

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Akers	Jacy	Dawn

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Chico Unified School District
 Division, Board, Department, District, if applicable
Nutrition Services
 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 _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► **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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
1163 E. 7th St		Chico	CA	95928
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000	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 1/6/2026
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
(Using Official Use Only)

Please type or print in ink.

NAME OF FILER (LAST) Aiello (FIRST) Michael (MIDDLE) Robert

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Chico Unified School District

Division, Board, Department, District, if applicable

Maintenance & Operations

Your Position

Supervisor

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

Agency: _____ Position: _____

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

State

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

Leaving Office: Date Left _____
(Check one circle below.)

-or-

The period covered is ____/____/____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

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

4. Schedule Summary (required)

► **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

Attachment 700-P - Prospective Employment (87200 Filers Only) – 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)

P.O. Box 114 Forest Ranch CA 95942

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(530) 570-5753 Maiello@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 1/12/2026
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Classified Human Resources

Your Position

Executive 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)

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left _____ (Check one circle below.) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| The period covered is _____, through December 31, 2025. | -or- |
| <input type="checkbox"/> Assuming Office: Date assumed _____ | <input type="checkbox"/> The period covered is _____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
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| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
2060 Oak Park Ave	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000 ext 20105	MAllen@chicousd.org			

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

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

Date Signed 2/19/2026
(month, day, year)

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

Digitally signed by Mike Allen
Date: 2026.02.19 13:44:33 -08'00'

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bangsund	Christine	M

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

MTSS Coordinator

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

Agency: _____ Position: _____

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

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left _____
(Check one circle below.) |
| -or-
The period covered is _____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed _____ | -or-
<input type="checkbox"/> The period covered is _____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
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| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 East 7th Street	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891.3000	cbangsund@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 7, 2026
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
2/17/26

Please type or print in ink.

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

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 _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

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- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

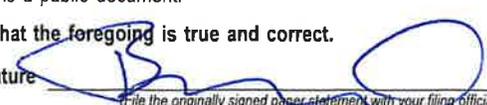
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th St. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3141 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 2/17/26
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT**

Date Initial Filing Received
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Sierra View 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
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- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. 7th St. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3117

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 **01/08/2026**
(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) Bewers (FIRST) Gloria (MIDDLE) J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Personnel Commission

Your Position

Chairperson

► 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, 2024, through December 31, 2024.
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2024, 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 (required)

► Total number of pages including this cover page: 1

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. CITY Chico STATE CA ZIP CODE 95928
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER (530) 228-0949 EMAIL ADDRESS gbewers@pacbell.net

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

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

Date Signed Gloria Bewers Signature 1/22/26
(month, day, year) (File 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)	(FIRST)	(MIDDLE)
Blake	Gregory	A.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Superintendents Office

Your Position

Superintendent

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or- The period covered is <u>07 / 01 / 2025</u> , through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or- <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
1163 East Seventh Street		Chico	CA	95928
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS	
(530) 891-3000			gblake@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 1/7/26
(month, day, year)

Signature *Gregory Blake*
(File the original signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Gregory Blake

▶ NAME OF SOURCE *(Not an Acronym)*
Kingsley Bogard LLP

ADDRESS *(Business Address Acceptable)*
600 Coolidge Drive, Suite 160 Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/25	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*
Keenan & Associates

ADDRESS *(Business Address Acceptable)*
10860 Gold Center Dr., Suite 350 Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/25	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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Date Initial Filing Received
Filing Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bromley	Charise	Nicole

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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
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3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2025, through December 31, 2025.
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- The period covered is ____/____/____, through December 31, 2025.
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- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► **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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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**

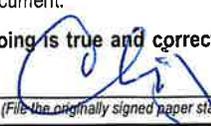
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000 ext. 20127	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 1/6/2026
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
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A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bunch Michelle Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Grant Writer/Coordinator

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2025, 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 mbunch@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 01/06/26
(month, day, year)

Signature Michelle Lynn
(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)
Caldera	Pedro	A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director of Secondary Education

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|---|
| <input type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or-
The period covered is ____/____/____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E. 7th Street		Chico	CA	95926
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000	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 2/10/26
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
2/25/2026

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Campos Maria Elena

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: Facilities Department

Position: Facilities Planner and Construction Supervisor

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

State

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

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

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► Total number of pages including this cover page: _____

Schedules attached

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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

Attachment 700-P - Prospective Employment (87200 Filers Only) – 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)

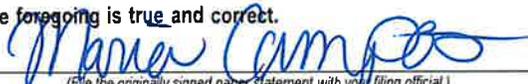
116 E. 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 mcampos@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 February 25, 2026
(month, day, year)

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

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

A-Line

Name _____

1635 Lazy Trail Drive, Chico, CA 95926

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	--

NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	--

NATURE OF INVESTMENT

 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None or Names listed below

Durham Unified School District
Hamilton Unified School District

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	--

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	--

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Using Official Case Date

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
Your Position
Coordinator II

