

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lovelace Mark W.

1. Office, Agency, or Court

Agency Name

County of Humboldt

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Supervisor - Third 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

Judge (Statewide Jurisdiction)

Multi-County

County of Humboldt

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 ____/____/____
(Check one)

-or-
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: 7

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

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

Date Signed

3-25-11

(month, day, year)

Signature

EXPANDED STATEMENT OF ECONOMIC INTERESTS
A Public Document

Agency: North Coast Unified Air Quality Management District
Position Title: Board Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 Date: January 1, 2011

Agency: Community Health Alliance
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 Date: January 1, 2011

Agency: First 5 Humboldt
Position Title: Member
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 Date: January 1, 2011

Agency: Humboldt County Association of Governments (HCAOG)
Position: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Leaving Office:
 Date: January 1, 2010 through December 31, 2010

Agency: Juvenile Justice Coordinating Council
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 Date: January 1, 2011

Agency: Juvenile Justice Delinquency Prevention
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 Date: January 1, 2011

Agency: Klamath Basin Coordinating Committee
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Assuming Office Date: January 1, 2011
 Date: January 1, 2011

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

EXPANDED STATEMENT OF ECONOMIC INTERESTS
A Public Document

Agency: Mental Health Board
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Leaving Office
 Date: January 1, 2010 through December 31, 2010

Agency: Redwood Region Economic Development Commission
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 Date: January 1, 2011

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

Agency: Waste Management Authority
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 Date: January 1, 2011

Agency: Work Force Investment Board
Position Title: Member
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 Date: January 1, 2011

SCHEDULE D
Income – Gifts

Name
 Lovelace, Mark W.

▶ NAME OF SOURCE
Great Valley Institute
 ADDRESS (Business Address Acceptable)
201 Neeham Street, Modesto, CA 95354
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 29 / 10</u>	\$ <u>25</u>	<u>Tote Bag, Mug</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Chris Smith
 ADDRESS (Business Address Acceptable)
2840 Buttermilk Place, Arcata, CA 95521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restauranteur

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 10</u>	\$ <u>238</u>	<u>Painting</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Redwood Coast Music Festival
 ADDRESS (Business Address Acceptable)
523 5th Street, Eureka, CA 95502
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 10</u>	\$ <u>170</u>	<u>Two tickets (unused)</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Doralee Smith
 ADDRESS (Business Address Acceptable)
2840 Buttermilk Place, Arcata, CA 95521
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 10</u>	\$ <u>238</u>	<u>Painting</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Redwood Coast Music Festival
 ADDRESS (Business Address Acceptable)
523 5th Street, Eureka, CA 95502
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 10</u>	\$ <u>140</u>	<u>Two Event Tickets</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
 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: _____

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

Name
 Lovelace, Mark W.

- **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
 Great Valley Leadership Institute

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 4,000
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Lodging, meals, educational materials and program costs.

▶ 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: _____

▶ 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: _____

▶ 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: _____