CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/22/2021 12:15 PM SAN: FPPC

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Chadwick Barbara 1. Office, Agency, or Court Agency Name (Do not use acronyms) County of Trinity Division, Board, Department, District, if applicable Your Position Supervisor ▶ If filing for multiple positions, list below or on an attachment, (Do not use acronyms) Agency: SEE ATTACHED LIST 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Trinity Multi-County _____ City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left 01 04 Annual: The period covered is January 1, 2020, through (Check one circle.) December 31, 2020. -or-(x) The period covered is January 1, 2020, through the date of The period covered is _____/___, through leaving office. December 31, 2020. ○ The period covered is _____/____, through Assuming Office: Date assumed _____/____ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification STATE MAILING ADDRESS CITY ZIP CODE STREET (Business or Agency Address Recommended - Public Document) PO Box 1215 Weaverville CA 96093-1215 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530)623-1215 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. 03/22/2021 12:15 PM **Electronic Submission** Date Signed (File the originally signed paper statement with your filing official.) (month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE ATTACHMENT**



EXPANDED STATEMENT LIST

	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Golden State Finance Authority		Alternate Board Member	SEE BELOW	Annual / Leaving	01/01/20 - 01/04/21

DESCRIPTION OF JURISDICTION

Golden State Finance Authority Agency:

Jurisdiction Type: Multi-county

Description:

Multi-county Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumn

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 70	0
FAIR POLITICAL PRACTICES COMMIS	SION

Name

Barbara Chadwick

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Professional Building Consultants	
Name PO Box 1268 Hayfork, ca. 96041	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 🗷 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Building Consultant/General Contractor	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999 \$2,000 - \$10,000 1 1,20
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
<u>\$0 - \$499</u>	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000
■ \$1,001 - \$10,000 > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold ————————————————————————————————————	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	•

Comments: _

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	·			

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/31/2020 02:36 PM SAN: FPPC

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Chadwick	Barbara	Ellen	
1. Office, Agency, or Court			
Agency Name (Do not use acronym	s)		·
County of Trinity			
Division, Board, Department, District,	if applicable	Your Position	
		Supervisor	
► If filing for multiple positions, list b	pelow or on an attachment. (Do not use	e acronyms)	
Agency: SEE ATTACHED LIS	ST	Position:	
2. Jurisdiction of Office (Che	ck at least one box)		
State		☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of Trinity	
City of		Other	
3. Type of Statement (Check a			
Annual: The period covered is December 31, 2019.	January 1, 2019, through	Leaving Office: Date Left (Check of	one circle.)
The period covered is December 31, 2019.	, through	 The period covered is January leaving office. 	uary 1, 2019, through the date of
Assuming Office: Date assum	ed	 The period covered is the date of leaving office. 	/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must	complete) ► Total number	of pages including this cover p	page:4
Schedules attached	. ,	j j	
Schedule A-1 - Investments	schodulo attachod	Schedule C - Income, Loans, & Busin	ess Positions – schedule attached
Schedule A-2 - Investments		Schedule D - Income – Gifts – schedu	
☐ Schedule B - Real Property			
-or- ☐ None - No reportable	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended	Public Document)	STATE	ZIP CODE
PO Box 1215	Weavervill		96093-1215
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 623-1215			
	n preparing this statement. I have revie s is true and complete. I acknowledge	wed this statement and to the best of my this is a public document.	knowledge the information contained
I certify under penalty of perjury t	inder the laws of the State of Californ	nia that the foregoing is true and corre	ect.
Date Signed03/31/2020	02:36 PM	ignature Electronic	c Submission
(month, da		_	statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Superior California Economic Development District		Members of the Governing Board	Multi-county California	Annual	01/01/19 - 12/31/19
Golden State Finance Authority		Alternate Board Member	SEE BELOW	Annual	01/01/19 - 12/31/19

DESCRIPTION OF JURISDICTION

Agency:

Golden State Finance Authority

Jurisdiction Type:

Multi-county

Description:

Multi-county Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumn

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 7	00
FAIR POLITICAL PRACTICES COMMI	ISSION
Name	

Barbara Chadwick

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Professional Building Consultants	
Name	Name
PO Box 1268 Hayfork, ca. 96041	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Building Consultant/General Contractor	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☐ Partnership ☒ Sole Proprietorship ☐Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	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	► 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Barbara Chadwick

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym) rural county representatives of california	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1215 K Street, Suite 1650	ADDRESS (Business Address Acceptable)
CITY AND STATE Sacramento, Ca. 95814	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S)://	DATE(S):// AMT: \$
MUST CHECK ONE: Gift -or- X Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description board meetings	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S)://	DATE(S)://
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	



Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

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Filed Date: 03/18/2019 09:27 AM

SAN: FPPC

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Chadwick	Barbara	Eller	1 .
1. Office, Agency, or Court			
Agency Name (Do not use acrony	rms)		
County of Trinity			
Division, Board, Department, Distri	ct, if applicable	Your Position	
	,	Supervisor	
▶ If filing for multiple positions, lis	t below or on an attachment. (Do not use	acronyms)	
Agency: SEE ATTACHED L	IST	_ Position:	
2. Jurisdiction of Office (CI	neck at least one box)		
State		☐ Judge or Court Commissioner	(Statewide Jurisdiction)
Multi-County		County of Trinity	
		☐ Other	
3. Type of Statement (Check	at least one box)		
★ Annual: The period covered		Leaving Office: Date Left _	
December 31, 2018 -or-		•	one circle.)
The period covered December 31, 2018	is/, through .	The period covered is Ja -or-	nuary 1, 2018, through the date of
Assuming Office: Date assu	med/		/, through
On Hillian Date of Floridan		the date of leaving office.	
Candidate: Date of Election	and office sought,	ii dillerent than Part 1:	
4. Schedule Summary (mu	st complete) ► Total number	of pages including this cover	page:5
Schedules attached			
Schedule A-1 - Investmen	ts – schedule attached	Schedule C - Income, Loans, & Bus	iness Positions - schedule attached
Schedule A-2 - Investmen	ts – schedule attached	Schedule D - Income - Gifts - sche	dule attached
Schedule B - Real Proper	ty – schedule attached	Schedule E - Income - Gifts - Trave	el Payments - schedule attached
-or- ☐ None - No reportable	e interests on any schedule		
5. Verification			
MAILING ADDRESS STREE (Business or Agency Address Recommende		STATE	ZIP CODE
PO Box 1215	Weavervill		96093-1215
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 623-1215	e in preparing this statement. I have revieu	Ned this statement and to the hest of m	y knowledge the information contained
	lles is true and complete. I acknowledge		.,smoago alo anomadon contanted
I certify under penalty of perjury	under the laws of the State of Californ	ia that the foregoing is true and cor	rect.
Date Signed03/18/201	9 09:27 AM	ignatureElectror	nic Submission
	day, year)		er statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE ATTACHMENT**