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E. 7th Street Chico CA 95928
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891 3000 jeapen@chico.usd.org

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

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

Date Signed 1/7/2026 Signature _____
(month, day, year) (File 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)	(FIRST)	(MIDDLE)
Cariss	Timothy	Andrew

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Director

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

Agency: _____ Position: _____

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

State

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

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

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► **Total number of pages including this cover page:** _____

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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

Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

5. Verification

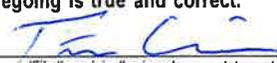
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
1163 E. 7th St.		Chico	CA	95928

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(530) 891-3000	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 1/9/25
(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)
Catren	Michael	Benjamin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Maintenance and Operations

Your Position

Supervisor

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left _____
(Check one circle below.) |
| -or-
The period covered is _____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed _____ | -or-
<input type="checkbox"/> The period covered is _____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
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| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

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

DAYTIME TELEPHONE NUMBER 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 01/08/2026
(month, day, year)

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

Digitally signed by Michael Catren
Date: 2026.01.08 07:37:54 -08'00'

**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)	(FIRST)	(MIDDLE)
Chevallier	David	Chase

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Coordinator - Community Schools

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or-
<input type="checkbox"/> The period covered is ____/____/____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
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4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

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

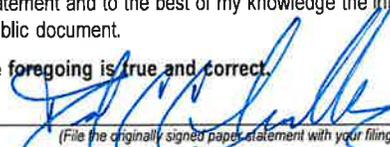
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
1163 E. 7th Street		Chico	CA	95926
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS	
(530) 891-3000			dchevallier@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 1/6/2025
(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)
Connelly Courtney C

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Emma Wilson Elementary

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 (Supreme, Appellate, Superior Court), 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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- or-
- The period covered is _____ through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is _____ through the date of leaving office.

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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 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 _____
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2098 Cilantro Drive

CITY
Redding

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

ACQUIRED / / 25 DISPOSED / / 25

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED / / 25 DISPOSED / / 25

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

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

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

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Cox (FIRST) Susan (MIDDLE) Norma

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, 2024, through
December 31, 2024.

Leaving Office: Date Left _____
(Check one circle below.)

-or-

The period covered is _____, through
December 31, 2024.

The period covered is January 1, 2024, through the date of
leaving office.

-or-

Assuming Office: Date assumed _____

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

Schedule A-1 - Investments - schedule attached

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

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS 2160 Zuni Ave - Chico Ca 95926
STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1163 E. 7th St. Chico Ca 95926

DAYTIME TELEPHONE NUMBER
(930) 864-6725

EMAIL ADDRESS
Susiencox57@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 1/29/26
(month, day, year)

Signature [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)
Crane Jessica Theoni

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
-or-
The period covered is _____, through December 31, 2025.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle below.)
 The period covered is January 1, 2025, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (required) ► 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
 Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached
-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th St
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 jtcrane@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 01/06/26 (month, day, year) Signature _____ (File 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) Cunniff (FIRST) Stephanie (MIDDLE) Jean

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Principal

Division, Board, Department, District, if applicable

Parkview Elementary School

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. **Leaving Office:** Date Left _____ (Check one circle below.)
- or-** The period covered is _____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

▶ 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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)
5785 Acorn Ridge Drive Paradise CA 95769

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 518-1411 Scunniff@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 1/13/26
(month, day, year)

Signature Steph aff
(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)
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 Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

-or- The period covered is ____/____/____, through December 31, 2025.

Assuming Office: Date assumed ____/____/____

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

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

The period covered is January 1, 2025, through the date of leaving office.

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

4. Schedule Summary (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

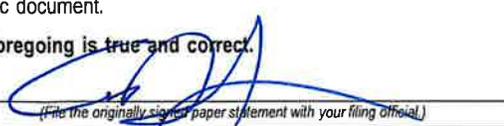
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000	adeluna@chiocusd.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 2/17/26
(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)
De Luna Felix

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

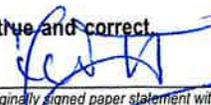
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
280 Memorial Way Chico CA, 95926
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3066 fdeluna@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 1/6/26
(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)
Enserro Vince

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Nutrition Services

Your Position

Director

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left _____ (Check one circle below.)
- or- The period covered is _____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- or- Assuming Office: Date assumed _____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
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- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2455 Carmichael Drive Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 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 01-06-2026
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Feldstein	Gareth	Ryan

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Facilities

Construction 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left ____/____/____
(Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025.
- The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

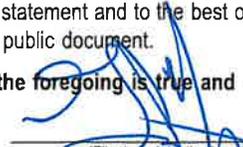
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
891 Filbert Ave		Chico	CA	95926
DAYTIME TELEPHONE NUMBER (661) 201-4592		EMAIL ADDRESS gfeldstein@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 2/10/26
(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) Gallaty (FIRST) Joseph (MIDDLE) Nelson

