

COVER PAGE

Please type or print in ink.

| | | |
|----------------------|---------|----------|
| NAME OF FILER (LAST) | (FIRST) | (MIDDLE) |
| Sanchez | Juan | |

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Under Construction Educational Network, Inc.

Division, Board, Department, District, if applicable

Oasis Charter Public School

Your Position

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)

- | | |
|--|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input checked="" type="checkbox"/> County of <u>Monterey</u> |
| <input checked="" type="checkbox"/> City of <u>Salinas</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> Annual: The period covered is January 1, 2017, through December 31, 2017. | <input checked="" type="checkbox"/> Leaving Office: Date Left <u>12 / 12 / 2017</u> (Check one) |
| -or- The period covered is ____/____/____, through December 31, 2017. | <input checked="" type="radio"/> The period covered is January 1, 2017, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | -or- <input type="radio"/> 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 (must complete) ► 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 |

-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 |
| 1135 Westridge Parkway | | Salinas | CA | 93907 |

| | |
|--------------------------|-------------------------------|
| DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS |
| (831) 214-5763 | juansanchez3983@sbcglobal.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 3/1/18
(month, day, year)

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