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Superior California Economic Development District		Members of the Governing Board	Multi-county California	Annual	01/01/18 - 12/31/18
Golden State Finance Authority		Alternate Board Member	SEE BELOW	Annual	01/03/18 - 12/31/18

DESCRIPTION OF JURISDICTION

Agency:

Golden State Finance Authority

Jurisdiction Type:

Multi-county

Description:

Multi-county Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada,

Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumn

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	
Barbara Chadwick	

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Professional Building Consultants	
Name	Name
PO Box 1268 Hayfork, ca. 96041	
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Building Consultant/General Contractor	GENERAL DESCRIPTION OF THIS BUSINESS
Building Consultant/General Contractor	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED	\$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED
11.07.00.	10,001 \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Other	Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 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	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	S1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
■ None or	☐ None or ☐ Names listed below
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$100,000	\$100,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C Income, Loans, & Business Positions

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Barbara Chadwick

(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Family Trees, LLC	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1834 Jamaica Rd. Costa Mesa, ca.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	*
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of Real Propperty	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
\$10,001 - \$100,000	Guarantor
and the second s	
— □ OVER \$100,000	
OVER \$100,000	Other(Describe)
OVER \$100,000 Comments:	Other(Describe)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Barbara Chadwick

NAME OF SOURC	E (Not an Acronym)		▶	NAME OF SOURCE	(Not an Acronym	n)
Madelyn Vue					•	
ADDRESS (Busines	ss Address Acceptab	le)		ADDRESS (Busines	s Address Accepta	able)
7261 #D, Hwy	y #3, Hayfork, (Ca. 96041				
BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE		BUSINESS ACTIVIT	Y, IF ANY, OF SO	DURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 18	\$_300.00	2 necklaces			\$	·
	\$	<u> </u>			\$	
	\$				\$	
NAME OF SOURC	E (Not an Acronym)		٦	NAME OF SOURCE	(Not an Acronyn	1)
ADDRESS (Busine	ss Address Acceptab	le)		ADDRESS (Busines	s Address Accepta	able)
BUSINESS ACTIVI	TY, IF ANY, OF SOU	RCE		BUSINESS ACTIVIT	Y, IF ANY, OF SC	DURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$				\$	
	\$			/	\$	
	\$				\$	
NAME OF SOURCE	CE (Not an Acronym)		7	NAME OF SOURCE	E (Not an Acronyn	n)
ADDRESS (Busine	ess Address Acceptab	ole)		ADDRESS (Busines	s Address Accept	able)
BUSINESS ACTIVI	ITY, IF ANY, OF SOL	IRCE		BUSINESS ACTIVIT	Y, IF ANY, OF SO	DURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/	\$.		\$	
/	\$.		\$	
	\$.	/	\$	
Comments:						

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2/22/17 JPPC

Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR				
THOMAS OLIVER PAYNE REVOCABLE	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:				
SO GOOSKRANCH RD LEWISTON	☐ INVESTMENT ☑ REAL PROPERTY				
Address (Business Address Acceptable)	50 GOOSERANCED RD GENISTON				
Check one	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property				
Trust, go to 2	The second of th				
GENERAL DESCRIPTION OF THIS BUSINESS	Description of Business Activity or City or Other Precise Location of Real Property				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000				
NATURE OF INVESTMENT Partnership Sole Proprietorship Other YOUR BUSINESS POSITION	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership				
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	Leasehold Other				
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Check box if additional schedules reporting investments or real property are attached				
\$0 - \$499	are dispensed				
➤ 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	Comments:				
Filer's Verification					
Print Name BACBACA ELLEN CHI Office, Agency or Court BOACA OF SUPE	ADWICK				
Office, Agency or Court DOALS OF SUPE	RVISOR				
Statement Type 2016/2017 AnnualAnnual X Ass	suming Leaving Candidate				
I have used all reasonable diligence in preparing this statement. I have revi contained herein and in any attached schedules is true and complete.	iewed this statement and to the best of my knowledge the information				
I certify under penalty of perjury under the laws of the State of Ca	ulifornia that the foregoing is true and correct.				
Date Signed 02/20/2018 Filer's Signature Datala E Charaltee Co					

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Received Official Use Coly

JUL 3 1 2017

TRINITY COUNTY Please type or print in ink. OLENWINE MIDDLE PERMISSION NAME OF FILER (LAST) (FIRST) Chadwick Barbara (Bobbi) 1. Office, Agency, or Court Agency Name (Do not use acronyms) **Trinity County** Division, Board, Department, District, if applicable Your Position **Board of Supervisors** District 3 Supervisor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: See attached. Position: See attached. 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County See attached. County of Trinity ☐ City of _ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left _____/___ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is ____ leaving office. December 31, 2016. O The period covered is _ the date of leaving office. ___ and office sought, if different than Part 1: _ Candidate: Election year _ Schedule Summary (must complete) ► 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 -Or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) PO Box 1613 Weaverville CA 96093 DAYTIME TELEPHONE NUMBER (530) 623-1382 kgroves@trinitycounty.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 porrect. **Date Signed** Signature/

