

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick Barbara Ellen

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

Position: _____

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

☐ State

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

☐ Multi-County _____

☒ County of Trinity

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.

☒ **Leaving Office:** Date Left 01 / 04 / 2021
(Check one circle.)

☒ The period covered is January 1, 2020, through the date of
leaving office.

-or-

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

☐ **Assuming Office:** Date assumed ____/____/____

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

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

-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 1215

Weaverville

CA

96093-1215

DAYTIME TELEPHONE NUMBER

(530) 623-1215

EMAIL ADDRESS

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

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

Date Signed 03/22/2021 12:15 PM
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Barbara Chadwick	

EXPANDED STATEMENT LIST

Agency Name	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

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, Tuolumne

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

Professional Building Consultants

Name

PO Box 1268 Hayfork, ca. 96041

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant/General Contractor

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/20____/____/20
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Owner

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

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

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/20____/____/20
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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☐ \$2,000 - \$10,000
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NATURE OF INVESTMENT

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

Comments: _____

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Filed Date: 03/31/2020 02:36 PM
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Please type or print in ink.

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Chadwick **Barbara** **Ellen**

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**

Position: _____

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

☐ State

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

☐ Multi-County _____

☒ County of **Trinity**

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2019, through
December 31, 2019.

-or-

The period covered is ____/____/____, through
December 31, 2019.

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

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

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

☐ **Assuming Office:** Date assumed ____/____/____

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

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

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(Business or Agency Address Recommended - Public Document)

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CA

96093-1215

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EMAIL ADDRESS

(**530**) **623-1215**

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

Date Signed **03/31/2020 02:36 PM**

(month, day, year)

Signature **Electronic Submission**

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Barbara Chadwick	

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, Tuolumne

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 <u>Barbara Chadwick</u>

▶ 1. BUSINESS ENTITY OR TRUST

Professional Building Consultants

Name

PO Box 1268 Hayfork, ca. 96041

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant/General Contractor

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

____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☒ Sole Proprietorship

☐

Other

YOUR BUSINESS POSITION Owner

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

☐ \$0 - \$499

☒ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☐ Sole Proprietorship

☐

Other

YOUR BUSINESS POSITION _____

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

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

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

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FAIR MARKET VALUE

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☐ \$100,001 - \$1,000,000

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____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

Comments: _____

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

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.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
rural county representatives of california

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650

CITY AND STATE
Sacramento, Ca. 95814

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 216.35
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description board meetings

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

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CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

COVER PAGE

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Please type or print in ink.

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Chadwick Barbara Ellen

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County of Trinity

Division, Board, Department, District, if applicable

Your Position

Supervisor

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Agency: SEE ATTACHED LIST

Position:

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Trinity

☐ City of

☐ Other

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

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

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

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ Assuming Office: Date assumed ____/____/____

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

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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

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5. Verification

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Barbara Chadwick	

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, Tuolumne

SCHEDULE A-2
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of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

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Name <u>Barbara Chadwick</u>

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GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant/General Contractor

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Owner

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

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
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☐ Over \$1,000,000

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____/____/18 ____/____/18
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

► 1. BUSINESS ENTITY OR TRUST

Name

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Check one

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NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

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Comments: _____

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name _____
<u>Barbara Chadwick</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Family Trees, LLC</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>1834 Jamaica Rd. Costa Mesa, ca.</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input checked="" type="checkbox"/> Sale of <u>Real Property</u> (Real property, car, boat, etc.)	<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe)	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe)
<input type="checkbox"/> Other _____ (Describe)	<input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

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

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Barbara Chadwick</u>
--

► NAME OF SOURCE (Not an Acronym)
Madelyn Vue
 ADDRESS (Business Address Acceptable)
7261 #D, Hwy #3, Hayfork, Ca. 96041
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 22 / 18</u>	<u>\$ 300.00</u>	<u>2 necklaces</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

rec'd
2/22/18
TR. FPPC

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



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. BUSINESS ENTITY OR TRUST

THOMAS OLIVER PAYNE REVOCABLE TRUST
Name
50 GOOSE RANCH RD LEWISTON
Address (Business Address Acceptable)
Check one
☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

01/01/16 12/31/16
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

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

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

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

50 GOOSE RANCH RD LEWISTON

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

01/01/16 12/31/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

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

Comments:

Filer's Verification

Print Name BARBARA ELLEN CHADWICK

Office, Agency or Court BOARD OF SUPERVISOR

Statement Type ☒ 2016/2017 Annual ☐ Annual ☒ Assuming ☐ Leaving ☐ Candidate
(yr)

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 California that the foregoing is true and correct.

