

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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HUMBOLDT COUNTY
ELECTIONS

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

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 - 3rd 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 23 PM 2:42

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 2/16/15

(month, day, year)

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
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Community Health Alliance
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

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

Agency: Juvenile Justice Delinquency Prevention
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: Klamath Basin Coordinating Committee
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

Agency: Arcata Redevelopment Oversight Board
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014

EXPANDED STATEMENT OF ECONOMIC INTERESTS
A Public Document

Agency: Redwood Region Economic Development Commission
Position Title: Alternate
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: Trinity River Basin Fish & Wildlife Task Force
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

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

Agency: County Medical Services Program (CMSP) Governing Board
Position Title: Board Member
Office of Jurisdiction: State
Type of Statement: Annual
 The period covered is January 1, 2014 through December 31, 2014.

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Lovelace, Mark W

▶ 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
 Supervisor - 3rd District

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
 Area I Agency on Aging

ADDRESS (Business Address Acceptable)
 434 7th Street, Eureka, CA 95501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non Profit

YOUR BUSINESS POSITION
 Administrative Assistant

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 _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Lovelace, Mark W

▶ NAME OF SOURCE *(Not an Acronym)*
 Rural Counties Representing California (RCRC)

ADDRESS *(Business Address Acceptable)*
 1215 K Street, #650, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Rural Counties Advocacy Representatives

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 14	\$ 58.16	Meals
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____