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

Form 700 multiple positions filing attachment

Bobbi Chadwick – 2017 - AMENDED

Agency	Position	Jurisdiction of Office	Assumed Office
Colusa-Glenn-Trinity	Board Member	Colusa, Glenn, Trinity	1/10/17
Community Action			
Partnership			
North Coast Resource	Executive Committee	Del Norte, Humboldt,	1/10/17
Partnership (NCRP)	Member	Mendocino, Modoc,	
		Siskiyou, Sonoma,	
		Trinity	
Northwest California	Board Member	Trinity, Humboldt, Del	7/18/17
Resource Conservation &		Norte	
Development District			
Superior California	Director	Shasta, Trinity,	1/10/17
Economic Development		Siskiyou, Modoc	
District (SCEDD)			· ·
Trinity Management	Agency Representative	Trinity, Humboldt	7/18/17
Council			

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

RISIDEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

MAR 0 6 2018 COVER PAGE

Filed Date: 02/02/2018 10:27 AM SAN: FPPC

Please type or print in link.	NIY
NAME OF FILER (LAST) Chadwick CLERK/RECORDER CLERK/RECORDER	(MIDDLE)
1. Office, Agency, or Court	72 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Agency Name (Do not use acronyms)	- 00 % OF THE PARTY OF THE PART
Division, Board, Department, District, if applicable	
Division, Board, Department, District, it applicable	Your Position
Doard of Supervisors	District 3 Superist
▶ If filing for multiple positions, list below or on an attachment. (Do n	ot use acronyms)
Agency: See attached	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County SEE ATTACHED	County of
City of	•
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left 1 3 , 2018 (Check one)
The period covered is/, throuse December 31, 2017.	ogh
Assuming Office: Date assumed 01 , 03 , 2018	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office so	ought, if different than Part 1:
4. Schedule Summary (must complete) ► Total num	nber 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
-or-	•
☐ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CIT (Business or Agency Address Recommended - Public Document)	\(\text{U} \)
	Vegrenille ca 960093
DAYTIME TELEPHONE NUMBER (536) (023-1217	E-MAIL ADDRESS Schaelwick (a) trinity County. orc
	reviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
Date Signed Joneana & Chadwalk	Signature 2-28-18
(month, day, year)	(File the originally signed statement with your filing official.)

Trinity County Board of Supervisors 2018 Committee Appointments

2018 - Bobbi Chadwick (*Denotes Alternate Position)

Annual Statement

Colusa-Glenn-Trinity Community Action Partnership NorCal EMS



Northwest California Resource Conservation & Development District Superior California Economic Development District Trinity Management Council*

Assuming Office Statement Golden State Finance Authority--RCRC Subcommittee* Regional Council of Rural Counties (RCRC)*

Leaving Office Statement North Coast Resource Partnership*

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
Barbara Chadwick

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Professional Building Consultants	
Name	Name
PO Box 1268 Hayfork, ca. 96041	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	
Building Consultant/General Contractor	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	<u> </u>
\$2,000 - \$10,000 ACQUIRED DISPOSED	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	
Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
- Other	Other
YOUR BUSINESS POSITION Owner	VOLID BURINESS BOSITION
	YOUR BUSINESS POSITION
≥ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 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
\$1,000 - \$10,000	☐ \$500 - \$1,000 ☐ OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 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	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	4 INVESTMENTS AND INTERPOTO IN SEC. STORY
LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or
7.53c330i 3 Talcel Number of Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Durately 10 d
City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	CAID MADICET MALLE
\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
	U Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	are attached

Comments:_

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE ATTACHMENT**

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Barbara Chadwick

DESCRIPTION OF JURISDICTION

Agency:

Golden State Finance Authority

Jurisdiction Type:

Multi-county

Description:

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumn



Date Signed

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing Received
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JUL 0 5 2017

JUL U 5 ZU

COVER PAGE AMENDMENT TRINITY COUNTY Please type or print in ink. CLERK/RECORDER/ASSESSOR NAME OF FILER (LAST) (FIRST) (MIDDLE) Chadwick Barbara (Bobbi) Ellen 1. Office, Agency, or Court Agency Name (Do not use acronyms) County of Trinity Division, Board, Department, District, if applicable Your Position **Board of Supervisors** District 3 Supervisor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: See attached Agency: See attached 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ⋈ Multi-County See attached County of ____ City of _ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left _____/___ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is ___ leaving office. December 31, 2016. ★ Assuming Office: Date assumed 01 / 02 / The period covered is ___ the date of leaving office. Candidate: Election year _ ____ and office sought, if different than Part 1: _ Schedule Summary (must complete) ► 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 ■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) PO Box 1613 Weaverville CA 96093 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530)623-1382 bchadwick@trinitycounty.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.

Signature .

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

Form 700 multiple positions filing attachment

Bobbi Chadwick – 2017

Agency	Position	Jurisdiction of Office
Colusa-Glenn-Trinity Community	Board Member	Colusa, Glenn, Trinity
Action Partnership		
North Coast Resource Partnership	Executive Committee Member	Del Norte, Humboldt,
(NCRP)		Mendocino, Modoc,
		Siskiyou, Sonoma, Trinity
Northwest California Resource	Board Member	Trinity, Humboldt, Del Norte
Conservation & Development	,	
District		
Superior California Economic	Director	Shasta, Trinity, Siskiyou,
Development District (SCEDD)		Modoc

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TRINITY COUNTY CLERK/RECORDER/ASSESSOR

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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JAN 27 2017