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

CUSD

Your Position

Asst. 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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 E. 7th St. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 jgallaty@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 1/6/26
(month, day, year)

Signature [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)
German Eric

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

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

4. Schedule Summary (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) – 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 E7th Chico Ca 95928

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 1/12/2026
(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)
Godinez Gloria Garcia

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable Your Position
Citrus & Rosedale Elementary Assistant Principal

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election ____/____/____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th St. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 spayne@chicousd.net

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

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

Date Signed 1/6/2026
(month, day, year)

Signature *Gloria Godinez*
(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)
Gunderson	John	Allen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Principal

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

Agency: _____ Position: _____

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

State

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

Leaving Office: Date Left _____
(Check one circle below.)

-or-
The period covered is _____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

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 (required)

▶ 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

Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
3547 Shadowtree Lane		Chico	CA	95928

DAYTIME TELEPHONE NUMBER

(530) 591-3066

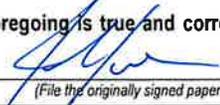
EMAIL ADDRESS

kgunderson@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 1/6/26
(month, day, year)

Signature 
(File 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) (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

Your Position

Director

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left _____ (Check one circle below.)
- or- The period covered is _____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th St Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 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 2/10/26
(month, day, year)

Signature 
(File 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)	(FIRST)	(MIDDLE)
Hase	Teisha	Lenore

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
District

Your Position
Trustee Area 3

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	Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
Multi-County _____	County of _____
City of _____	Other <input checked="" type="checkbox"/> Public School District

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. -or- The period covered is _____ through December 31, 2025. Assuming Office: Date assumed _____ Candidate: Date of Election _____ and office sought, if different than Part 1: _____	Leaving Office: Date Left _____ (Check one circle below.) <input type="radio"/> The period covered is January 1, 2025, through the date of leaving office. -or- <input type="radio"/> The period covered is _____ through the date of leaving office.
---	---

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

- | | |
|--|---|
| <input checked="" type="checkbox"/> Schedule A-1 - Investments – schedule attached
<input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached
<input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached
Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input checked="" type="checkbox"/> Schedule D - Income - Gifts – schedule attached
<input checked="" type="checkbox"/> Schedule E - Income - Gifts - Travel Payments – schedule attached |
|--|---|

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

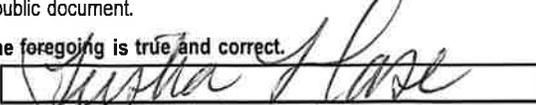
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
1241 Arcaddian Ave		Chico	CA	95926
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS	
(530) 519-3638			teisha.hase@chicousd.net	

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

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

Date Signed 1/20/26
(month, day, year)

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

SCHEDULE D
Income – Gifts

Name
Teisha Hase

▶ NAME OF SOURCE *(Not an Acronym)*
Kingsley Bogard LLP

ADDRESS *(Business Address Acceptable)*
600 Coolidge Drive, Suite 160 Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/25	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*
Keenan & Associates

ADDRESS *(Business Address Acceptable)*
10860 Gold Center Dr., Suite 350 Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/25	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

**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) (FIRST) (MIDDLE)
Heath Shawneese Anne

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

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left ____/____/____
(Check one circle below.)
- The period covered is January 1, 2025, 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

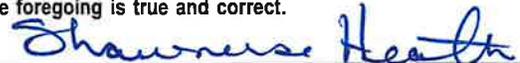
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3121 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 **1-6-26**
(month, day, year)

Signature 
(File 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) (FIRST) (MIDDLE)
Hennessy Kalyn Quok

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable Your Position
Expanded Learning Department Coordinator II

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
-or-
The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
 The period covered is January 1, 2025, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

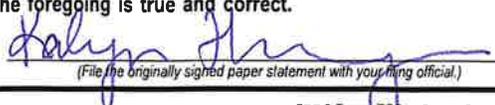
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1350 East Lassen Ave Chico CA 95973

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 804-3000 **kquok@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 **02/09/2026**
(month, day, year)

Signature 
(File 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) (FIRST) (MIDDLE)
Herringer Tiffany Lynette

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Education Services

Your Position

Coordinator - CTE

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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

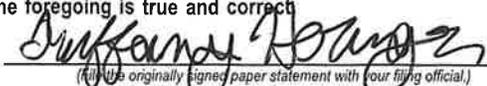
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1163 E. 7th Street Chico Ca 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (530) 891-3000 x20164 therringer@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 1/6/26
(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) Holen (FIRST) Deanna (MIDDLE) Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable Pleasant Valley High School Your Position Asst. 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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)
1415 East Avenue Chico GA 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 1/6/2026
(month, day, year)

Signature Deanna Holen
(File 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) Johnson (FIRST) Stephanie (MIDDLE) Leigh

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

VP BJHS

Division, Board, Department, District, if applicable

Your Position

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

Agency: CUSD

Position: VP

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

State

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

Leaving Office: Date Left _____ (Check one circle below.)

