#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

### STATEMENT OF ECONOMIC INTERESTS RECEIVED **COVER PAGE**

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JUL 3 1 2020

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BLIC DOCUMENT	BY: Julie Christel

Ple	ease type or print in ink.		DI. June succession
NA	ME OF FILER (LAST)	(FIRST)	(MIDDLE)
	Chiara	TRICKA	Alder
1.	Office, Agency, or Court		
	Agency Name (Do not use acromyns)		
	Division, Board, Department, District, if applicable	Your Position	
		City C	sincil Member
	▶ If filing for multiple positions, list below or on an attac		Julia Hallbac
	Agency: See attachmen-	† Besition:	
	Agency. Sto Carroca Trues	Position:	
2.	Jurisdiction of Office (Check at least one box	x)	
	☐ State	☐ Judge, Retired Judge, (Statewide Jurisdic	dge, Pro Tem Judge, or Court Commissioner ction)
	☐ Multi-County	County of	
	Dicity of Uakdale	Π	
3.	Type of Statement (Check at least one box)		
	Annual: The period covered is January 1, 2019, the December 31, 2019.	hrough Leaving Office:	Date Left/(Check one circle.)
	The period covered is//	, through O The period or leaving office.	overed is January 1, 2019, through the date of
	Assuming Office: Date assumed/	The period co	overed is/, through eaving office.
aries	Candidate: Date of Election 11/3/2020	_ and office sought, if different than Part 1:	
4.	Schedule Summary (must complete) Schedules attached	► Total number of pages including t	his cover page:
	_	Ochodula O. Justinia I.	S Dusiness Desiliens - cabadula attached
	Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached		pans, & Business Positions – schedule attached Gifts – schedule attached
	Schedule B - Real Property - schedule attached		Gifts - Travel Payments - schedule attached
-	Or-  None - No reportable interests on any	y schedule	
5.	Verification  MAILING ADDRESS STREET	CITY	STATE ZIP CODE
	(Business or Agency Address Recommended - Public Document)	~ DAV > M C	040 963 L- )
	DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	UH 1256
	1209,845 - 3513	Chiana 40	akdale@amail.com
	I have used all reasonable diligence in preparing this statement and in any attached schedules is true and complete.		ne best of my knowledge the information contained
	I certify under penalty of perjury under the laws of t	the State of California that the foregoing is tr	rue and correct.
	Date Sizzate \4.0, 20 7.07	() Sign from	
	Date Signed (Month, day, year)	Signature (File the orig	inally signed paper statement with your filing official.)

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

of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
EL ULA CHIARA

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Last Call Browing Company	7 I. BOSINESS ENTITI ON TROST
994 Shepped Ct. Ste C. 953(0)	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
7	
Dela Manufacturing Sales	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$1,000 \$2,000 \$10,000	\$0 - \$1,999 \$2,000 - \$10,000/
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship	NATURE OF INVESTMENT  Partnership  Sole Proprietorship  ———————————————————————————————————
March wash	Other
YOUR BUSINESS POSITION 17 UUCCA 1001 1 UUCC	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
<i>r</i> –	
A INVESTMENTS AND INTERESTS IN REAL PROPERTY LIELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT  REAL PROPERTY	Check one box:  INVESTMENT REAL PROPERTY
and cheared Ct Se C. Dakdale 953	INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property  144 Shandale OM 93	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: \_

## **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name Elicka Chrana

FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
NAME OF LENDER*
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
Name
ERICKA CHIMEA

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	Stanis aus Consolidated F ADDRESS (Business Address Acceptable) Protection Dis
and Shooned Ct Ste C	2219 Tracks Short Protection Vis
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE 05312
Soles In Minia Facturation heed	Business activity, if any, of source 45367
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
20168	22 0012
COOCHE DESCRIPTION TO A STATE OF THE STATE O	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000	GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	ERIOD
a retail installment or credit card transaction, made in th	lending institution, or any indebtedness created as part of e lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	OF CURITY FOR LOAN
	SECURITY FOR LOAN  None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	Note Tesonal residence
<del></del>	Real PropertyStreet address
HIGHEST BALANCE DURING REPORTING PERIOD	Street dadress
\$500 - \$1,000	City
\$1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

California Form 700 – 2019

Name Ericka Chiara

#### **EXPANDED STATEMENT LIST**

Agency Name	Division, Board,	Position or	Jurisdiction	Type of	Period
	Department, District	Title		Statement	Covered
City of Oakdale Successor Agency to the former		Agency	Oakdale	Annual	1/1/2019 to
	Oakdale Community Redevelopment Agency	Member			12/31/2019
City of Oakdale Public Finance Authority		Member	Oakdale	Annual	1/1/2019 to
					12/31/2019
Stanislaus	Economic Development Action Committee	Committee	Stanislaus	Annual	1/1/2019 to
County	(EDAC)	Member			12/31/2019
Stanislaus	North County Corridor Transportation	Alternate	Stanislaus	Annual	1/1/2019 to
County	Expressway Authority	Member			12/31/2019
Stanislaus	StanCOG Policy Board	Member	Stanislaus	Annual	3/4/2019 -
County Council					12/31/2019
of					
Governments					