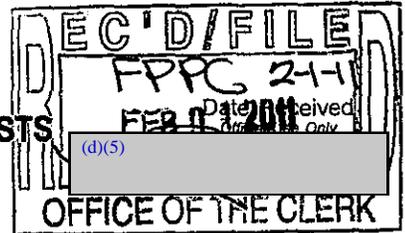


STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION

COVER PAGE



GP 2011 FEB -4 PM 3:40

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

HAZARD DUANE EDWARD

1. Office, Agency, or Court

Agency Name

MONO COUNTY BOARD OF SUPERVISOR

Division, Board, Department, District, if applicable

Your Position

DISTRICT #2 - BOARD MEMBER

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

Agency: TRI-VALLEY GROUND WATER CONTROL DISTRICT Position: BOARD MEMBER

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

State

Judge (Statewide Jurisdiction)

Multi-County

County of MONO

City of

Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010.

Leaving Office: Date Left

The period covered is through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date

The period covered is through the date of leaving office.

Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 8

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

herein and in any attached schedules is true and complete. I acknowledge this I certify under penalty of perjury under the laws of the State of California

Date Signed 1-20-11 (month, day, year)

Sign

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**  
 FPPC FORM 700 (2010/2011) Sch. A-1  
 Name \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY  
AMGEN PHARMACEUTICAL CO.  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
DRUG MANUFACTURING CO.

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:  
01/06/2000      09/14/10  
 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  
THQ INC  
 GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Computer Gaming

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

**1. BUSINESS ENTITY OR TRUST**

H+P SPECIALITY SERVICES  
Name  
P.O. Box 554  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
TRAINING SERVICES of Speciality CLASSES

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

**NATURE OF INVESTMENT**  
 Sole Proprietorship     Partnership     \_\_\_\_\_ 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 BUSINESS ACTIVITY**

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

**NATURE OF INVESTMENT**  
 Sole Proprietorship     Partnership     \_\_\_\_\_ 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 \$1,000 OR MORE (INCLUDE YOUR PRO RATA SHARE)**

N/A

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$1,000 OR MORE (INCLUDE YOUR PRO RATA SHARE)**

\_\_\_\_\_

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

N/A

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

Check one box:  
 INVESTMENT                       REAL PROPERTY

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

Name of Business Entity or  
Street Address or Assessor's Parcel Number 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:  
 \$2,000 - \$10,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$100,001 - \$1,000,000                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

**FAIR MARKET VALUE**                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$10,001 - \$100,000                      \_\_\_\_\_ / \_\_\_\_ / 10                      \_\_\_\_\_ / \_\_\_\_ / 10  
 \$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 \_\_\_\_\_

**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

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

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





**SCHEDULE D**  
**Income - Gifts**

▶ NAME OF SOURCE  
REGIONAL COUNCIL OF RURAL COUNTIES  
 ADDRESS (Business Address Acceptable)  
1215 "K" ST. SUITE #1650 SACRAMENTO CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 75814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01/01/10</u>	<u>\$ 936.97</u>	<u>MEALS FOR MEETINGS</u>
<u>12/31/10</u>		<u>CONFERENCE</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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

**FORM 700 Statement of Economic Interests for Calendar Year 2010**

**List of Agencies and Member Counties**

**MODO COUNTY**

**Supervisor "Hap" Hazard**

Agency

Position

CRHMFA Homebuyers Fund	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate
Rural Health Joint Powers Authority	Delegate
California Local Government Finance Authority	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County
	Yuba County

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

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE  
PRAXIS INC.  
 ADDRESS (Business Address Acceptable)  
1101 NIMITZ AVE VALLEJO, CA 94592  
 CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501(c)(3)  
F. BER OPTIC CABLE SERVICES

DATE(S): 12/2/09 AMT: \$ UNK- THAN  
(if applicable) \$4000

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: DONATED TO LOCAL LIBRARY ON  
12-9-2009

▶ NAME OF SOURCE  
CALIF STATE FAIR  
 ADDRESS (Business Address Acceptable)  
SACRAMENTO CA.  
 CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501(c)(3)  
County EXHIBIT DURING STATE FAIR

DATE(S): 07/16/10 AMT: \$ UNK  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: (2) TICKETS TO STATE FAIR -  
ATTENDED AND CHECKED ON MODO COUNTY  
BOOTH AND NOW RECEIVED BY PUBLIC

▶ NAME OF SOURCE  
STEVE POISNER - GUBERNATORIAL CANDIDATE  
 ADDRESS (Business Address Acceptable)  
UNK  
 CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501(c)(3)  
HIS MASS MAILING AS A CANDIDATE

DATE(S): 04/10/10 - 04/12/10 AMT: \$ 25.95 (?)  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: CANDIDATE MAIL BOOKS TO POSS.  
VOTERS - DONATED TO LOCAL LIBRARY

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501(c)(3)  
 \_\_\_\_\_

DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
(if applicable)

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

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