-or-

The period covered is _____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed _____

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

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

4. Schedule Summary (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) - 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)

13391 Oak Ranch Ln. Chico CA 95973

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 828-3683 stephel631@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 3/3/26
(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)
TONES Scott P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Commissioner

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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of Butte
- Other Public School District

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

- Annual: The period covered is January 1, 2025, through December 31, 2025.
- Leaving Office: Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, 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 (required)

▶ 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) - 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)
4 Florence Ln Chico, CA 95926
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 781-2339 bajan2012@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 1/27/2026 (month, day, year)

Signature [Signature] (File 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

1/27/2026

Please type or print in ink.

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

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable Your Position
Marsh Jr. High School Principal

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left _____ (Check one circle below.)
- or- The period covered is _____ through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

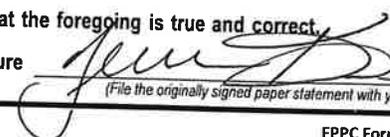
5. Verification

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

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

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

Date Signed 1/27/2026
(month, day, year)

Signature 
(File 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) Keene (FIRST) Kristine (MIDDLE) Diane

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Assistant Superintendent

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

Leaving Office: Date Left _____
(Check one circle below.)

-or-

The period covered is _____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed _____

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

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

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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

Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

5. Verification

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

1163 E. Seventh St.

Chico

CA

95926

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

kkeene@chico.usd.org

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

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

Date Signed 1/7/2026
(month, day, year)

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

SCHEDULE D
Income – Gifts

Name
Tina Keene

▶ NAME OF SOURCE *(Not an Acronym)*
Kingsley Bogard LLP

ADDRESS *(Business Address Acceptable)*
600 Coolidge Drive, Suite 160 Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/25	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*
Keenan & Associates

ADDRESS *(Business Address Acceptable)*
10860 Gold Center Dr., Suite 350 Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/25	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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) (FIRST) (MIDDLE)
Kermen Matthew Vincent

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► Total number of pages including this cover page: _____

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- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
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- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only) – 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)
148 Delaney Drive Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 5705703 mkermen@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 1/6/26
(month, day, year)

Signature *Matthew Kermen*
(File 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) (FIRST) (MIDDLE)
Kessler Brandon

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Chico High School

Your Position

Assistant Principal

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
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- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

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

DAYTIME TELEPHONE NUMBER 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 2-10-26
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kistle Julia Marie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

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

Agency: Facilities Department

Position: Director

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

State

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/_____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

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 (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) – 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)

116 E. 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 JKistle@chicousd.org

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

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

Date Signed February 25, 2026
(month, day, year)

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

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

A-Line

Name _____
1635 Lazy Trail Drive, Chico, CA 95926
 Address (Business Address Acceptable)
 Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input checked="" type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/25 ACQUIRED </td> <td style="width: 50%; text-align: center;"> ____/____/25 DISPOSED </td> </tr> </table>	____/____/25 ACQUIRED	____/____/25 DISPOSED
____/____/25 ACQUIRED	____/____/25 DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

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

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

None or Names listed below

Durham Unified School District
 Hamilton Unified School District

▶ 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 _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/25 ACQUIRED </td> <td style="width: 50%; text-align: center;"> ____/____/25 DISPOSED </td> </tr> </table>	____/____/25 ACQUIRED	____/____/25 DISPOSED
____/____/25 ACQUIRED	____/____/25 DISPOSED		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

▶ 1. BUSINESS ENTITY OR TRUST

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

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/25 ACQUIRED </td> <td style="width: 50%; text-align: center;"> ____/____/25 DISPOSED </td> </tr> </table>	____/____/25 ACQUIRED	____/____/25 DISPOSED
____/____/25 ACQUIRED	____/____/25 DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

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

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

None or Names listed below

▶ 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 _____

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> ____/____/25 ACQUIRED </td> <td style="width: 50%; text-align: center;"> ____/____/25 DISPOSED </td> </tr> </table>	____/____/25 ACQUIRED	____/____/25 DISPOSED
____/____/25 ACQUIRED	____/____/25 DISPOSED		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

Comments: _____

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Chico Unified School District
 Division, Board, Department, District, if applicable Your Position
 Governing Board 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. **Leaving Office:** Date Left ____/____/_____
 -or- (Check one circle below.)
 The period covered is ____/____/_____, through The period covered is January 1, 2025, through the date of leaving office.
 Assuming Office: Date assumed ____/____/_____. **-or-**
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
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 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached
 Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