Please type or print in ink.		FAIR POLITICAL	2 / ZUI/
NAME OF FILER (LAST)	(FIRST)	RACTICES CONTINUES	(MIDDLE)
Chadwick	Barbara(Bobbi)	17 FEB -2 PM 1:34	Ellen
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			_
Trinity County			
Division, Board, Department, District, if applicable	***************************************	Your Position	
District 3	a manager polygrams and a con-	Board of Supervisor	
▶ If filing for multiple positions, list below or on an	attachment. (Do not use acro	onyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least on	e box)		
☐ State		☐ Judge or Court Commissioner (Statewi	de Jurisdiction)
☐ Multi-County		Trinity	
City of		Other	
3. Type of Statement (Check at least one bo)x)		
Annual: The period covered is January 1, 20 December 31, 2016.	16, through	Leaving Office: Date Left/(Check one)	<u></u>
The period covered is/	/, through	The period covered is January 1, 2 leaving officeor-	2016, through the date of
★ Assuming Office: Date assumed 01 / 02	2 2017	The period covered is/ the date of leaving office.	, through
Candidate: Election year 2016	_ and office sought, if differ	ent than Part 1:	
4. Schedule Summary (must complete	Total number of r	ages including this cover page:	2
Schedules attached	, Protarramon or p	agoo molaamg the cover page.	
Schedule A-1 - Investments - schedule atta	ached Sch	edule C - Income, Loans, & Business Pos	itions - schedule attached
Schedule A-2 - Investments - schedule atta	ached Sch	edule D - Income - Gifts - schedule attac	hed
□ Schedule B - Real Property - schedule attached	ached Sch	edule E - Income – Gifts – Travel Paymen	nts - schedule attached
-or-			
□ None - No reportable interests on any	y schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
pobox 1268	Hayfork	Ca 96	041
DAYTIME TELEPHONE NUMBER		L ADDRESS	
(530) 628 9429		adwick@trinitycounty.org	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co		1	dge the information contained
I certify under penalty of perjury under the laws	of the State of California the	at the foregoing is true and correct.	
Date Signed 1-24 - 2017	Signatu	ure Boby Chadle	uct
(month, day, year)	-	(File the originally signed 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

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

▶ 1. BUSINESS ENTITY OR TRUST	1. BUSINESS ENTITY OR TRUST
professional building consultants	
Name	Name
23016 lake forest dr #236 laguna hills, ca. 92653	Address (Business Address Acceptable)
Address (Dasiness Address Addr	Address (Business Address Acceptable) Check one
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Building Consultant	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	
\$2,000 - \$10,000	\$10,001 - \$100,000 ACQUIRED DISPOSED
図 \$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole ProprietorshipOther	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
☐ \$500 - \$1,000	\$1,001 - \$10,000
▶ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below	Notice of I standed assets
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Check one box:	INVESTMENT REAL PROPERTY
☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number of Silect Address of Neur Flopolity
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST
☐ Flobelty Ownership/Deed of Hast. ☐ Gloss. ☐ . 2.330.63.16	
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	FPPC Form 700 (2016/2017) Sch. A-2

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date I tittal Filing Received

JAN 2 4 2017

lease type or print in ink.			TRINITY COUNTY
ME OF FILER (LAST)	(FIRST)		CLERK/RECOUPTEDER/ASSES
hadwick	Barbara(Bobl	oi)	Ellen
Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Trinity County			
Division, Board, Department, District, if applic	able	Your Position	
District 3		Board of Supervisor	
▶ If filing for multiple positions, list below or	on an attachment. (Do not use a	acronyms)	
Agency:		Position:	
Jurisdiction of Office (Check at le	ast one box)		
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		Trinity	· · · · · · · · · · · · · · · · · · ·
City of		Utner	
Type of Statement (Check at least	one box)		
Annual: The period covered is January December 31, 2016.	1, 2016, through	Leaving Office: Date Left (Check one)	
-or- The period covered is December 31, 2016.	, through	 The period covered is Janu leaving office. -or- 	uary 1, 2016, through the date of
Assuming Office: Date assumed01	02 , 2017		, through
Candidate: Election year 2016	and office sought, if di	fferent than Part 1:	
. Schedule Summary (must com	plete) ► Total number o	f pages including this cover p	page:2
Schedules attached			
Schedule A-1 - Investments – sched	dule attached	Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
		Schedule D - Income - Gifts - schedu	
Schedule B - Real Property – sched		Schedule E - Income – Gifts – Travel	Payments – schedule attached
or-			
□ None - No reportable interests	on any schedule		
Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public De	CITY ocument)	STATE	ZIP CODE
pobox 1268	Hayfork	Ca	96041
DAYTIME TELEPHONE NUMBER	E	-MAIL ADDRESS	
(530) 628 9429	k	ochadwick@trinitycounty.org	
I have used all reasonable diligence in prepa herein and in any attached schedules is true			knowledge the information contained
I certify under penalty of perjury under the	e laws of the State of California	that the foregoing is true and corre	ect.
Date Signed/_ 24 - 20/	7 Sia	nature Bobbi Chas	Suide
(month, day, year)			tement with your filing official.)

RECEIVED JAN 2 4 2017

Comments:_

SCHEDULE A-2

TRINITY COUNTY (Ownership Interest is 10% or Ownership Interest is 10% or Investments, Income, and Assets

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
professional building consultants	
Name	Name
23016 lake forest dr #236 laguna hills, ca. 92653 Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Building Consultant	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000 \$1,000 \$2,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole ProprietorshipOther	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000	\$500 - \$1,000
\$1,001 - \$10,000 > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3, LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
	/
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: NVESTMENT REAL PROPERTY
INVESTMENT IN NOTE THOSE ENTI	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$1,000,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
Over \$1,000,000 NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
□ Lessahald □ Other	Leasehold Other
Leasehold Other	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	FDDC Form 700 (2016/2017) Sch. A.2

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) RAQBARA 1. Office, Agency, or Court Agency Name (Do not use acronyms) BOARD OF SUPERVISORS Division, Board, Department, District, if applicable Your Position BOARD MEMBER 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 or Court Commissioner (Statewide Jurisdiction) County of TRIALITY ☐ Multi-County _ City of __ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left _____/__ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is _______, through December 31, 2015. The period covered is ___ Assuming Office: Date assumed ____/___/ the date of leaving office. Candidate: Election year 2016 and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - 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 STREET STATE (Business or Agency Address Recommended - Public Document) P.O BOX 1268
DAYTIME TELEPHONE NUMBER 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

