission or</td>
</tr>
<tr>
<td>[ ] Rental Income, list each source of $10,000 or more</td>
<td>[ ] Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td>(Describe)</td>
<td>(Describe)</td>
</tr>
<tr>
<td>[ ] Other</td>
<td>[ ] Other</td>
</tr>
<tr>
<td>Directors Fee</td>
<td>(Describe)</td>
</tr>
</tbody>
</table>

| 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:

<table>
<thead>
<tr>
<th><strong>NAME OF LENDER</strong></th>
<th><strong>INTEREST RATE</strong></th>
<th><strong>TERM (Months/Years)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ADDRESS (Business Address Acceptable)</strong></th>
<th><strong>SECURITY FOR LOAN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>BUSINESS ACTIVITY, IF ANY, OF LENDER</strong></th>
<th><strong>REAL PROPERTY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Real Property</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HIGHEST BALANCE DURING REPORTING PERIOD</strong></th>
<th><strong>GUARANTOR</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Guarantor</td>
</tr>
</tbody>
</table>

| [ ] | Other | (Describe) |

Comments:
**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)**
Chico Unified School District

ADDRESS (Business Address Acceptable)
1163 East 7th St.

CITY AND STATE
Chico CA

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

DATE(S): 12/1/21 - 12/4/21 AMT: $1,500.00

(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description
School Boards Asn. conference

☐ If Gift, Provide Travel Destination
San Diego, CA

**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: 

---

FPPC Form 700 - Schedule E (2021/2022)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 17
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
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
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
☐ County of
☐ Other: Public School District

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
- or -
The period covered is ______/____/____ through December 31, 2021.
☐ Leaving Office: Date Left ______/____/____ (Check one circle.)
☐ The period covered is January 1, 2021, 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
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☐ 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 AddressRecommended - 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
1/31/22
(month, day, year)
Signature (Please print original signed paper statement with your filing official.)
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

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

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, Retired Judge, Pro Tem 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, 2021, through December 31, 2021.
   -or-
   The period covered is / / , through December 31, 2021.

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

☐ The period covered is January 1, 2021, 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 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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 530 ) 891-3100 cweaver@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 01/13/2022

Signature

Christopher Weaver

Digitally signed by Christopher Weaver
Date: 2022.01.13 12:00:38 -08'00'
(Fill the originally signed paper statement with your filing official.)
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)          (FIRST)          (MIDDLE)
Whittaker                      Damon                        Andrew

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Principal
Agency: ____________________________________________ Position: ____________________________

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

☐ State
☐ Multi-County
☐ City of
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
☐ County of
☐ Other: ___________________________________________________________________________

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.
☐ Leaving Office: Date Left ______/_____/_____
☐ The period covered is ______/_____/_____, through December 31, 2021.
☐ The period covered is ______/_____/_____, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/_____
☐ Other: ___________________________________________________________________________

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

☐ Total number of pages including this cover page: __________________

4. Schedule Summary (must complete)  ☐ 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

5. Verification
MAILING ADDRESS
(Street Address Recommended - Public Document)
1475 E. Ave, Chico, CA 95926

STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER
(530) 891-3050
dwhittaker@chicousd.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information 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 1/19/2022 (month, day, year)

Signature: Damon Whittaker

(Fil the originally signed paper statement with your filing official)

Print          Clear
STATEMENT OF ECONOMIC INTERESTS
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
☐ Multi-County
☐ City of
☐ County of
☐ Other

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

☐ Public School District

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

☐ Annual: The period covered is January 1, 2021, through December 31, 2021.

☐ Leaving Office: Date Left __/__/____

-OR- The period covered is ___/___/____, through December 31, 2021.

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

☐ Assuming Office: Date assumed ___/___/____

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

☐ Candidate: Date of Election ______ and office sought, 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
901 The Esplanade Chico CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3027 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 02/22/2022
(Month, day, year)

Signature

(Prefer original typed or printed paper statement with your filing official.)
NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Yuhneke  Kayla  Ann Marie

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)  
   Chico Unified School District
   Division, Board, Department, District, if applicable  
   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
   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, 2021, through December 31, 2021.
   -or- The period covered is 8/2/2021, through December 31, 2021.
   Assuming Office: Date assumed __/__/____ and office sought, if different than Part 1:
   Candidate: Date of Election __/__/____ and office sought, if different than Part 1:
   Leaving Office: Date Left __/__/____ (Check one circle.)
   -or- The period covered is January 1, 2021, 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)
   1163 East Seventh St.  Chico  CA  95973
   DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS
   (530) 891-3000  Kyuhnke@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 2/23/22 (month, day, year)  Signature (Please type or print in ink.)