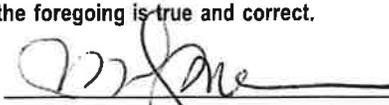
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E 7th Street	Chico	CA	95926	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(530) 891-3000	Rebecca.konkin@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 2/18/26
 (month, day, year)

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

SCHEDULE D
Income – Gifts

Name
 Rebecca Konkin

▶ NAME OF SOURCE *(Not an Acronym)*
 Keenan & Associates

ADDRESS *(Business Address Acceptable)*
 10860 Gold Center Dr., Suite 350 Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Insurance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 25	\$ 75.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**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) (FIRST) (MIDDLE)
Kruger Jadyn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable Your Position
Business Services Deputy Superintendent, Business Services

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left ____/____/_____
(Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/_____, through December 31, 2025.
- Other:** 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 (required)

► Total number of pages including this cover page: _____

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- Schedule E - Income – Gifts – Travel Payments** – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. Seventh Street 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 01/06/2026
(month, day, year)

Signature Jadyn Kruger
(File 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)	(FIRST)	(MIDDLE)
Lando	Thomas	Michael

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
 President / Member

► 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 (Supreme, Appellate, Superior Court), 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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- Leaving Office:** Date Left ____/____/____
 (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
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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: 2

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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)	STREET	CITY	STATE	ZIP CODE
3 Carson St #8		Chico	CA	95928
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 3541649	Tlando@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 01/06/2026
 (month, day, year)

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

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME California Virtual Academies</p> <p>ADDRESS (Business Address Acceptable) 50 Moreland Rd, Simi Valley, CA 93065</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE K-12 Education</p> <p>YOUR BUSINESS POSITION MTSS COACH</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <small>(Describe)</small></p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>YOUR BUSINESS POSITION</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ <small>(Describe)</small></p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <small>Street address</small></p> <p>_____ <small>City</small></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>
---	--

Comments: _____

SCHEDULE D
Income – Gifts

Name
Thomas Lando

▶ NAME OF SOURCE *(Not an Acronym)*
Kingsley Bogard LLP

ADDRESS *(Business Address Acceptable)*
600 Coolidge Drive, Suite 160 Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/02/25	\$ 75.00	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Keenan & Associates

ADDRESS *(Business Address Acceptable)*
10860 Gold Center Dr., Suite 350 Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/25	\$ 75.00	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
1-6-2026

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Principal

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left _____ (Check one circle below.)
- or- The period covered is _____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. 7th St. Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3117 marisol.lopez@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 1/6/26
(month, day, year)

Signature *M. Lopez*
(File 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
1250 Glenshire Ln.

CITY
Chico

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

ACQUIRED / 25 / 25 DISPOSED

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

ACQUIRED / 25 / 25 DISPOSED

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

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Love Rachel J

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
280 E. 19th St. Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 521-6438 rlove@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 02/10/2026
(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)
Macaulay melinda

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Asst. 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left ____/____/____
(Check one circle below.)
- The period covered is January 1, 2025, 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 (required)

▶ 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 mmacaulay@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 1/16/2026 Signature Melinda Macaulay
(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.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
McCall	Jennifer	Ruth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Coordinator, Student Information

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or-
The period covered is ____/____/____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E. 7th St	Chico	CA	95926	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000	jmccall@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 02/18/2026
(month, day, year)

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

Digitally signed by Jennifer McCall
Date: 2026.02.18 14:48:28 -08'00'

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Official: [Blank]

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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left _____
(Check one circle below.) |
| -or-
The period covered is _____ through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed _____ | -or-
<input type="checkbox"/> The period covered is _____ through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
1673 E. 7th St.	Chico	CA	95928
DAYTIME TELEPHONE NUMBER (530) 891-3000	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 01/06/2026
(month, day, year)

Signature [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)
McLaughlin Jaymee L

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

Coordinator 1

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left _____ (Check one circle below.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2025, 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 (required)

► Total number of pages including this cover page: _____

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- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

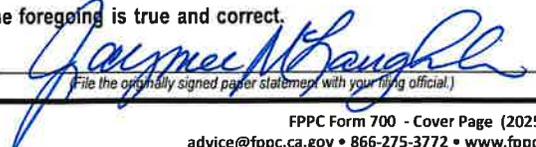
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 East Seventh St Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 jmclaughlin@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 6, 2026
(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)
Meng Joanna R

1. Office, Agency, or Court

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

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► Total number of pages including this cover page: _____

Schedules attached

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- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. 7th St Chico CA
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 jmeng@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 2/11/2026 Signature 
(month, day, year) (File 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) MOLL (FIRST) ANDREW (MIDDLE) JAMES

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Chico Unified School District

Division, Board, Department, District, if applicable

Administration

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left _____
(Check one circle below.)
- The period covered is January 1, 2025, 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