Signature /

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

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts



(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
PROPESSIDNAL BUILDING CONSULTANTS	Check one box:
PROPRESIDNAL BUILDING CONSULTANTS Name 23016 LAKE FOCKST DR. #236 LAUMAHINS, Address (Business Address Acceptable)	
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
GENERAL DESCRIPTION OF THIS BUSINESS BUILDING CONSULTANT	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT ☐ Partnership ☑ Sole Proprietorship ☐ Other YOUR BUSINESS POSITION DWNER	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership Leasehold Yrs. remaining
➤ 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 □ \$1,001 - \$10,000 □ \$1,001 - \$10,000 □ \$1,001 - \$10,000 □ \$1,001 - \$10,000 □ Name or Each Reportable Single Source of Income or □ Names listed below	Yrs. remaining Check box if additional schedules reporting investments or real property are attached Comments:
Filer's Verification Print Name BARBARA (BOBBI) CHAD Office, Agency or Court BOARD OF SUPER	VISOR
Statement Type 2015/2016 Annual Annual As	ssuming Leaving Candidate
I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.	
I certify under penalty of perjury under the laws of the State of Control of Date Signed Files's	Signature

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 03/22/2021 12:15 PM SAN: FPPC

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Chadwick Barbara 1. Office, Agency, or Court Agency Name (Do not use acronyms) County of Trinity Division, Board, Department, District, if applicable Your Position Supervisor ▶ If filing for multiple positions, list below or on an attachment, (Do not use acronyms) Agency: SEE ATTACHED LIST 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner State (Statewide Jurisdiction) County of Trinity Multi-County _____ City of 3. Type of Statement (Check at least one box) Leaving Office: Date Left 01 04 Annual: The period covered is January 1, 2020, through (Check one circle.) December 31, 2020. -or-(x) The period covered is January 1, 2020, through the date of The period covered is _____/___, through leaving office. December 31, 2020. ○ The period covered is _____/____, through Assuming Office: Date assumed _____/____ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Date of Election 4. Schedule Summary (must complete) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification STATE MAILING ADDRESS CITY ZIP CODE STREET (Business or Agency Address Recommended - Public Document) PO Box 1215 Weaverville CA 96093-1215 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (530)623-1215 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. 03/22/2021 12:15 PM **Electronic Submission** Date Signed (File the originally signed paper statement with your filing official.) (month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE ATTACHMENT**



EXPANDED STATEMENT LIST

	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Golden State Finance Authority		Alternate Board Member	SEE BELOW	Annual / Leaving	01/01/20 - 01/04/21

DESCRIPTION OF JURISDICTION

Golden State Finance Authority Agency:

Jurisdiction Type: Multi-county

Description:

Multi-county Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumn

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 70	0
FAIR POLITICAL PRACTICES COMMIS	SION

Name

Barbara Chadwick

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Professional Building Consultants	
Name PO Box 1268 Hayfork, ca. 96041	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 🗷 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Building Consultant/General Contractor	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999 \$2,000 - \$10,000 1 1,20
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
<u>\$0 - \$499</u>	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000
■ \$1,001 - \$10,000 > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold ————————————————————————————————————	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	•

Comments: _

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	·			

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/31/2020 02:36 PM SAN: FPPC

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Chadwick	Barbara	Ellen	
1. Office, Agency, or Court			
Agency Name (Do not use acronym	s)		·
County of Trinity			
Division, Board, Department, District,	if applicable	Your Position	
		Supervisor	
► If filing for multiple positions, list b	pelow or on an attachment. (Do not use	e acronyms)	
Agency: SEE ATTACHED LIS	ST	Position:	
2. Jurisdiction of Office (Che	ck at least one box)		
State		☐ Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County		County of Trinity	
City of		Other	
3. Type of Statement (Check a			
Annual: The period covered is December 31, 2019.	January 1, 2019, through	Leaving Office: Date Left (Check of	one circle.)
The period covered is December 31, 2019.	, through	 The period covered is January leaving office. 	uary 1, 2019, through the date of
Assuming Office: Date assum	ed	 The period covered is the date of leaving office. 	/, through
Candidate: Date of Election	and office sought,	if different than Part 1:	
4. Schedule Summary (must	complete) ► Total number	of pages including this cover p	page:4
Schedules attached	. ,	j j	
Schedule A-1 - Investments	schodulo attachod	Schedule C - Income, Loans, & Busin	ess Positions – schedule attached
Schedule A-2 - Investments		Schedule D - Income – Gifts – schedu	
☐ Schedule B - Real Property			
-or- ☐ None - No reportable	interests on any schedule		
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended	Public Document)	STATE	ZIP CODE
PO Box 1215	Weavervill		96093-1215
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
(530) 623-1215			
	n preparing this statement. I have revie s is true and complete. I acknowledge	wed this statement and to the best of my this is a public document.	knowledge the information contained
I certify under penalty of perjury t	inder the laws of the State of Californ	nia that the foregoing is true and corre	ect.
Date Signed03/31/2020	02:36 PM	ignature Electronic	c Submission
(month, da		_	statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT



EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Superior California Economic Development District		Members of the Governing Board	Multi-county California	Annual	01/01/19 - 12/31/19
Golden State Finance Authority		Alternate Board Member	SEE BELOW	Annual	01/01/19 - 12/31/19

DESCRIPTION OF JURISDICTION

Agency:

Golden State Finance Authority

Jurisdiction Type:

Multi-county

Description:

Multi-county Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumn

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 7	00
FAIR POLITICAL PRACTICES COMMI	ISSION
Name	

Barbara Chadwick

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Professional Building Consultants	
Name	Name
PO Box 1268 Hayfork, ca. 96041	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ■ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Building Consultant/General Contractor	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT ☐ Partnership ☒ Sole Proprietorship ☐Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	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	► 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Barbara Chadwick

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym) rural county representatives of california	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 1215 K Street, Suite 1650	ADDRESS (Business Address Acceptable)
CITY AND STATE Sacramento, Ca. 95814	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S)://	DATE(S):// AMT: \$
MUST CHECK ONE: Gift -or- X Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description board meetings	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S)://	DATE(S)://
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	



STATEMENT OF ECONOMIC INTERESTS Reducing Processes Official Use Only

COVER PAGE

NOV 2 1 2019

Please type or print in ink.