Date Signed 02/20/2018 Filer's Signature Barbara E Chadwick
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
Date Initial Filing Received
Official Use Only
JUL 31 2017

TRINITY COUNTY

CLERK/RECORDED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick Barbara (Bobbi) Ellen

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 December 31, 2016.

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

-or-

The period covered is ____/____/____, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

☒ Assuming Office: Date assumed 7 / 18 / 2017

-or-

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

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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

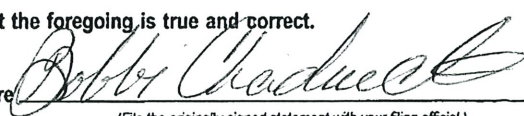
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
PO Box 1613 Weaverville CA 96093
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(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 correct.

Date Signed 7-31-2017
(month, day, year)

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

MAR 06 2018

COVER PAGE

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

Please type or print in ink.

NAME OF FILER (LAST)

Chadwick

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR
Barbara

(MIDDLE)

Ellen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Trinity County

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

District 3 Supervisor

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

☐ Other

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

☒ Annual: The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is / / , through December 31, 2017.

☒ Assuming Office: Date assumed 01 / 03 / 2018

☒ Leaving Office: Date Left 1 / 3 / 2018
(Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

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

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

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 4

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) 623-1217

E-MAIL ADDRESS

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.

Date Signed

Barbara E Chadwick

(month, day, year)

Signature

2-28-18

(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

Professional Building Consultants

Name

PO Box 1268 Hayfork, ca. 96041

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant/General Contractor

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Owner

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

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

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

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

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

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

☒ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining ☐ Other _____

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining ☐ Other _____

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
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, Tuolumne

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing Received
Official Use Only
JUL 05 2017

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

Please type or print in ink.

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)

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

☐ City of

☐ Other

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

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

☒ **Assuming Office:** Date assumed 01 / 02 / 2017

-or-

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

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule 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

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.

Date Signed

07-05-2017

(month, day, year)

Signature

Bobbi Chadwick

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

RECEIVED

JUL 05 2017

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

RECEIVED

JAN 27 2017

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick Barbara(Bobbi) Ellen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Trinity County

Division, Board, Department, District, if applicable

District 3

Your Position

Board of Supervisor

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

Agency: _____

Position: _____

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

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of Trinity

☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is ____/____/____, through December 31, 2016.

☒ **Assuming Office:** Date assumed 01 / 02 / 2017

☐ **Candidate:** Election year 2016 and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

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

-or-

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

5. Verification

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

pobox 1268

Hayfork

STATE ZIP CODE

Ca 96041

DAYTIME TELEPHONE NUMBER

(530) 628 9429

E-MAIL ADDRESS

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.

Date Signed 1-24-2017
(month, day, year)

Signature Bobbi Chadwick
(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 _____

▶ 1. BUSINESS ENTITY OR TRUST

professional building consultants

Name

23016 lake forest dr #236 laguna hills, ca. 92653

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION owner

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other _____

YOUR BUSINESS POSITION _____

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

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

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

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

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

☒ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing Received
Official Use Only

JAN 24 2017

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick Barbara(Bobbi) 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 attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of Trinity
☐ City of _____ ☐ Other _____

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

- ☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is ____/____/____, through December 31, 2016.
☒ **Assuming Office:** Date assumed 01/02/2017
☐ **Leaving Office:** Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2016, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through 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: 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)
pobox 1268 Hayfork Ca 96041
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 628 9429 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.