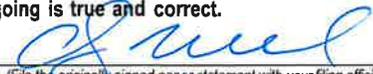
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
<u>290 East Ave</u>	<u>Chico</u>	<u>CA</u>	<u>95926</u>	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
<u>(530) 891-3092</u>	<u>amoll@chicousd.org</u>			

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 02/10/2026
(month, day, year)

Signature 
(File 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) (FIRST) (MIDDLE)
Morris John Morris

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Director Maintenance Operations
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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, 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 (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
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- Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

MAILING ADDRESS 1264 Manzanita Ave Chico CA 95926
STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

530-518-7333 jmorris@chicoUSD.org
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 2/18/2026
(month, day, year)

Signature [Signature]
(File 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) (FIRST) (MIDDLE)
Mullins Emily E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Principal

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-** The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-** The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
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- Schedule B - Real Property** – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

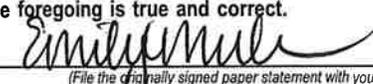
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1238 Arbutus Avenue Chico CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3119 emullins@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 1/6/25
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
____/____/____

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Odlum Rhonda George

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

Principal, Oak Bridge Academy

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

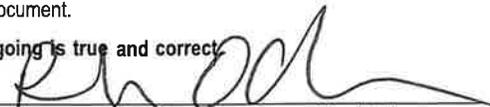
5. Verification

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

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 1/8/2025
(month, day, year)

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

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
10036 Lott Road

CITY
Durham

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

ACQUIRED / / 25 DISPOSED / / 25

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 Ln

CITY
Durham

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

ACQUIRED / / 25 DISPOSED / / 25

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
Unit 1 - Judee Templeman
Unit 2 - Teresa Raczynski
Unit 3 - Isaac Brown

* 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 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*
N/A

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Guarantor, if applicable

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
For Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Oelrichs	Evan	M

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Chico Unified School District

Division, Board, Department, District, if applicable

Facilities

Your Position

Construction Manager

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

Agency: _____ Position: _____

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

State

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

Leaving Office: Date Left _____
(Check one circle below.)

-or-
The period covered is _____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

Assuming Office: Date assumed 7, 21, 2025

-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 (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
4 Stoney Point Way		Chico	CA	95928

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
(530) 966-2334	eoelrichs@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 2/10/2026
(month, day, year)

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

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Evan Oelrichs

▶ 1. BUSINESS ENTITY OR TRUST

DirtyWork LLC

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

 / / 25 / / 25
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner, 50%

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

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

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

- None or Names listed below

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

Check one box:

- INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

 / / 25 / / 25
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

Comments: No Real Property Owned or Leased By Business

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

 / / 25 / / 25
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

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

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

- None or Names listed below

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

Check one box:

- INVESTMENT REAL PROPERTY

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

 / / 25 / / 25
 ACQUIRED DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Olsen Gayle Mari

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Governing Board
Your Position
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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
-or- The period covered is _____, through December 31, 2025.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle below.)
 The period covered is January 1, 2025, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
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 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached
 Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th Street Chico CA 95926

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 Gayle.Olsen@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 01/20/2026 Signature Gayle H. Olsen
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Gayle Olsen

▶ NAME OF SOURCE (Not an Acronym)
Kingsley Bogard LLP

ADDRESS (Business Address Acceptable)
600 Coolidge Drive, Suite 160 Folsom, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Service

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 02 25	75.00	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Keenan & Associates

ADDRESS (Business Address Acceptable)
10860 Gold Center Dr., Suite 350 Rancho Cordova, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 03 25	75.00	Dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

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) (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

Your Position

Transportation Manager

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through ____/____/____. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► Total number of pages including this cover page: _____

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
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- Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2455 Carmichael Dr Chico Ca 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 216-9355 bontiveros@chicousd.org

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

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

Date Signed 1/6/25
(month, day, year)

Signature [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)
Pardini	Sara	Jeanne

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Your Position
Assistant Pricipal

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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**

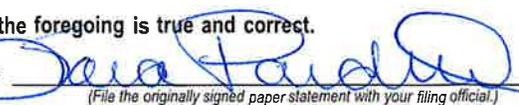
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E 7th St		Chico	CA	95926
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000	spardini@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 2/5/26
(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)
Pasillas	Sara	M

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable	Your Position
Chico High School	Assistant Principal

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or-
The period covered is ____/____/____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

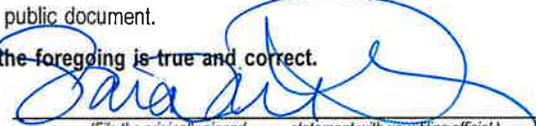
5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95926	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(530) 891-3026		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 January 8, 2026
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Sara Pasillas

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
100 Tait St.

CITY
Gerber, CA 96035

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

 / 25 / 25
 ACQUIRED DISPOSED

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1409 Jackson St.