A PUBLIC DOCUMENT

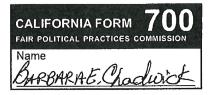
TRINITY COLLATY

AME OF FILER (LAST) CHROWIC	<i>u</i>	BARBALA		CLEHKIN	ECOMPER	MASSESS!
Office, Agency, or Co		HOMEN				
Agency Name (Do not use ad				•		
TRINITY			SUPER.	1150R		
Division, Board, Department, I	District, if applicable		Your Position			
		····			- 23	**D
► If filing for multiple position	s, list below or on an attach	nment. (Do not use aci	ronyms)		22 75	A C T Z
Agency:			Position:			Soul Castu.
Jurisdiction of Office	(Check at least one box))			79	SES
☐ State			☐ Judge or Court (Commissioner (Statewide	Jurisdiction	E S0
Multi-County			County of	RINITY	2	<u> </u>
☐ City of			Other	l	t	m.
December 31, 2 The period cove December 31, 2	ered is/	, through	The period of the period of the date of	: Date Left/	.) 018, through th	, through
Schedule A-2 - Inves	tments – schedule attached tments – schedule attached roperty – schedule attached	☐ Sc ☐ Sc ☐ Sc	hedule C - Income, I	this cover page:	ions – schedule ed	
. Verification						
MAILING ADDRESS (Business or Agency Address Recom) DAYTIME TELEPHONE NUMBER (530) 410 - 1 I have used all reasonable dili herein and in any attached so	STILLET 930 gence in preparing this state	ement. I have reviewed	AIL ADDRESS ACHADOVIC this statement and to	, ,	ZIP CODE 960 9 11 1 Co C	on contained
I certify under penalty of pe	erjury under the laws of the	ne State of California t	tu La baro	true and correct.	2 (Bo)	blr)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
PROFESSIONAL BUILDING CONSUMEN	
PROFESSIONAL BUILDING CONSUMENT P.D. BOX 1768 HAYFOLK CA 96091	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CENTREAL COMMACTOR CON SULTANT	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 / 18 / 18 / 18 / 18 / 18 / 18	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
S0 - \$499 \$500 - \$1,000 \$1,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 \$500 - \$1,000
➤ 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	► 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, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 DISPOSED	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	

2/22/17 JPPC

Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

(Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR			
THOMAS OLIVER PAYNE REVOCABLE	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:			
SO GOOSKRANCH RD LEWISTON	☐ INVESTMENT ☑ REAL PROPERTY			
Address (Business Address Acceptable)	50 GOOSERANCED RD GENISTON			
Check one	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property			
Trust, go to 2	The second of th			
GENERAL DESCRIPTION OF THIS BUSINESS	Description of Business Activity or City or Other Precise Location of Real Property			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000			
NATURE OF INVESTMENT Partnership Sole Proprietorship Other YOUR BUSINESS POSITION	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership			
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	Leasehold Other			
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Check box if additional schedules reporting investments or real property are attached			
\$0 - \$499	are dispensed			
➤ 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	Comments:			
Filer's Verification				
Print Name BACBACA ELLEN CHI Office, Agency or Court BOACA OF SUPE	ADWICK			
Office, Agency or Court DOALS OF SUPE	RVISOR			
Statement Type 2016/2017 AnnualAnnual X Ass	suming Leaving Candidate			
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 certify under penalty of perjury under the laws of the State of Ca	ulifornia that the foregoing is true and correct.			
Date Signed 02/20/2018 Filer's Signature Bulana Elandue Co				

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

RISIDEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

MAR 0 6 2018 COVER PAGE

Filed Date: 02/02/2018 10:27 AM SAN: FPPC

Please type or print in link.	NIY
NAME OF FILER (LAST) Chadwick CLERK/RECORDER CLERK/RECORDER	(MIDDLE)
1. Office, Agency, or Court	72 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Agency Name (Do not use acronyms)	- 00 % OF THE PARTY OF THE PART
Division, Board, Department, District, if applicable	
Division, Board, Department, District, it applicable	Your Position
Doard of Supervisors	District 3 Superist
▶ If filing for multiple positions, list below or on an attachment. (Do n	ot use acronyms)
Agency: See attached	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County SEE ATTACHED	County of
City of	•
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2017, through December 31, 2017.	Leaving Office: Date Left 1 3 , 2018 (Check one)
The period covered is/, throuse December 31, 2017.	ogh
Assuming Office: Date assumed 01 , 03 , 2018	The period covered is/, through the date of leaving office.
Candidate: Date of Election and office so	ought, if different than Part 1:
4. Schedule Summary (must complete) ► Total num	nber 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
-or-	•
☐ None - No reportable interests on any schedule	
5. Verification	
MAILING ADDRESS STREET CIT (Business or Agency Address Recommended - Public Document)	\(\text{\text{\$\sigma}} \)
	Vegrenille ca 960093
DAYTIME TELEPHONE NUMBER (536) (023-1217	E-MAIL ADDRESS Schaelwick (a) trinity County. orc
	reviewed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the State of Ca	lifornia that the foregoing is true and correct.
Date Signed Joneana & Chadwalk	Signature 2-28-18
(month, day, year)	(File the originally signed statement with your filing official.)