Date Signed 1-24-2017
(month, day, year)

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

E-FILED @ FPPC

RECEIVED

JAN 24 2017

TRINITY COUNTY

CLERK/RECORDER/ASSESSOR

SCHEDULE A-2

Investments, Income, and Assets

of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

1. BUSINESS ENTITY OR TRUST

professional building consultants

Name

23016 lake forest dr #236 laguna hills, ca. 92653

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☒ Sole Proprietorship

☐

Other

YOUR BUSINESS POSITION owner

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☐ Sole Proprietorship

☐

Other

YOUR BUSINESS POSITION

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

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

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

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

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

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

Comments:

FPPC Form 700 (2016/2017) Sch. A-2

FPPC Advice Email: advice@fppc.ca.gov

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED
Date Initial Filing Received
Official Use Only
FEB 23 2016
TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CHADWICK BARBARA ELLEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

BOARD OF SUPERVISORS
Division, Board, Department, District, if applicable Your Position
DISTRICT #3 BOARD MEMBER

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

Agency: Position:

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

☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of TRINITY
☐ City of ☐ Other

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

☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is / / , through December 31, 2015.
☐ Assuming Office: Date assumed / /
☒ Candidate: Election year 2016 and office sought, if different than Part 1:
☐ Leaving Office: Date Left / /
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or-
☐ The period covered is / / , through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
P.O. BOX 1268 HAYFORK CA 96041
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 628-9429

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

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

Date Signed FEB 23 2016
(month, day, year)

Signature Barbara Chadwick
(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
AMENDMENT

1. BUSINESS ENTITY OR TRUST

PROFESSIONAL BUILDING CONSULTANTS
Name
23016 LAKE FOREST DR #236 LAJUNDA HILLS, CA 92653
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

BUILDING CONSULTANT
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 / / 15 / / 15
☐ \$2,000 - \$10,000 ACQUIRED DISPOSED
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION OWNER

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

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

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 / / 15 / / 15
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

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

Comments:

Filer's Verification

Print Name BARBARA (BOBBY) CHADWICK

Office, Agency or Court BOARD OF SUPERVISOR

Statement Type ☐ 2015/2016 Annual ☐ Annual ☐ Assuming ☐ Leaving ☒ Candidate
(yr)

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 California that the foregoing is true and correct.

Date Signed FEB 24 2016
(month, day, year)

Filer's Signature

Barbara Chadwick

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) (MIDDLE)
Chadwick Barbara Ellen

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

Position: _____

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

☐ State

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

☐ Multi-County _____

☒ County of Trinity

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2020, through
December 31, 2020.

-or-

The period covered is ____/____/____, through
December 31, 2020.

☒ **Leaving Office:** Date Left 01 / 04 / 2021

(Check one circle.)

☒ The period covered is January 1, 2020, through the date of
leaving office.

-or-

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

☐ **Assuming Office:** Date assumed ____/____/____

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

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

-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 1215

Weaverville

CA

96093-1215

DAYTIME TELEPHONE NUMBER

(530) 623-1215

EMAIL ADDRESS

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

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

Date Signed 03/22/2021 12:15 PM
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Barbara Chadwick	

EXPANDED STATEMENT LIST

Agency Name	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

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, Tuolumne

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

Professional Building Consultants

Name

PO Box 1268 Hayfork, ca. 96041

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant/General Contractor

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/20____/____/20
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Owner

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/20____/____/20
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

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

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

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

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

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

☒ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/20____/____/20
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/20____/____/20
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

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

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick **Barbara** **Ellen**

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**

Position: _____

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

☐ State

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

☐ Multi-County _____

☒ County of **Trinity**

☐ City of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2019, through
December 31, 2019.

-or-

The period covered is ____/____/____, through
December 31, 2019.

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

☐ The period covered is January 1, 2019, through the date of
leaving office.

-or-

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

☐ **Assuming Office:** Date assumed ____/____/____

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

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 1215

Weaverville

CA

96093-1215

DAYTIME TELEPHONE NUMBER

(**530**) **623-1215**

EMAIL ADDRESS

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

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

Date Signed **03/31/2020 02:36 PM**
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Barbara Chadwick	

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, Tuolumne

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 _____
<u>Barbara Chadwick</u>

▶ 1. BUSINESS ENTITY OR TRUST

Professional Building Consultants

Name

PO Box 1268 Hayfork, ca. 96041

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant/General Contractor

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

____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☒ Sole Proprietorship

☐ _____

Other

YOUR BUSINESS POSITION Owner

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

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☐ Sole Proprietorship

☐ _____

Other

YOUR BUSINESS POSITION _____

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

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/19

ACQUIRED

____/____/19

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold _____
Yrs. remaining

☐ Other _____

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

Comments: _____

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

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.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)
rural county representatives of california

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650

CITY AND STATE
Sacramento, Ca. 95814

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 216.35
(If gift)

► MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description board meetings

► If Gift, Provide Travel Destination _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

► If Gift, Provide Travel Destination _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

► If Gift, Provide Travel Destination _____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If gift)

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

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

► If Gift, Provide Travel Destination _____

Comments: _____

COVER PAGE

NOV 21 2019

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

TRINITY COUNTY

CLERK/RECORDS/ASSESSOR

CHADWICK

BARBARA

ELLEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

TRINITY

SUPERVISOR

Division, Board, Department, District, if applicable

Your Position

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

Agency: _____

Position: _____

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

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of TRINITY

☐ City of _____

☐ Other _____

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

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.