CITY
Red Bluff, CA 96085

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

 / 25 / 25
 ACQUIRED DISPOSED

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

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

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

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

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

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

Comments: _____

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

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 Your Position
Citrus Elementary 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
-or- The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
 The period covered is January 1, 2025, through the date of leaving office.
-or- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

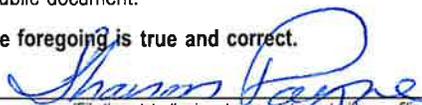
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E 7th St. Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 spayne@chicousd.net

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

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

Date Signed 1/6/2026
(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)
Peyton **Jeana** **Lea**

1. Office, Agency, or Court

Agency Name (Do not use acronyms) **Chico Unified School District** **Coordinator II**
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, 2024, through December 31, 2024.
-or- The period covered is _____, through December 31, 2024.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle below.)
 The period covered is January 1, 2024, through the date of leaving office.
-or- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required) ► Total number of pages including this cover page: _____
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 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached
-or- **None - No reportable interests on any schedule**

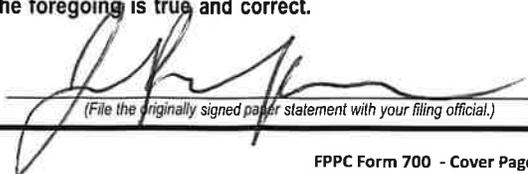
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
368 Picholine Way **Chico** **CA** **95928**
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 521-1598 **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 **02/10/26**
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filed 02/18/26 10:41 AM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pitsker Stacy Alicia

1. Office, Agency, or Court

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

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

Agency: _____ Position: _____

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

State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
-or- The period covered is _____, through December 31, 2025.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle below.)
 The period covered is January 1, 2025, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

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Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
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 Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

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

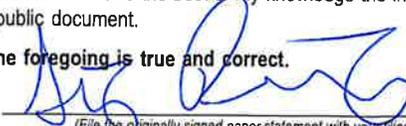
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
411 Antelope Creek Avenue Chico CA 95973
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 828-9710 spitsker@chico.usd.org

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

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

Date Signed **2/18/26**
(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)
Reynoza Sydney B

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Your Position

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

Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

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

4. Schedule Summary (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached

-or- None - No reportable interests on any schedule

5. Verification

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

1163 E. 7th Street

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

sreynoz@chicousd.org

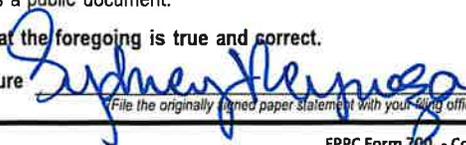
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed 1/6/26

(month, day, year)

Signature



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

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Chico Unified School District
 Division, Board, Department, District, if applicable
 Governing Board
 Your Position
 Board Member

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
 -or-
 The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____
 (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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 E. 7th Street Chico CA 95926
 DAYTIME TELEPHONE NUMBER E-MAIL 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 2-7-2026
 (month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Emp. Official Use Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Schrock	Kristen	Joelle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Little Chico Creek Elementary

Your Position

Principal

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|---|
| <input type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or-
<input type="checkbox"/> The period covered is ____/____/____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
1163 E. 7th St.		Chico	CA	95928
DAYTIME TELEPHONE NUMBER			EMAIL ADDRESS	
(530) 891-3000			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 2/5/26
(month, day, year)

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

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. BUSINESS ENTITY OR TRUST

North Rim Adventure Sports

Name _____

1168 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 sales

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
--	---

NATURE OF INVESTMENT

 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION owner

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

NATURE OF INVESTMENT

 Partnership Sole Proprietorship Other _____

YOUR BUSINESS POSITION _____

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

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

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

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

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

 None or Names listed below

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

 None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining _____ Other _____

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

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

Check one box:
 INVESTMENT REAL PROPERTY

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

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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25 ____/____/25</p> <p style="text-align: center;">ACQUIRED DISPOSED</p>
---	---

NATURE OF INTEREST

 Property Ownership/Deed of Trust Stock Partnership
 Leasehold Yrs. remaining _____ Other _____

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Shepherd John Raymond

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Asst. Supt. HR

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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/____

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

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

4. Schedule Summary (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
1163 E 7th St Chico CA 95928
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(530) 891-3000

EMAIL ADDRESS

j.shepherd@chico.usd.org

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

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

Date Signed

2/10/26
(month, day, year)

Signature

(File 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) (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 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 _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left _____ (Check one circle below.)
- Assuming Office:** Date assumed _____
- The period covered is January 1, 2025, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

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

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

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

Date Signed 2/10/2026
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
(Public Official Use Only)

Please type or print in ink.