Trinity County Board of Supervisors 2018 Committee Appointments

2018 - Bobbi Chadwick (*Denotes Alternate Position)

Annual Statement

Colusa-Glenn-Trinity Community Action Partnership NorCal EMS



Northwest California Resource Conservation & Development District Superior California Economic Development District Trinity Management Council*

Assuming Office Statement Golden State Finance Authority--RCRC Subcommittee* Regional Council of Rural Counties (RCRC)*

Leaving Office Statement North Coast Resource Partnership*

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
Barbara Chadwick

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Professional Building Consultants	
Name	Name
PO Box 1268 Hayfork, ca. 96041	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	
Building Consultant/General Contractor	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000	<u> </u>
\$2,000 - \$10,000 ACQUIRED DISPOSED	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	
Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
- Other	Other
YOUR BUSINESS POSITION Owner	VOLID BURINESS BOSITION
	YOUR BUSINESS POSITION
≥ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 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
\$1,000 - \$10,000	☐ \$500 - \$1,000 ☐ OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 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	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	4 INVESTMENTS AND INTERPOTO IN SEC. STORES
LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or
7.53c330i 3 Talcel Number of Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Durately 10 d
City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	CAID MADICET MALLE
\$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
	U Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	are attached

Comments:_

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE ATTACHMENT**

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Barbara Chadwick

DESCRIPTION OF JURISDICTION

Agency:

Golden State Finance Authority

Jurisdiction Type:

Multi-county

Description:

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumn

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Reclinitial Filing Received

JUL 3 1 2017

TRINITY COUNTY Please type or print in ink. OLENWINE MIDDLE PERMISSION NAME OF FILER (LAST) (FIRST) Chadwick Barbara (Bobbi) 1. Office, Agency, or Court Agency Name (Do not use acronyms) **Trinity County** Division, Board, Department, District, if applicable Your Position **Board of Supervisors** District 3 Supervisor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: See attached. Position: See attached. 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) Multi-County See attached. County of Trinity ☐ City of _ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left _____/___ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is ____ leaving office. December 31, 2016. O The period covered is _ the date of leaving office. ___ and office sought, if different than Part 1: _ Candidate: Election year _ Schedule Summary (must complete) ► 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 -Or-■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) PO Box 1613 Weaverville CA 96093 DAYTIME TELEPHONE NUMBER (530) 623-1382 kgroves@trinitycounty.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 porrect. **Date Signed** Signature/ (month, day, year) (File the originally signed statement with your filing official.)

Form 700 multiple positions filing attachment

Bobbi Chadwick – 2017 - AMENDED

Agency	Position	Jurisdiction of Office	Assumed Office
Colusa-Glenn-Trinity	Board Member	Colusa, Glenn, Trinity	1/10/17
Community Action			
Partnership			
North Coast Resource	Executive Committee	Del Norte, Humboldt,	1/10/17
Partnership (NCRP)	Member	Mendocino, Modoc,	
		Siskiyou, Sonoma,	
		Trinity	
Northwest California	Board Member	Trinity, Humboldt, Del	7/18/17
Resource Conservation &		Norte	
Development District			
Superior California	Director	Shasta, Trinity,	1/10/17
Economic Development		Siskiyou, Modoc	
District (SCEDD)	7		, , , , , , , , , , , , , , , , , , ,
Trinity Management	Agency Representative	Trinity, Humboldt	7/18/17
Council			



Date Signed

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Initial Filing Received
Official Use Only
JUL 0 5 2017

JUL U 5 ZU

COVER PAGE AMENDMENT TRINITY COUNTY Please type or print in ink. CLERK/RECORDER/ASSESSOR NAME OF FILER (LAST) (FIRST) (MIDDLE) Chadwick Barbara (Bobbi) Ellen 1. Office, Agency, or Court Agency Name (Do not use acronyms) County of Trinity Division, Board, Department, District, if applicable Your Position **Board of Supervisors** District 3 Supervisor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: See attached Agency: See attached 2. Jurisdiction of Office (Check at least one box) ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ⋈ Multi-County See attached County of ____ City of _ Other _ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left _____/___ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is ___ leaving office. December 31, 2016. ★ Assuming Office: Date assumed 01 / 02 / The period covered is ___ the date of leaving office. Candidate: Election year _ ____ and office sought, if different than Part 1: _ Schedule Summary (must complete) ► 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 ■ None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) PO Box 1613 Weaverville CA 96093 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (530)623-1382 bchadwick@trinitycounty.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.

Signature .

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

Form 700 multiple positions filing attachment

Bobbi Chadwick – 2017

Agency	Position	Jurisdiction of Office
Colusa-Glenn-Trinity Community	Board Member	Colusa, Glenn, Trinity
Action Partnership		
North Coast Resource Partnership	Executive Committee Member	Del Norte, Humboldt,
(NCRP)		Mendocino, Modoc,
		Siskiyou, Sonoma, Trinity
Northwest California Resource	Board Member	Trinity, Humboldt, Del Norte
Conservation & Development	,	
District		
Superior California Economic	Director	Shasta, Trinity, Siskiyou,
Development District (SCEDD)		Modoc

RECEIVED

JUL 0 5 2017

TRINITY COUNTY CLERK/RECORDER/ASSESSOR

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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COVER PAGE CEIVED

JAN 27 2017

Please type or print in ink.		FAIR POLITICAL	2 / ZUI/
NAME OF FILER (LAST)	(FIRST)	RACTICES CORP. S. DVIC	(MIDDLE)
Chadwick	Barbara(Bobbi)	17 FEB -2 PM 1:34	Ellen
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			_
Trinity County			
Division, Board, Department, District, if applicable		Your Position	
District 3		Board of Supervisor	
▶ If filing for multiple positions, list below or on an a	attachment. (Do not use acro	onyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	box)		
State		☐ Judge or Court Commissioner (Statewic	de Jurisdiction)
Multi-County		Trinity	
City of		Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2016 December 31, 2016.	3, through	Leaving Office: Date Left/ (Check one)	
The period covered is//_ December 31, 2016.	, through	O The period covered is January 1, 2 leaving office.	2016, through the date of
★ Assuming Office: Date assumed 01 / 02	2017	The period covered is/ the date of leaving office.	, through
Candidate: Election year 2016	and office sought, if different	ent than Part 1:	
4. Schedule Summary (must complete)	Total number of a	ages including this cover page: .	2
Schedules attached	Frotal number of p	pages including this cover page	The Committee of the Co
Schedule A-1 - Investments - schedule attac	ched Sch	edule C - Income, Loans, & Business Pos	itions - schedule attached
Schedule A-2 - Investments - schedule attac	ched Sch	edule D - Income - Gifts - schedule attacl	hed
Schedule B - Real Property - schedule attack	ched Sch	edule E - Income – Gifts – Travel Paymen	ts - 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
pobox 1268	Hayfork	Ca 960	041
DAYTIME TELEPHONE NUMBER	E-MA	L ADDRESS	
(530) 628 9429	bch	adwick@trinitycounty.org	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and cor			lge the information contained
I certify under penalty of perjury under the laws of	of the State of California th	at the foregoing is true and correct.	
Date Signed 1-24 - 2017	Signati	ure Bobby Chadles	uct
(month, day, year)	3	(File the originally signed 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