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

-or-

The period covered is _____, through December 31, 2018.

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

☐ Assuming Office: Date assumed _____

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

☒ Candidate: Date of Election 3/3/20 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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)

11 COURT STREET

WEAVERVILLE

CA

96093

DAYTIME TELEPHONE NUMBER

(530) 410-1930

EMAIL ADDRESS

BCHADWICK@TRINITYCOUNTY.CA

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

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

Date Signed

11/21/19

(month, day, year)

Signature

Barbara Chadwick (Bobler)

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

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
BARBARAE Chadwick

1. BUSINESS ENTITY OR TRUST
PROFESSIONAL BUILDING CONSULTANTS
Name
P.O. Box 1268 Haystack CA 94041
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL CONTRACTOR/CONSULTANT

FAIR MARKET VALUE
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/18 ACQUIRED ____/____/18 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION OWNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
☒ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/18 ACQUIRED ____/____/18 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

1. BUSINESS ENTITY OR TRUST
Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/18 ACQUIRED ____/____/18 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
____/____/18 ACQUIRED ____/____/18 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

Comments: _____

rec'd
2/22/18
TR. FPPC

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



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. BUSINESS ENTITY OR TRUST

THOMAS OLIVER PAYNE REVOCABLE TRUST
Name
50 GOOSE RANCH RD LEWISTON
Address (Business Address Acceptable)
Check one
☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

01/01/16 12/31/16
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION

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

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

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

50 GOOSE RANCH RD LEWISTON

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

01/01/16 12/31/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

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

Comments:

Filer's Verification

Print Name BARBARA ELLEN CHADWICK

Office, Agency or Court BOARD OF SUPERVISOR

Statement Type ☒ 2016/2017 Annual ☐ Annual ☒ Assuming ☐ Leaving ☐ Candidate
(yr)

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 California that the foregoing is true and correct.

Date Signed 02/20/2018 Filer's Signature Barbara E Chadwick
(month, day, year)

MAR 06 2018

COVER PAGE

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

Please type or print in ink.

NAME OF FILER (LAST)

Chadwick

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR
Barbara

(MIDDLE)

Ellen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Trinity County

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

District 3 Supervisor

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

☐ Other

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)

-or-

The period covered is / / , through December 31, 2017.

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☒ Assuming Office: Date assumed 01 / 03 / 2018

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

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

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 4

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) 623-1217

E-MAIL ADDRESS

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.

Date Signed

Barbara E Chadwick

(month, day, year)

Signature

2-28-18

(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

Professional Building Consultants

Name

PO Box 1268 Hayfork, ca. 96041

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant/General Contractor

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION Owner

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

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

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

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

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

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

☒ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining ☐ Other _____

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/____
ACQUIRED

____/____/____
DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____
Yrs. remaining ☐ Other _____

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
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, Tuolumne

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
Date Initial Filing Received
Official Use Only
JUL 31 2017

TRINITY COUNTY

CLERK/RECORDED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick Barbara (Bobbi) Ellen

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 December 31, 2016.

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

-or-

The period covered is ____/____/____, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

☒ Assuming Office: Date assumed 7 / 18 / 2017

-or-

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

☐ Candidate: Election year ____ and office sought, if different than Part 1: ____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule 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

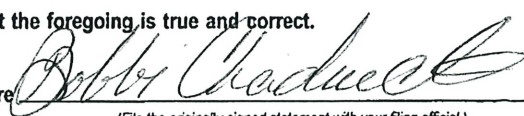
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
PO Box 1613 Weaverville CA 96093
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(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 correct.

Date Signed 7-31-2017
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Date Initial Filing Received
Official Use Only
JUL 05 2017

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

Please type or print in ink.

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)

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 _____

☐ City of _____

☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2016.

☐ The period covered is January 1, 2016, through the date of leaving office.

