

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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HUMBOLDT COUNTY
ELECTIONS



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bohn Rex H

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Humboldt

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Supervisor - 1st District

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Expanded Statement Attached

Position:

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FAIR POLITICAL
PRACTICES COMMISSION
2015 FEB 17 PM 3:38

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

State

Judge or Court Commissioner (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, 2014, through December 31, 2014.

Leaving Office: Date Left ____/____/____
(Check one)

-or-
The period covered is ____/____/____, through December 31, 2014.

The period covered is January 1, 2014, 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: _____

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

5. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 2-13-15
(month, day, year)

EXPANDED STATEMENT OF ECONOMIC INTERESTS
A Public Document



Agency: North Coast Air Quality Management District
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Area Agency on Aging
Position Title: Member
Office of Jurisdiction: California Department of Aging
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Humboldt County Association of Governments (HCAOG)
Position: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Caltrans North District External Advisory
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014

Agency: Eel/Russian River Joint Powers Commission
Position Title: Alternate
Office of Jurisdiction: Multi-Agency: Counties of Humboldt, Lake, Mendocino, and Sonoma
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Redwood Coast Energy Authority
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Leaving Office
 The period covered is January 1, 2014 through December 31, 2014.

Agency: First 5 Humboldt
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Humboldt County Indian Gaming Community Benefit Committee
Position: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014

Agency: Juvenile Justice Coordinating Council
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

EXPANDED STATEMENT OF ECONOMIC INTERESTS
A Public Document

Agency: Juvenile Justice Delinquency Prevention
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Behavioral Health Board
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Rural Counties Representatives of California (RCRC)
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Golden State Finance Authority (GSFA)
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Humboldt Transit Authority
Position Title: Member
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Waste Management Authority
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Work Force Investment Board
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Bohn, Rex H

▶ NAME OF BUSINESS ENTITY
Intel

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Umpqua Holding

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CGM

GENERAL DESCRIPTION OF THIS BUSINESS

IRA

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco Systems

GENERAL DESCRIPTION OF THIS BUSINESS

IRA

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
IRA

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
IRA

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

Comments: _____

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

Bohn, Rex H

NAME OF BUSINESS ENTITY: Royal Dutch Shell
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

NAME OF BUSINESS ENTITY: US Steel
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

NAME OF BUSINESS ENTITY: I Shares - Japan Index Fund
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

NAME OF BUSINESS ENTITY: Ivy Strategy Fund
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

NAME OF BUSINESS ENTITY: MFS Global Fund
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

NAME OF BUSINESS ENTITY: Wells Fargo Advantage Fund
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
IF APPLICABLE, LIST DATE: ACQUIRED / / 14, DISPOSED / / 14

Comments:

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

Bohn, Rex H

▶ NAME OF BUSINESS ENTITY
Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Met Life

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
____/____/14 ____/____/14
ACQUIRED DISPOSED

Comments:

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

Name
 Bohn, Rex H

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 County of Humboldt

ADDRESS (Business Address Acceptable)
 825 5th Street, Room #111, Eureka, CA 95501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Local Government

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Cloneys Pharmacy

ADDRESS (Business Address Acceptable)
 2515 Harrison Avenue, Eureka, CA 95503

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Retail Pharmacy

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

\$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 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

\$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____

 Street address

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____