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
professional building consultants	
Name	Name
23016 lake forest dr #236 laguna hills, ca. 92653	Address (Business Address Acceptable)
Address (pasiness Address Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Building Consultant	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	
\$2,000 - \$10,000	\$2,000 - \$10,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole ProprietorshipOther	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION OWNER	YOUR BUSINESS POSITION
	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
S500 - \$1,000 X OVER \$100,000	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below	Notice of I take a second
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
Check one box:	INVESTMENT REAL PROPERTY
☐ INVESTMENT ☐ REAL PROPERTY	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property	Assessor's raicer number of Sueer Address of Near Freperty
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
☐ Floberty Ownership/Deed of Hast. ☐ Glook. ☐ Familiations	
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	FPPC Form 700 (2016/2017) Sch. A-2

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date I tittal Filing Received

JAN 2 4 2017

lease type or print in ink.			TRINITY COUNTY
ME OF FILER (LAST)	(FIRST)		CLERK/RECOUPTEDER/ASSES
hadwick	Barbara(Bob	bi)	Ellen
Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Trinity County			
Division, Board, Department, District, if appl	icable	Your Position	
District 3		Board of Supervisor	
▶ If filing for multiple positions, list below of	or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
Jurisdiction of Office (Check at I	east one box)		
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		Tripity	<u> </u>
City of			
Type of Statement (Check at least	one box)		
Annual: The period covered is Janua December 31, 2016.	y 1, 2016, through	Leaving Office: Date Left (Check one)	
-or- The period covered is December 31, 2016.	J, through	 The period covered is Janu leaving office. -or- 	uary 1, 2016, through the date of
★ Assuming Office: Date assumed	1 , 02 , 2017		, through
☐ Candidate: Election year 2016	and office sought, if di	ifferent than Part 1:	
Schedule Summary (must con	nplete) ► Total number o	of pages including this cover	page:2
Schedules attached			
Schedule A-1 - Investments – sche	edule attached	Schedule C - Income, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments - sche		Schedule D - Income - Gifts - schedu	
Schedule B - Real Property – sche		Schedule E - Income - Gifts - Travel	
or-			
□ None - No reportable interests	on any schedule		
Verification		STANDAY AND	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public I	CITY Document)	STATE	ZIP CODE
pobox 1268	Hayfork	Ca	96041
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(530) 628 9429		bchadwick@trinitycounty.org	
I have used all reasonable diligence in prepherein and in any attached schedules is tru			knowledge the information contained
I certify under penalty of perjury under	the laws of the State of California	a that the foregoing is true and corre	ect.
Date Signed/- 24 - 20/	7 Sic	nature Bobbi Chai	Suide
(month, day, year)			tement with your filing official.)

RECEIVED JAN 2 4 2017

Comments:_

SCHEDULE A-2

TRINITY COUNTY (Ownership Interest is 10% or Ownership Interest is 10% or Investments, Income, and Assets

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
professional building consultants	
Name	Name
23016 lake forest dr #236 laguna hills, ca. 92653	Address (Dusiness Address Assertable)
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Building Consultant	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole ProprietorshipOther	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None or Names listed below	None or Names listed below
	/
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: NVESTMENT REAL PROPERTY
INVESTIMENT REAL PROPERTY	
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
City or Other Precise Location of Real Property	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
	EDDC Form 700 (2016 (2017) Sch. A.2

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT Please type or print in ink. NAME OF FILER (LAST) RAQBARA 1. Office, Agency, or Court Agency Name (Do not use acronyms) BOARD OF SUPERVISORS Division, Board, Department, District, if applicable Your Position BOARD MEMBER 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 or Court Commissioner (Statewide Jurisdiction) County of TRIALITY ☐ Multi-County _ City of __ 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2015, through Leaving Office: Date Left _____/__ December 31, 2015. (Check one) O The period covered is January 1, 2015, through the date of The period covered is _______, through December 31, 2015. The period covered is ___ Assuming Office: Date assumed ____/___/ the date of leaving office. Candidate: Election year 2016 and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: _ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - 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 STREET STATE (Business or Agency Address Recommended - Public Document) P.O BOX 1268
DAYTIME TELEPHONE NUMBER 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

Signature /

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

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts



(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
PROPESSIDNAL BUILDING CONSULTANTS	Check one box:
PROPRESIDNAL BUILDING CONSULTANTS Name 23016 LAKE FOCKST DR. #236 LAUMAHINS, Address (Business Address Acceptable)	
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
GENERAL DESCRIPTION OF THIS BUSINESS BUILDING CONSULTANT	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
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	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT ☐ Partnership ☑ Sole Proprietorship ☐ Other YOUR BUSINESS POSITION DWNER	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership Leasehold Yrs. remaining
➤ 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 □ \$1,001 - \$10,000 □ \$1,001 - \$10,000 □ \$1,001 - \$10,000 □ \$1,001 - \$10,000 □ Name or Each Reportable Single Source of Income or □ Names listed below	Yrs. remaining Check box if additional schedules reporting investments or real property are attached Comments:
Filer's Verification Print Name BARBARA (BOBBI) CHAD Office, Agency or Court BOARD OF SUPER	VISOR
Statement Type 2015/2016 Annual Annual As	ssuming Leaving Candidate
I have used all reasonable diligence in preparing this statement. I have recontained herein and in any attached schedules is true and complete.	
I certify under penalty of perjury under the laws of the State of Control of Date Signed Files's	Signature