NAME OF FILER (LAST) Skala (FIRST) Jennifer (MIDDLE) Leann

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Chico Unified School District
Your Position Director of Special Educ
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 _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____
(Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) – 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 1163 E seventh St. Chico CA 95928

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

DAYTIME TELEPHONE NUMBER (530) 891-3000 EMAIL ADDRESS jskala@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 2/10/26 Signature _____
(month day year) (File 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)	(FIRST)	(MIDDLE)
Smith	Erica	Ann

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Superintendent's Office

Your Position

Director, Communication & Community Relations

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

Agency: _____ Position: _____

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

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

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left _____
(Check one circle below.) |
| -or-
The period covered is _____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed _____ | -or-
<input type="checkbox"/> The period covered is _____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

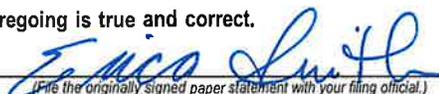
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000 ext. 20149	erica.smith@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 01/08/26
(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)
Starkey Marjie

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Chapman & Marigold Elementary Schools

Your Position

Assistant Principal

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

Agency: _____ Position: _____

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

- State Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
- 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. 7th St. Chico CA 95926
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 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 01-14-2026
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Office: Civil

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Steinbach Kellie Ann Iverson

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 _____
- 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, 2024, through December 31, 2024.
- or- The period covered is ____/____/____, through December 31, 2024.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election ____/____/____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle below.)
- The period covered is January 1, 2024, through the date of leaving office.
- or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► 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 E 7th Street Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-31100 ksteinbach@chicousd.org

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

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

Date Signed 2/27/2025
(month, day, year)

Signature Kellie Steinbach
(File 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) (FIRST) (MIDDLE)
Story Gary

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 _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

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

5. Verification

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

DAYTIME TELEPHONE NUMBER 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 2/10/26
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing Calendar List Only

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Stubbs	Daniel	R

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 _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

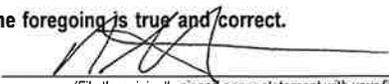
5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
1163 E. 7th 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 1-6-26
(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)
SUFUENTES HEATHER W

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Chico Unified School District
Division, Board, Department, District, if applicable
Your Position
Director of Elementary

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is _____, through December 31, 2025.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is _____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 EAST 7th ST CHICO CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
530) 891-3000 Hsufuentes@chicousd.org

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

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

Date Signed 2/13/26
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing _____

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Tellechea	Cristina	Isabelle

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

Agency: _____ Position: _____

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

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| -or-
The period covered is ____/____/____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or-
<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
49 Chicory Rd.		Chico	CA	95928
DAYTIME TELEPHONE NUMBER (530) 570-1651	EMAIL ADDRESS ctellechea@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 February 6, 2026
(month, day, year)

Signature 
(file 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)	(FIRST)	(MIDDLE)
Vincent	John	Everd

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Chico Unified School District

Division, Board, Department, District, if applicable

Information Services

Your Position

Director

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

Agency: _____ Position: _____

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

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other <u>Public School District</u> |

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

- | | |
|--|---|
| <input type="checkbox"/> Annual: The period covered is January 1, 2025, through December 31, 2025. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle below.) |
| <input checked="" type="checkbox"/> -or- The period covered is ____/____/____, through December 31, 2025. | <input type="checkbox"/> The period covered is January 1, 2025, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | <input checked="" type="checkbox"/> -or- The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

- | | |
|---|--|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |
| <input type="checkbox"/> Attachment 700-P - Prospective Employment (87200 Filers Only) – schedule attached | |

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

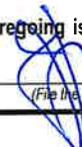
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1163 E. 7th Street	Chico	CA	95928	
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(530) 891-3000				

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 1/6/2026
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
(Filers: Official Use Only)

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

Elementary 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.

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

-or-

The period covered is ____/____/_____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

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 (required)

► 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

Attachment 700-P - Prospective Employment (87200 Filers Only) - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

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

1163 E 7th Street Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(530) 891-3000 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 1/6/2026
(month, day, year)

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

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Date Initial Filing Received
Filing 1/6/26

Please type or print in ink.

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

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: Principal

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

- State
- Multi-County _____
- City of _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- Leaving Office:** Date Left _____ (Check one circle below.)
- or-** The period covered is _____, through December 31, 2025.
- The period covered is January 1, 2025, through the date of leaving office.**
- 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 (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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)
4 Picual Ct Chico CA 95928
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 774-5349 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 1/6/26
(month, day, year)

Signature [Signature]
(File 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) (FIRST) (MIDDLE)
Yuhnke Kayla Ann Marie

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable Your Position
Nutrition Services 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 _____
- Judge (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
- or-
- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► 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
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – 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

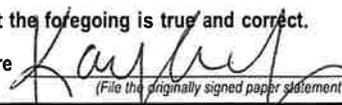
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1163 E. 7th St Chico CA 95928

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(530) 891-3000 Kyuhnke@chicousd.org

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

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