

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Clendenen Clif G.

**1. Office, Agency, or Court**

Agency Name  
County of Humboldt  
Division, Board, Department, District, if applicable Board of Supervisors  
Your Position Supervisor - Second District

► If filing for multiple positions, list below or on an attachment.

Agency: Expanded Statement Attached Position:

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

- State
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge (Statewide Jurisdiction)
- County of Humboldt
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.
- Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
  - The period covered is January 1, 2010, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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



I certify under penalty of perjury under the laws of the State of California that

Date Signed 2-8-11  
(month, day, year)

Signature

**EXPANDED STATEMENT OF ECONOMIC INTERESTS**  
*A Public Document*

Agency: Area Agency on Aging  
Position Title: Member  
Office of Jurisdiction: California Department of Aging  
Type of Statement: Annual  
 Date: January 1, 2011

Agency: Caltrans North District External Advisory  
Position Title: Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual  
 Date: January 1, 2011

Agency: Eel/Russian River Joint Powers Commission  
Position Title: Alternate Member  
Office of Jurisdiction: Multi-County: Humboldt, Mendocino, Lake & Sonoma  
Type of Statement: Annual  
 Date: January 1, 2011

Agency: Hazardous Materials Response Authority  
Position Title: Alternate Member  
Office of Jurisdiction: Joint Powers Authority  
Type of Statement: Annual  
 Date: January 1, 2011

Agency: Humboldt County Association of Governments (HCAOG)  
Position: Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual  
 Date: January 1, 2011

Agency: Local Agency Formation Commission (LAFCO)  
Position Title: Member  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Annual  
 Date: January 1, 2011

Agency: Mental Health Board  
Position Title: Board Member  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Assuming Office Date: January 1, 2011  
 Date: January 1, 2011

Agency: North Coast Railroad Authority  
Position Title: Member  
Office of Jurisdiction: Multi-Agency  
Type of Statement: Annual  
 Date: January 1, 2011

Agency: Humboldt Transit Authority  
Position Title: Alternate  
Office of Jurisdiction: County of Humboldt  
Type of Statement: Annual  
 Date: January 1, 2011

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Clendenen, Clif G.

▶ NAME OF BUSINESS ENTITY  
Huntington Bankshares, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Bank Corporation

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Umpqua Holdings Corp.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Bank Corporation

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
AT&T

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Telecommunications

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hershey Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Food

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 10           /      / 10  
 ACQUIRED                      DISPOSED

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



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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Clendenen, Clif G.
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1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>County of Humboldt</u> ADDRESS (Business Address Acceptable) <u>825 5th Street, Room # 111, Eureka, CA 95501</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Government</u> YOUR BUSINESS POSITION <u>Supervisor - 2nd District</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME <u>Fortuna Union High School</u> ADDRESS (Business Address Acceptable) <u>843 L Street, Fortuna, CA 95540</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education/School</u> YOUR BUSINESS POSITION <u>Teacher</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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 SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: \_\_\_\_\_