

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

2013 MAR - 6 PM 11:13
Joyce

HUMBOLDT COUNTY ELECTIONS

GZ

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hinrichs Joyce D. HUMBOLDT COUNTY ELECTIONS

1. Office, Agency, or Court

Agency Name
Superior Court of California
Division, Board, Department, District, if applicable
County of Humboldt
Your Position
Judge

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

Agency: _____ Position: _____

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

- State
- Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____
- County of _____
- City of _____
- Other _____

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____, through December 31, 2012.
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed _____
- The period covered is _____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

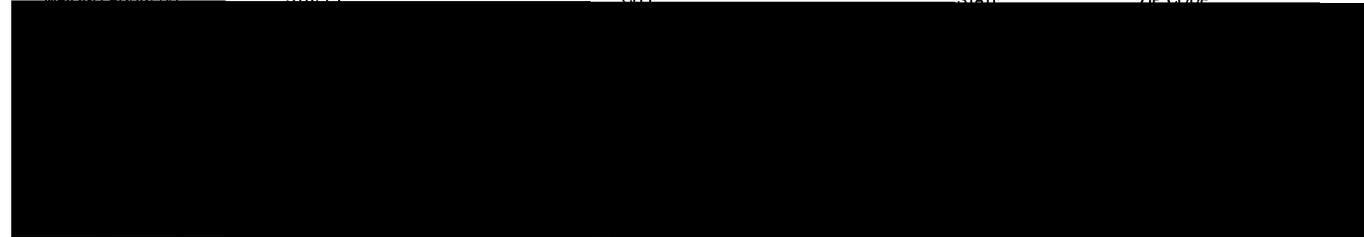
- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 03/01/2013
(month, day, year)

3)
ov

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Joyce D. Hinrichs

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3350, 3370, 3390, 3460, 3480 L.K. Wood Blvd.

CITY
Arcata

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

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1620 H Street

CITY
Eureka

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

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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*
*commercial lending institution

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER*
*commercial lending institution

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: Reporting party & spouse own 50% interest in the property listed & values so reflect

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Joyce D. Hinrichs

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1961, 1975, 1999 H St.

CITY
Arcata

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 12 DISPOSED / / 12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1540 G Street

CITY
Arcata

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 12 DISPOSED / / 12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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*
*commercial lending institution

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*
Earl Bieher, Wendell & Barbara Cole

ADDRESS (Business Address Acceptable)
P.O. Box 724 Bayside CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
Private Note

INTEREST RATE TERM (Months/Years)
8 % None 5 yrs remaining

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: Reporting party & spouse own 50% interest in the property listed & values so reflect

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

Name
 Joyce D. Hinrichs

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Stewards of Changes c/o Daniel Stein

ADDRESS (Business Address Acceptable)
 207 Fleets Cove Rd.

CITY AND STATE
 Huntington, NY

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Creating connected systems of care for public entities

DATE(S): 06 / 17 / 12 06 / 20 / 12 AMT: \$ 504.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Value of hotel & meals provided at symposium* -
shared information & created plans as described

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 Daniel Stein--Managing Partner Stewards of Change

ADDRESS (Business Address Acceptable)
 207 Fleets Cove Rd.

CITY AND STATE
 Huntington, NY

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Creating connected systems of care for public entities

DATE(S): 06 / 17 / 12 06 / 20 / 12 AMT: \$ 796.90
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Travel to symposium*-shared information & create
plans for interoperability to improve services to youth

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: *7th annual Stewards of Change National Symposium was held in Baltimore, MD, in collaboration with the Johns Hopkins School of Public Health; it brought together leaders from various sectors to devise ways to improve children & families' lives through interoperability to connect and optimize service delivery.