

**COVER PAGE**

A PUBLIC DOCUMENT

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

-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

EMAIL ADDRESS

( 530 ) 623-1215

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

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

Date Signed 03/18/2019 09:27 AM  
(month, day, year)

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

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE ATTACHMENT

|                                     |            |
|-------------------------------------|------------|
| <b>CALIFORNIA FORM</b>              | <b>700</b> |
| 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**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><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

- ☐ \$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    \_\_\_\_/\_\_\_\_/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  
☐ \$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    \_\_\_\_/\_\_\_\_/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

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    \_\_\_\_/\_\_\_\_/18  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

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

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

☐ None    or    ☐ Names listed below

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

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

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

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

FAIR MARKET VALUE

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

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/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

Comments: \_\_\_\_\_

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

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

| ▶ 1. INCOME RECEIVED   | ▶ 1. INCOME RECEIVED   |
|--|--|
| NAME OF SOURCE OF INCOME<br><u>Family Trees, LLC</u>   | NAME OF SOURCE OF INCOME<br>_____  |
| ADDRESS (Business Address Acceptable)<br><u>1834 Jamaica Rd. Costa Mesa, ca.</u>   | ADDRESS (Business Address Acceptable)<br>_____   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____  | BUSINESS ACTIVITY, IF ANY, OF SOURCE<br>_____  |
| YOUR BUSINESS POSITION<br>_____  | YOUR BUSINESS POSITION<br>_____  |
| 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<br>(For self-employed use Schedule A-2.) | <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income<br>(For self-employed use Schedule A-2.) |
| <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)  | <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use<br>Schedule A-2.)  |
| <input checked="" type="checkbox"/> Sale of <u>Real Property</u><br>(Real property, car, boat, etc.)   | <input type="checkbox"/> Sale of _____<br>(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                                | <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more                                |
| _____<br>(Describe)  | _____<br>(Describe)  |
| <input type="checkbox"/> Other _____<br>(Describe)   | <input type="checkbox"/> Other _____<br>(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*<br>_____<br>ADDRESS (Business Address Acceptable)<br>_____<br>BUSINESS ACTIVITY, IF ANY, OF LENDER<br>_____<br>HIGHEST BALANCE DURING REPORTING PERIOD<br><input type="checkbox"/> \$500 - \$1,000<br><input type="checkbox"/> \$1,001 - \$10,000<br><input type="checkbox"/> \$10,001 - \$100,000<br><input type="checkbox"/> OVER \$100,000 | INTEREST RATE<br>_____% <input type="checkbox"/> None<br>TERM (Months/Years)<br>_____<br>SECURITY FOR LOAN<br><input type="checkbox"/> None <input type="checkbox"/> Personal residence<br><input type="checkbox"/> Real Property _____<br>Street address<br>_____<br>City<br><input type="checkbox"/> Guarantor _____<br><input type="checkbox"/> Other _____<br>(Describe) |
|---|--|

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br><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: \_\_\_\_\_