☒ **Assuming Office:** Date assumed 01 / 02 / 2017

-or-

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

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule 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

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.

Date Signed

07-05-2017

(month, day, year)

Signature

Bobbi Chadwick

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

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JUL 05 2017

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

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JAN 27 2017

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick Barbara(Bobbi) Ellen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Trinity County

Division, Board, Department, District, if applicable

District 3

Your Position

Board of Supervisor

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

Agency: _____

Position: _____

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

☐ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ County of Trinity

☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is ____/____/____, through December 31, 2016.

☒ **Assuming Office:** Date assumed 01 / 02 / 2017

☐ **Candidate:** Election year 2016 and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

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

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

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

-or-

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

5. Verification

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

pobox 1268

Hayfork

STATE ZIP CODE

Ca 96041

DAYTIME TELEPHONE NUMBER

(530) 628 9429

E-MAIL ADDRESS

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.

Date Signed 1-24-2017
(month, day, year)

Signature Bobbi Chadwick
(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 _____

▶ 1. BUSINESS ENTITY OR TRUST

professional building consultants

Name

23016 lake forest dr #236 laguna hills, ca. 92653

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION owner

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

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

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

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

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

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

☒ None or ☐ Names listed below

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

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

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

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

Comments: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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JAN 24 2017

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Chadwick Barbara(Bobbi) 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 attachment. (Do not use acronyms)

Agency: _____ Position: _____

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

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☒ County of Trinity
☐ City of _____ ☐ Other _____

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

- ☐ Annual: The period covered is January 1, 2016, through December 31, 2016.
-or- The period covered is ____/____/____, through December 31, 2016.
☒ Assuming Office: Date assumed 01 / 02 / 2017
☐ Leaving Office: Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2016, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through 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: 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)
pobox 1268 Hayfork Ca 96041
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 628 9429 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.

Date Signed 1-24-2017
(month, day, year)

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

E-FILED @ FPPC

RECEIVED

JAN 24 2017

TRINITY COUNTY

CLERK/RECORDER/ASSESSOR

SCHEDULE A-2

Investments, Income, and Assets

of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

1. BUSINESS ENTITY OR TRUST

professional building consultants

Name

23016 lake forest dr #236 laguna hills, ca. 92653

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Building Consultant

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☒ Sole Proprietorship

☐

Other

YOUR BUSINESS POSITION owner

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2

☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INVESTMENT

☐ Partnership

☐ Sole Proprietorship

☐

Other

YOUR BUSINESS POSITION

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

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

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

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

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

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

☐ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

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

Comments:

FPPC Form 700 (2016/2017) Sch. A-2

FPPC Advice Email: advice@fppc.ca.gov

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

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received

FEB 23 2016

TRINITY COUNTY
CLERK/RECORDER/ASSESSOR

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
CHADWICK BARBARA ELLEN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

Your Position

DISTRICT #3 BOARD MEMBER

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

Agency: Position:

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

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☒ County of TRINITY
☐ City of ☐ Other

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

- ☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is / / , through December 31, 2015.
☐ Assuming Office: Date assumed / /
☒ Candidate: Election year 2016 and office sought, if different than Part 1:
☐ Leaving Office: Date Left / /
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
-or-
☐ The period covered is / / , through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
P.O. BOX 1268 HAYFORK CA 96041
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(530) 628-9429

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

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

Date Signed FEB 23 2016
(month, day, year)

Signature Barbara Chadwick
(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
AMENDMENT

1. BUSINESS ENTITY OR TRUST

PROFESSIONAL BUILDING CONSULTANTS
Name
23016 LAKE FOREST DR #236 LAJUNDA HILLS, CA 92653
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

BUILDING CONSULTANT
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 _____/_____/15
☐ \$2,000 - \$10,000 _____/_____/15
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Partnership ☒ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION OWNER

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

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

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

☒ None or ☐ Names listed below

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

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____/_____/15
☐ \$10,001 - \$100,000 _____/_____/15
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ Yrs. remaining ☐ Other _____

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

Comments:

Filer's Verification

Print Name BARBARA (BOBBY) CHADWICK

Office, Agency or Court BOARD OF SUPERVISOR

Statement Type ☐ 2015/2016 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☒ Candidate
(yr)

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 California that the foregoing is true and correct.

Date Signed FEB 24 2016
(month, day, year)

Filer's Signature

Barbara Chadwick