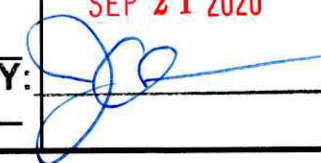


496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ericka Chiara		Date of This Filing <u>9/21/2020</u>	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____	RECEIVED SEP 21 2020	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	BY: 	
CITY Oakdale	STATE CA	ZIP CODE 95361	No. of Pages <u>2</u>	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Ericka Chiara				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Oakdale City Council	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT

Reason for Amendment _____

496 Independent Expenditure Report

CALIFORNIA
FORM 496

I.D. NUMBER (if applicable)

NAME OF FILER

Ericka Chiara

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
09/21/2020	Roni Roberts Oakdale, CA 95361	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RT Financial	\$2,000.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

** Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (Feb/2019)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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Amounts may be rounded to whole dollars.

NAME OF FILER Ericka Chiara		Date of This Filing <u>9/17/2020</u>	Date Stamp <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 17 2020 </div>	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ BY: <u>JCO</u> (explain below)		
STREET ADDRESS		No. of Pages <u>1</u>		
CITY Oakdale	STATE CA	ZIP CODE 95361		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Ericka Chiara				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Oakdale City Council	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/16/2020	Door Hangers and Accounting Ledger	\$169.02
09/17/2020	18"x24" Signs with Wire Stakes	\$1,486.91

Reason for Amendment _____

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Amounts may be rounded to whole dollars.

NAME OF FILER Ericka Chiara		Date of This Filing 9/14/2020	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.	RECEIVED SEP 14 2020 BY: [Signature]	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Oakdale	STATE CA	ZIP CODE 95361	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Ericka Chiara				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Oakdale City Council	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made


Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/14/2020	4'x8' Double Sided signs	\$1,267.99

Reason for Amendment _____

496 Independent Expenditure Report

Amounts may be rounded to whole dollars.

NAME OF FILER Ericka Chiara		Date of This Filing 9/9/2020	Date Stamp	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	Report No.	RECEIVED SEP 09 2020	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)	BY: 	
CITY Oakdale	STATE CA	ZIP CODE 95361	No. of Pages 1	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Ericka Chiara				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Oakdale City Council	DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/09/2020	18"x24" yard signs	\$772.80

Reason for Amendment _____
