Humboldt County

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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HUMBOLDT COUNTY ELECTIONS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Lovelace, Mark W.			[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]	[redacted]	[redacted]	[redacted]	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
County of Humboldt

Division, Board, District, if applicable:
Board of Supervisors

Your Position:
Supervisor - Third District

▸ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Expanded Statement Attached

Position: _____

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

☐ State
☒ County of Humboldt
☐ City of _____
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

O The period covered is ___/___/___, through December 31, 2009.

☐ Leaving Office Date Left: ___/___/___
(Check one)

O The period covered is January 1, 2009, through the date of leaving office.

-or-

O The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

▸ **Total number of pages including this cover page:** 8

▸ **Check applicable schedules or "No reportable interests."**

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 3-23-10
(month, day, year)

Signature [redacted]
(File the originally signed statement with your filing official.)

California

2009/2010 FORM 700
Fair Political Practices Commission

Name

Mark W. Lovelace

EXPANDED STATEMENT OF ECONOMIC INTERESTS

A Public Document

C G

Agency: North Coast Unified Air Quality Management District
Position Title: Board Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Community Health Alliance
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: First 5 Humboldt
Position Title: Member
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Foreign-Trade Zone Governing Board
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Harbor District Revitalization Planning Team
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Humboldt County Association of Governments (HCAOG)
Position: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement Assuming Office Date: January 1, 2010
[X] Date: January 1, 2010

Agency: Juvenile Justice Coordinating Council
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Juvenile Justice Delinquency Prevention
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
[X] Date: January 1, 2010

California
2009/2010 FORM 700
Fair Political Practices Commission

Name
Mark W. Lovelace

EXPANDED STATEMENT OF ECONOMIC INTERESTS

A Public Document

Agency: Mental Health Board
Position Title: Alternate
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Redwood Region Economic Development Commission
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Humboldt Transit Authority
Position Title: Member
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Waste Management Authority
Position Title: Alternate
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: Work Force Investment Board
Position Title: Member
Office of Jurisdiction: County of Humboldt
Type of Statement: Annual
[X] Date: January 1, 2010

Agency: North Coast Emergency Medical Services
Position Title: Member
Office of Jurisdiction: Multi-Agency
Type of Statement: Annual
[X] Date: January 1, 2010

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Lovelace, Mark W.

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ STREET ADDRESS OR PRECISE LOCATION
2322 Buttermilk Lane

CITY
Arcata, CA 95521

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 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.

Primary residence, not required to be disclosed. I am disclosing voluntarily, for transparency reasons.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 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.

* 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE ____% ☐ None

TERM (Months/Years)

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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE ____% ☐ None

TERM (Months/Years)

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

☐ Guarantor, if applicable

Comments:

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
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
- ☐ Loan repayment
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
County of Humboldt

ADDRESS *(Business Address Acceptable)*
825 5th Street, Eureka, CA 95501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government

YOUR BUSINESS POSITION
Program Manager

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
- ☐ Loan repayment
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ 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: _____

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Name: Lovelace, Mark W.

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: CSAC
ADDRESS (Business Address Acceptable): 1100 K Street, Suite #101, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: County Government Advocacy Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/17/09	$187.00	CSAC Board Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: American Brotherhood Aimed Towards Education
ADDRESS (Business Address Acceptable): 10240 7th Ave., Hesperia, CA 92345
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Motorcycle Safety Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/05/09	$20.00	Hat
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Wells Fargo Bank
ADDRESS (Business Address Acceptable): 1103 6th Street, Arcata, CA 95521
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Bank (Thank You Scholarship Program)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/23/09	$30.00	Gift Box
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Redwood Coast Music Festivals
ADDRESS (Business Address Acceptable): P.O. Box 314, Eureka, CA 95501
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Music Event Promotion

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/23/09	$170.00	2 tickets/Jazz Festival
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Redwood Region Logging Conference
ADDRESS (Business Address Acceptable): 5601 South Broadway, Eureka, CA 95503
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Timber Industry Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/17/09	$30.00	Mug & Tote Bag
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Humboldt Baykeeper
ADDRESS (Business Address Acceptable): 217 E Street, Eureka, CA 95501
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Environmental 501 (C) 3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/23/09	$45.00	Music Event
/ /	$	
/ /	$	

Comments:

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Name: Lovelace, Mark W.

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Humboldt Cattlemen's Association
ADDRESS (Business Address Acceptable)
5630 South Broadway, Eureka, CA 95503
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cattle Industry Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 07 / 09	$ 80.00	Annual Dinner (two)
/ /	$	
/ /	$	

▶ NAME OF SOURCE
First Five Humboldt
ADDRESS (Business Address Acceptable)
1012 2nd Street, Eureka, CA 95501
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Child Development Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 05 / 09	$ 25.00	Sweatshirt & Pin
/ /	$	
/ /	$	

▶ 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: