



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board


Melissa Manriquez

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1640 East Benson Highway
Tucson, Arizona 85714
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MEMORANDUM

TO: Honorable Chair and Board Members
Pima County Board of Supervisors

FROM: Melissa Manriquez, Clerk of the Board 

DATE: April 9, 2025

RE: Board of Supervisors, District 5 Vacancy

The Clerk's Office received a total of 10 submissions for the Board of Supervisors, District 5 vacancy. 6 applicants met the statutory requirements, 3 applicants do not reside in District 5 and 1 applicant did not submit all of the required documents by the deadline. Individuals interested for consideration of the vacancy were required to submit a Letter of Interest, Resume, Financial Disclosure Statement and Conflict of Interest Forms (attached) for consideration as a candidate for the vacancy.

Candidates – Met all requirements

Lewis David Araiza, Sr.
Richard Hernandez
Andrés Cano
Kimberly Baeza
Cynthia Abril Sosa Ontiveros
Karla Bernal Morales

The following were ineligible for the vacancy:

Do not reside in District 5

Nury Stemple
Dennis Florian
DeVon J. Hopping

Did not submit all required documents by the deadline

Trista Tramosch de Genova

The Pima County Recorder's Office verified the following:

- Each candidate is registered to vote
- Each candidate is registered as a Democrat
- Each candidate resides in District 5
- Each candidate is over the age of 18

The Human Resources Department is in the process of conducting a background check on each eligible candidate and those results are pending.

The League of Women Voters of Greater Tucson will conduct a virtual public forum for all eligible candidates on Wednesday, April 9, 2025. All eligible candidates have been invited to participate in the virtual public forum.

The Board of Supervisors will make the appointment at their meeting on April 15, 2025. The person appointed will serve through December 31, 2026.

/mm

Attachments

Pima County Board of Supervisors

Application for Adelita Grijalva's open position

This date of April 2, 2025

Reference: Letter of Interest

The most important reasons for applying for this political position: I have been born and raised in Tucson. This position is not about me. It is about building a strong, vibrant community. I have been twice elected to the Sunnyside School Board. I served under Councilman Steve Leal's discretion in the Tucson Storm water Committee. I have built and established connections with Councilman Steve Leal, been on the Fred Archer Center Board, built coalitions with "Big John" Miles (activist), Representative Raul Grijalva, Margo Cowan (Manzo Area Council), Sunnyside Ring of Honor, Board of Supervisor Richard Elias in opening Lawrence Park, Vice President of the Sunnyside Neighborhood Association with Becky Herrera and her father South Tucson Police Chief Sixto Molina, Tucson Police Department Police Chief Richard "Dickie" Molina, Pima Interfaith Council-served as a Catholic Representative-, United Farm Workers Pima County representatives Juan Araiza and Ramon Yslas, Irene Sanchez, "Cisco" Munoz (deceased) and Arcadio Gastelum of the Pascua Yaqui Tribe, Frank Romero of Nosotros, Inc., Frank Gonzalez and the late Pepe Barron, served as Sunnyside School Board Member and President and three time President of the Luz Southside Coalition. Vice President of the Placita Naranja/Valencia Neighborhood Association. WE NEED TO ADDRESS THE RURAL ECONOMIC CRISIS, THE NEXT PANDEMIC, UPGRADE INFRASTRUCTURE AND CONSERVE OUR NATURAL RESOURCES.

Personal Identifying Information for This Candidate:

Lewis David Araiza, Sr.

4224 S Kostka Avenue

Tucson, Az 85714

Email address: [REDACTED]

Age: 70 years young [REDACTED]

Educational Background:

Sunnyside High School Graduate (1972)

Pima College, University of Arizona, Arizona State (MSW 1981), and Oberlin College (B.A. 1976)

Employment Experience:

Taught at Salpointe High School/Gallego Intermediate School (Tucson), Gila Community College (Globe)

RECEIVED
APR 2 2025
PIMA COUNTY BOARD OF SUPERVISORS
FAM

Lewis (Luis) Araiza

7643 W Placita Naranja Tucson, AZ 85757

Long Distance from a land line

EDUCATIONAL EXPERIENCE:

- 1972-1976: Oberlin College Bachelor's in Liberal Arts Graduate
- 1978-1979: University of Arizona Master's in Bilingual Education Candidate
- 1979-1981: Arizona State University Master's in Social Work (Administration) Graduate

EMPLOYMENT HISTORY:

- 1976-1978 Salpointe High School English Teacher: Tucson, AZ
- Duties: Taught grades 9-12 English and Chicano Literature
- 1978-1982 Westside Mental Health (SMI) MSW: Tucson, AZ
- 1982-1983: La Frontera Center (SMI) MSW: Tucson, AZ
- 1983-1991: Nosotros Inc. Clinical Director: Tucson, AZ
- 1991-1994: Kino Hospital (SMI) Social Worker: Tucson, AZ
- 1994-2004: Tucson Unified Schools Social Worker: Tucson, AZ
- Duties: Served as a teacher's aid in all Special Education Scenarios
- 1997-1998: Cope Inc. Case Manager: Tucson, AZ
- 2004-2007: DES/CPS Social Worker: Tucson, AZ
- 2013-2014: Tucson Unified School Bus Driver: Tucson, AZ
- 2014-2015: Hope, Inc. Driver: Tucson, AZ
- 2014-2017 Ecuador/Mexico Missionary: Mex/Ecuador
- 2018-2019 Right at Home Caregiver: Tucson, AZ
- 2020-2021 Gallego 4-8 School Teacher Tucson, AZ
- Taught preschool through 8th grade classes all subjects
- 2021-2021 Los Ninos k-4 School Counselor Tucson, AZ
- Taught health classes from k through 6th grade
- 2021-2022 Dependable Health Svcs. Social Worker Tucson, AZ

SUBCONTRACT/PART-TIME/CONSULTANT WORK/POLITICAL OFFICE

- 1989-1999 Community Counseling Center Social Worker
- 1990-2000 Pascua Yaqui Tribe (Tribal) Social Worker
- 1995-1996 Pascua Yaqui Tribe Edu Dept. (grant) Consultant

- 1995-2003 PEPP, Luz Social Services, PPP
- 2002-2003 Gila Community College
- 1996-2002 Sunnyside School District

Social Worker

Professor

Elected Board Member

Pima County Board of Supervisors

Application for Adelita Grijalva's open position

This date of April 2, 2025

Reference: Letter of Interest

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Employment Experience:

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WMA
OFFICE OF THE COUNTY CLERK
PIMA COUNTY, ARIZONA

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Lewis David Araiza

Address: (Please note: this address is public information and not subject to redaction)

4224 S. Kostka Ave Tucson, AZ 85714

Public Office Held or Sought:

Pima County Board/Member of Supervisors

District / Division Number (if applicable):

District 5

Please check the appropriate box that reflects your service for this filing year:

- ☐ I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20__.
- ☐ I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- ☐ I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20__. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- ☒ I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of April 2024 to the month of April 2025.

VERIFICATION

By signing, I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

ISI

Lewis Araiza

Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

4-3-25

Date

A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.¹

1. Identification of Household Members and Business Interests

What to disclose: If you are married, is your spouse a member of your household? ☒ **Yes** ☐ **No** ☐ **N/A** (If not married/widowed, select N/A)

Are any minor children² members of your household? ☒ **Yes** (If yes, disclose how many 2) ☐ **No** ☐ **N/A** (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as the person(s) who correspond to your "yes" answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc. **Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.**

¹ If additional space is needed to report information on this Financial Disclosure Statement, please attach additional information as numbered exhibits.

² Minor children include children 18 years old and younger over whom you have joint or sole legal custody.

2. Sources of Personal Compensation *N/A gl*

What to disclose: In subsection (2)(a), provide the name and address of any employer and/or any other source of compensation who provided you or any member of your household more than \$1,000 (other than "Gifts") during the period covered by this report.³ Describe the nature of each and the type of services for which you or a member of your household were compensated.

Subsection (2)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁴ BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your, or a member of your household's, use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf. **You need not disclose** income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 12.

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁵ BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF

³ Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." A.R.S. § 38-541(2).

⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

⁵ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

3. Professional, Occupational, and Business Licenses

N/A ya

What to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement. This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 12 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

4. Personal Creditors

N/A gfa

What to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged. Otherwise, check the box for "N/A" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

None gfa

⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

5. Personal Debtors

N/A cja

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category.

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

None cja

⁸ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

6. Gifts

N/A ya

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below "You need not disclose" paragraph. A "gift" means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

Please note: the concept of a "gift" for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona's lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household's duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "gifts":

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona's intestate succession laws, not by will);
- Gift distributed from an *inter vivos* (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ WHO RECEIVED GIFTS OVER \$500	NAME OF GIFT DONOR

None for

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁰ HAVING THE REPORTABLE RELATIONSHIP	NAME AND ADDRESS OF BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER

I was not a member of a for-profit or non-profit organization, other than as vice-president of a 25 home community (D.R. Horton) for 3 months. The above disclosure items do not apply f.a.

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

What to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, check the box to indicate the value of the interest.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹¹ HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

N/A g.g.

¹¹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, check the box to indicate the approximate value of the bonds.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box whether the bonds were acquired or divested. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹² ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

N/A cfa

¹² You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

10. Real Property Ownership

What to disclose: Arizona real property (land and improvements), which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box to indicate whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹³ THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
Lewis Araiza	400 E. Birch Huachuca City, AZ .8 acre	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +	Date: 12-3-23 <input checked="" type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
Lewis Araiza	4224 S. Kostka Ave Tucson AZ 85714 .4 acre	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +	Date: 2020 <input checked="" type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
Anali Araiza	Bisbee / Double Adobe 10 acres	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +	Date: 2020 <input checked="" type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A <i>owned outright</i>

¹³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

11. Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or for which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

N. A. G.

A. BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

12. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; *and* (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

Please note: If the business was either controlled or dependent, check the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁴ OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

Please note: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business. If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

You need not disclose: The name of any major client, or the activities of any major client that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT (IF A BUSINESS)

N/A for

14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business. You must describe what your business provided to its major "source of compensation"* in the third column below. Also, if the "source of compensation" is a business, please describe the type of business activities it performs in the final column below (but if the "source of compensation" is an individual, write "N/A" for "not applicable" in the final column below).

If the dependent business is also a controlled business, disclose the business only in Question 13 above and leave this question blank.

You need not disclose: The name of any "source of compensation," or the activities of any "source of compensation" that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO SOURCE OF COMPENSATION	TYPE OF BUSINESS ACTIVITIES OF THE SOURCE OF COMPENSATION (IF A BUSINESS)

N/A *Jan*

* For this section, "source of compensation" is defined as a person or a business that accounts for more than \$10,000 and 50% of the dependent business' gross income during the reporting period.

15. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land and improvements), which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land. If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

N/A cja

16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

N/A cfa

17. Controlled or Dependent Business' Debtors

What to disclose: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also check the box to indicate the approximate value of the debt by financial category.

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁵ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

NA



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

Melissa Manriquez

Administration Division
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

CONFLICT OF INTEREST RECEIPT AND ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

- I have read the Arizona Agency Handbook, Chapter 8: Conflict of Interest applicable to Public Officers.
- I understand the obligation to file a Conflict of Interest Disclosure should I or my relative have a substantial interest in a matter that may come before me and agree not to participate in any manner in such matter.
- I understand that if I have any questions regarding this obligation at any time in the future, I will ask for an explanation from the Clerk of the Board's Office.

Luis Arango Lewis David Arango 4-3-25
Signature Name Date

RECEIVED
PAM

No conflict of interest at this time
or in future

CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO:

(Name and position of Public Agency Supervisor)

FROM:

(Name and position of employee or officer)

RE:

CONFLICT OF INTEREST DISCLOSURE PURSUANT TO
A.R.S. §§ 38-501 to -511

1. Identify the decision, case investigation, or other matter in which you or your relative may have a "substantial interest" under A.R.S. §§ 38-501 to -511.

2. Describe the "substantial interest" referred to above.

DO NOT WRITE IN THESE SPACES

25

Statement of Disqualification

To avoid any possible conflict of interest under A.R.S. §§ 38-501 to -511, I will refrain from participating in any manner in the matter identified above.

4-3-25
Date

[Signature]
Signature

Letter Of Interest

I Richard Hernandez a registered voter, democrat, reside at 317 W. Bilby Road, Tucson Az. 85706.

I am serving notice that I have met all the requirements there for I ask to be considered to fill the current vacancy on the Pima County Board of Supervisors, District # 5.

I pledge to only complete the current term. I will not seek election to this office.

I am retired for over 10 years. I live a modest life on a retirement pension from the State of Arizona, and Social Security. I am proud to share I am a debt free American.

My personal lifestyle is a proud married gay man. I fully embrace, enjoy our home and lives.

I will serve all residents in Pima County with a focus on my neighbors in District 5. I pledge to not be like the current supervisor who is exclusionary, marginalizes many of my neighbors in Pima County. My sense is a maximum of three consecutive terms, aged out after 70 is what is best for all Pima County.

I therefore submit my name as a dully qualified applicant to fill the current vacancy on the Pima County Board of Supervisors, District # 5.

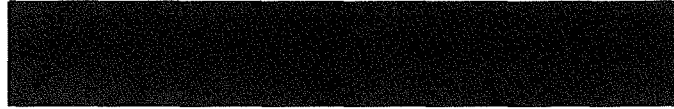


Richard Hernandez

Education and Community Advocate

WFB
06-10-770-06-0530-0632-00 287

Richard Hernandez



317 W. Bilby Road

Tucson Az. 85706



Work History:

I have been retired for over ten years.

I have spent my energy as a champion for students at PIMA college, Sunnyside schools, the City of South Tucson and LGBTQ+ communities.

RM

049 02 25402000 P000000000

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

RICHARD HERNANDEZ

Address: (Please note: this address is public information and not subject to redaction)

317 W. BABY RD TUCSON, AZ 85706

Public Office Held or Sought:

PIMA COUNTY BOARD OF SUPERVISORS

District / Division Number (if applicable):

DISTRICT #5

Please check the appropriate box that reflects your service for this filing year:

- ☐ I am a public officer filing this Financial Disclosure Statement covering the 12 months of calendar year 20__.
- ☐ I have been appointed to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- ☐ I am a public officer who has served in the last full year of my final term, which expires less than thirty-one days into calendar year 20__. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- ☒ I am a candidate for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of APRIL (24), to the month of APRIL (25)

VERIFICATION

By signing, I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

ISI

Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

Date

4-3-2025

OFFICE OF THE SECRETARY OF STATE

JAM

A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.¹

1. Identification of Household Members and Business Interests

What to disclose: If you are married, is your spouse a member of your household? ☒ Yes ☐ No ☐ N/A (If not married/widowed, select N/A)

Are any minor children² members of your household? ☐ Yes (If yes, disclose how many _____) ☒ No ☐ N/A (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as the person(s) who correspond to your "yes" answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc. **Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.**

Husband: Ricardo Leon-Hernandez

¹ If additional space is needed to report information on this Financial Disclosure Statement, please attach additional information as numbered exhibits.

² Minor children include children 18 years old and younger over whom you have joint or sole legal custody.

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), provide the name and address of any employer and/or any other source of compensation who provided you or any member of your household more than \$1,000 (other than "Gifts") during the period covered by this report.³ Describe the nature of each and the type of services for which you or a member of your household were compensated.

Subsection (2)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁴ BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
RICHARD HERNANDEZ	STATE OF ARIZONA RETIREMENT	NONE	RETIREMENT
	Social Security	NONE	RETIREMENT

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your, or a member of your household's, use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf. **You need not disclose** income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 12.

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁵ BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF
NONE			

³ Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." A.R.S. § 38-541(2).

⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

⁵ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

3. Professional, Occupational, and Business Licenses

What to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement. This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 12 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE
NONE			

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged. Otherwise, check the box for "N/A" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category.

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁸ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below "You need not disclose" paragraph. A "gift" means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

Please note: the concept of a "gift" for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona's lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household's duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "gifts":

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona's intestate succession laws, not by will);
- Gift distributed from an *inter vivos* (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ WHO RECEIVED GIFTS OVER \$500	NAME OF GIFT DONOR
NONE	

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁰ HAVING THE REPORTABLE RELATIONSHIP	NAME AND ADDRESS OF BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER
NONE		

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

What to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, check the box to indicate the value of the interest.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹¹ HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
NONE			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

¹¹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, check the box to indicate the approximate value of the bonds.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box whether the bonds were acquired or divested. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹² ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹² You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

10. Real Property Ownership

What to disclose: Arizona real property (land and improvements), which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box to indicate whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹³ THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

11.Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or for which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
NONE		<input type="checkbox"/> \$1000 - \$25,000
		<input type="checkbox"/> \$25,001 - \$100,000
		<input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000
		<input type="checkbox"/> \$25,001 - \$100,000
		<input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000
		<input type="checkbox"/> \$25,001 - \$100,000
		<input type="checkbox"/> \$100,001 +

A. BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

12. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; *and* (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

Please note: If the business was either controlled or dependent, check the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁴ OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
NONE		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

Please note: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business. If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

You need not disclose: The name of any major client, or the activities of any major client that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT (IF A BUSINESS)
NONE			

14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business. You must describe what your business provided to its major "source of compensation"* in the third column below. Also, if the "source of compensation" is a business, please describe the type of business activities it performs in the final column below (but if the "source of compensation" is an individual, write "N/A" for "not applicable" in the final column below).

If the dependent business is also a controlled business, disclose the business only in Question 13 above and leave this question blank.

You need not disclose: The name of any "source of compensation," or the activities of any "source of compensation" that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO SOURCE OF COMPENSATION	TYPE OF BUSINESS ACTIVITIES OF THE SOURCE OF COMPENSATION (IF A BUSINESS)
NONE			

* For this section, "source of compensation" is defined as a person or a business that accounts for more than \$10,000 and 50% of the dependent business' gross income during the reporting period.

15. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land and improvements), which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land. If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

17. Controlled or Dependent Business' Debtors

What to disclose: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also check the box to indicate the approximate value of the debt by financial category.

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁵ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

[Signature]

CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO:

(Name and position of Public Agency Supervisor)

FROM:

(Name and position of employee or officer)

RE:

CONFLICT OF INTEREST DISCLOSURE PURSUANT TO
A.R.S. §§ 38-501 to -511

1. Identify the decision, case investigation, or other matter in which you or your relative may have a "substantial interest" under A.R.S. §§ 38-501 to -511.

NGNF

2. Describe the "substantial interest" referred to above.

 $\frac{1}{8}N$

Statement of Disqualification

To avoid any possible conflict of interest under A.R.S. §§ 38-501 to -511, I will refrain from participating in any manner in the matter identified above.

Date _____

Signature



ANDRES CANO

April 4, 2025

Melissa Manriquez, Clerk of the Board
Pima County
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701

Dear Ms. Manriquez:

I am honored to formally submit my interest in the District 5 vacancy on the Pima County Board of Supervisors. **With over 15 years of experience in state and local government**, coupled with deep personal ties to District 5, I have the necessary expertise in **policy, budgeting, zoning, and negotiation** to fulfill the responsibilities of this role effectively.

The role of a Pima County Supervisor requires expertise in managing regional finances, guiding responsible **economic development, making informed land-use decisions, and overseeing essential services**—including public health, public safety, transportation infrastructure, parks, and libraries. Given the unprecedented **federal funding cuts** on the horizon, Pima County will face significant impacts to its operations, requiring careful planning, foresight, and strategic management. My **professional background** uniquely equips me to help guide the Board through these challenges and maintain the services that our community depends on.

My journey in **public service** began in District 5 as a Community Liaison and Policy Advisor to the late Supervisor Richard Elías. In that role, I worked directly with **residents and regional leaders**, overseeing **neighborhood** infrastructure projects, advancing **juvenile justice reform**, and analyzing the county's **annual budget** for seven consecutive cycles. This experience gave me firsthand insight into our neighborhoods' needs and sharpened my **fiscal responsibility** and **community engagement** skills.

As a three-term **Arizona State Representative**, representing a district that includes two-thirds of District 5 residents, I established a proven record of bipartisan negotiation. During my tenure as **House Minority Leader**, I successfully collaborated with Governor Hobbs and legislative colleagues to secure historic funding for **affordable housing**, expand **KidsCare** health coverage, and implement critical **water-conservation measures**. Additionally, I played a key role in negotiating the state's historic \$17.8 billion FY23 budget, demonstrating my ability to **deliver tangible results** at the highest levels of government.

RECEIVED
APR 10 2025
PIMA COUNTY CLERK

CANO – DISTRICT 5 LETTER OF INTEREST – CONTINUED

Currently, as the **City of Tucson's Director of Federal & State Relations**, I lead our legislative strategy, advocating for policies to enhance **economic opportunity, infrastructure investment, and water conservation**. I also oversee the city's **grants strategy**, securing essential funding aligned with our community's priorities. This role has strengthened my capacity to **engage policymakers strategically** and represent community interests—key functions that align closely with the duties of a County Supervisor.

Additionally, my **Master of Public Administration (MPA)** degree has further equipped me with **advanced training** in budgeting, strategic planning, data-driven policy analysis, and ethical leadership. These skills enable me to respond thoughtfully to complex policy challenges and **efficiently manage public resources** to benefit all Pima County residents.

I certify that I fully meet all statutory eligibility requirements for this vacancy: I am a resident within District 5's boundaries, over 18 years of age, literate in English, a registered voter, and a registered Democrat.

I look forward to engaging with the Board of Supervisors and the community to discuss how my qualifications and deep connection to District 5 align with the Board's vision and priorities. **I am committed to demonstrating why my experience, training, and passion for public service uniquely position me to serve our community effectively as District 5 Supervisor.**

Thank you for your consideration.

Sincerely,



Andrés Cano

20 South Stone, Apt. 314
Tucson, Arizona 85701



Statement from ✓Andrés Cano on District 5 Supervisor Vacancy

I am excited to announce my candidacy for the District 5 vacancy on the Pima County Board of Supervisors.

District 5 is where I was born and raised. It's where I learned the values of community, compassion, and effective leadership. My public service began through a deeply personal experience—the loss of my grandmother, Rosa, to prolonged beryllium exposure at the manufacturing plant where she worked a minimum-wage job. Her death and the subsequent support from environmental advocates lit a fire in me to create change—to safeguard workers, protect our schools and families, and build a future where we can all afford to live.

I've spent over 15 years in public service, starting as a policy advisor to the late Supervisor Richard Elías, where I worked closely with District 5 residents and neighborhoods. Motivated by the Red for Ed movement in 2018, I ran for the Arizona House of Representatives and was elected three times, representing two-thirds of District 5 throughout my legislative service. As the House Minority Leader, I worked with Governor Hobbs to secure historic funding for affordable housing, expand KidsCare, and conserve Arizona's water resources.

District 5 needs a leader with the knowledge and commitment to deliver results—that's why I'm stepping up to continue serving the community I love.

The Board of Supervisors is responsible for the region's public safety, economic development, transportation, land use, public health, parks, libraries, and more. With unprecedented federal cuts from the Trump Administration and Elon Musk already jeopardizing our quality of life, local government is our first line of defense. I am equipped to provide the strong, compassionate leadership needed to fight for the services that matter most to Pima County.

I look forward to meaningful conversations with the Board and residents of District 5 in the days ahead. I am committed to demonstrating why my trusted experience and deep dedication to helping others uniquely position me to serve as County Supervisor.

Lastly, I want to thank Supervisor Adelita Grijalva for her leadership and commitment to Pima County. Her legacy and impact will continue to guide us as we move forward.

In community,

Andrés





DELIVERING RESULTS

- Experienced public policy expert focused on state and local governments, legislative advocacy, and stakeholder engagement
- Innovative leader in public sector management, including budgeting, human resources, and research
- Trusted community advocate dedicated to strategic partnerships, constituent outreach, and capacity-building
- Effective communicator with broad experience in media relations, public affairs, and digital organizing



TRUSTED LEADER

Richard Elias Public Servant Award,
Southern Arizona AIDS Foundation,
2023

Congressional Hispanic Caucus
Institute Young Alumnus of the Year,
2020

Harvard Kennedy School, Executive
Education, State & Local Leaders
Program, 2019

40 Under 40, Tucson Hispanic
Chamber of Commerce, 2017

Emerging Leader of the Year,
Equality Arizona, 2016

Gabe Zimmerman Emerging Leader
of the Year, Center for the Future of
Arizona, 2016

Hank Oyama Community Leadership
Award, Amistades, Inc., 2015

ANDRES CANO

He/Him/His



EDUCATION

- Class of 2024 Harvard Kennedy School Cambridge, MA
Master in Public Administration
Fellow, Roy & Lila Ash Fellowship in Democracy
- Class of 2014 Arizona State University Phoenix, Arizona
Bachelor of Arts in Journalism & Mass Communication



PROFESSIONAL EXPERIENCE

June 2024 City of Tucson Tucson, Arizona
Present Director of Federal & State Relations

- Spearhead the City's efforts in engaging with federal, state, and local governments to advocate for policies that benefit the City of Tucson
- Develop and execute legislative strategies that align with the City's priorities, ensuring proactive engagement with policymakers
- Craft policy proposals and legislative recommendations for the Mayor & Council, ensuring alignment with the City's strategic goals
- Oversee federal and state lobbying contracts, ensuring representation is aligned with the City's objectives and delivering measurable results
- Collaborate with various City departments to ensure a unified approach to legislative and regulatory advocacy, enhancing the City's overall influence and effectiveness.
- Establish and nurture relationships with key stakeholders, including government agencies, private-sector leaders, and non-profits, to advance City initiatives

July 2023 Arizona House of Representatives Tucson, Arizona

Nov 2018 Minority Leader & State Representative, District 20

- Served as the chief spokesperson for the House Democratic Caucus
- Led legislative advocacy and strategy with the governor's office and majority party
- Negotiated a historic \$17.8 billion state budget for FY '24
- Managed and assigned duties for the Democratic Chief of Staff.
- Directed all minority caucus functions, including staffing, budgeting, committee activity, bill introduction, calendars, media relations, and floor activity
- Researched legislation and collaborated with stakeholders to support or oppose bills
- Maintained relationships with elected officials and government leaders.
- Oversaw district outreach and constituent casework
- Secured major financial investments for the party's legislative campaign committee
- Served on the House Committees on Natural Resources, Energy & Water, and Ways & Means



PROFESSIONAL EXPERIENCE – CONTINUED

ANDRES CANO

June 2023 **Community Foundation for Southern Arizona**

Tucson, Arizona

June 2020 **Director, LGBTQ+ Alliance Fund**

- Doubled the fund's annual grantmaking in Pima County
- Secured high-impact gifts, tripling the Fund's permanent endowment
- Developed cultivation strategies for donors and prospect
- Created the Fund's annual operating budget for board approval
- Supported Advisory Board Chair in meetings, committee functions, and correspondence
- Managed all external communications, including newsletters, the annual impact report, and fundraising appeals
- Collaborated with Foundation leadership to align with the strategic plan
- Convened regional LGBTQ+ stakeholders to advance public policy initiatives

Jan 2019 **Pima County**

Tucson, Arizona

July 2012 **Senior Aide & Community Liaison to Board Chairman Richard Elias**

- Advised the Chairman on the County Administrator's budget (7 cycles, \$1B+ annually)
- Led intergovernmental affairs with local, state, and federal offices
- Researched policy impacts, including adoption of paid parental leave
- Managed Chairman's schedule and maintained district presence
- Directed neighborhood association outreach and partnerships
- Engaged with stakeholders monthly to align on Board policy objectives
- Liaised with the County Supervisors Association on the Chairman's behalf
- Supervised office's summer internship program, including recruitment and management
- Handled district constituent relations, casework, event logistics, and public-private partnerships
- Enhanced digital/social media presence to boost brand identity and earned media
- Led community health initiatives, including HIV/AIDS prevention, juvenile justice reform, and infrastructure improvements



PROFESSIONAL SKILLS

- | | | |
|--------------------------------|---|---------------------------------|
| • Negotiation | • Marketing development | • Fundraiser |
| • Conflict & crisis management | • Policy analysis | • Non-profit management |
| • Evidence-based evaluation | • Strategic planning | • Board governance |
| • Outcome-driven planning | • Media relations | • Board recruitment & retention |
| • Budget analysis | • Video & podcast editing | • Project execution |
| • Coalition-building | • Political Action Committee (PAC) Finance Compliance | • Data analysis |



ACADEMIC HONORS

- Fellow, Roy & Lila Ash Fellowship in Democracy, Harvard Kennedy School, 2014
- Matthew Shepard Scholar, AT&T League Foundation, 2009
- Bill & Melinda Gates Millennium Scholar, Hispanic Scholarship Fund, 2009
- Scholar, Congressional Hispanic Caucus Institute, 2009
- President's Scholar, Arizona State University, 2009
- Flinn Finalist Scholar, Arizona State University, 2009
- Obama Scholar, Arizona State University, 2009



REFERENCES

- Sharon O'Brien, Literacy Connects, Executive Director, (520) 975-9970, sobrien@literacyconnects.org
- Dr. Mary Jo Ghory, MD, [REDACTED]

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Andrés Cano

Address: (Please note: this address is public information and not subject to redaction)

20 S. Stone Avenue, Apt. 314, Tucson, Arizona 85701

Public Office Held or Sought:

Pima County Supervisor

District / Division Number (if applicable):

District 5

Please check the appropriate box that reflects your service for this filing year:

- ☐ I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20__.
- ☐ I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- ☐ I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20__. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- ☒ I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of April 4, 2024, to the month of April 4, 2025.

VERIFICATION

By signing, I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

/s/

Andrés Cano

Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

4-4-25

Date

A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.¹

1. Identification of Household Members and Business Interests

What to disclose: If you are married, is your spouse a member of your household? ☐Yes ☐No ☐N/A (If not married/widowed, select N/A)

Are any minor children² members of your household? ☐Yes (If yes, disclose how many____) ☒No ☐N/A (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as the person(s) who correspond to your "yes" answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc. **Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.**

¹ If additional space is needed to report information on this Financial Disclosure Statement, please attach additional information as numbered exhibits.

² Minor children include children 18 years old and younger over whom you have joint or sole legal custody.

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), provide the name and address of any employer and/or any other source of compensation who provided you or any member of your household more than \$1,000 (other than "Gifts") during the period covered by this report.³ Describe the nature of each and the type of services for which you or a member of your household were compensated.

Subsection (2)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁴ BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
Andrés Cano	City of Tucson, 255 W. Alameda St., #2	Government	Director of Federal & State Relations

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your, or a member of your household's, use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf. **You need not disclose** income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 12.

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁵ BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF

³ Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." A.R.S. § 38-541(2).

⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

⁵ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

3. Professional, Occupational, and Business Licenses

What to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement. This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 12 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged. Otherwise, check the box for "N/A" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
Andrés Cano	U.S. Department of Education P.O. Box 69184	Date: 06-30-24 <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category.

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below "You need not disclose" paragraph. A "gift" means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

Please note: the concept of a "gift" for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona's lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household's duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "gifts":

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona's intestate succession laws, not by will);
- Gift distributed from an *inter vivos* (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ WHO RECEIVED GIFTS OVER \$500	NAME OF GIFT DONOR

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁰ HAVING THE REPORTABLE RELATIONSHIP	NAME AND ADDRESS OF BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER
Andrés Cano	Rural Community Assistance Corporation, 3120	Board of Directors
Andrés Cano	El Rio Health Center Foundation, 450 W Paseo	Board of Directors
Andrés Cano	Literacy Connects, 200 E Yavapai Rd, Tucson,	Board of Directors

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

What to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, check the box to indicate the value of the interest.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹¹ HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Andrés Cano	Empower Investments, 8515 E. Orchard Road, Greenwood Village, CO 80111	Retirement Account	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

¹¹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, check the box to indicate the approximate value of the bonds.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box whether the bonds were acquired or divested. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹² ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹² You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

10. Real Property Ownership

What to disclose: Arizona real property (land and improvements), which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box to indicate whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹³ THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

11. Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or for which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

A. BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

12. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; *and* (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

Please note: If the business was either controlled or dependent, check the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁴ OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

Please note: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business. If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

You need not disclose: The name of any major client, or the activities of any major client that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT (IF A BUSINESS)

14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business. You must describe what your business provided to its major "source of compensation"* in the third column below. Also, if the "source of compensation" is a business, please describe the type of business activities it performs in the final column below (but if the "source of compensation" is an individual, write "N/A" for "not applicable" in the final column below).

If the dependent business is also a controlled business, disclose the business only in Question 13 above and leave this question blank.

You need not disclose: The name of any "source of compensation," or the activities of any "source of compensation" that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO SOURCE OF COMPENSATION	TYPE OF BUSINESS ACTIVITIES OF THE SOURCE OF COMPENSATION (IF A BUSINESS)

* For this section, "source of compensation" is defined as a person or a business that accounts for more than \$10,000 and 50% of the dependent business' gross income during the reporting period.

15. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land and improvements), which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land. If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

17. Controlled or Dependent Business' Debtors

What to disclose: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also check the box to indicate the approximate value of the debt by financial category.

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁵ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

Melissa Manriquez

Administration Division
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

CONFLICT OF INTEREST RECEIPT AND ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

- I have read the Arizona Agency Handbook, Chapter 8: Conflict of Interest applicable to Public Officers.
- I understand the obligation to file a Conflict of Interest Disclosure should I or my relative have a substantial interest in a matter that may come before me and agree not to participate in any manner in such matter.
- I understand that if I have any questions regarding this obligation at any time in the future, I will ask for an explanation from the Clerk of the Board's Office.

Andrés Cano

Andrés Cano

4-4-25

Signature

Name

Date

RECEIVED
APR 4 2025
PIMA COUNTY CLERK OF THE BOARD

CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO: Pima County, c/o Clerk of the Board
(Name and position of Public Agency Supervisor)

FROM: Andrés Cano
(Name and position of employee or officer)

RE: CONFLICT OF INTEREST DISCLOSURE PURSUANT TO
A.R.S. §§ 38-501 to -511

1. Identify the decision, case investigation, or other matter in which you or your relative may have a "substantial interest" under A.R.S. §§ 38-501 to -511.

N/A

2. Describe the "substantial interest" referred to above.

N/A

Statement of Disqualification

To avoid any possible conflict of interest under A.R.S. §§ 38-501 to -511, I will refrain from participating in any manner in the matter identified above.

4-4-25
Date

Andrés
Signature

April 5, 2025

Pima County Board of Supervisors
33 N. Stone Avenue
Tucson, Arizona 85701

Dear Pima County Board of Supervisors,

I am interested in being appointed to fill the District 5 Supervisor position left vacant by the resignation of the esteemed Adelita Grijalva.

I live in District 5 and meet all the other qualifications to be considered for the vacant board position. Importantly, I possess the integrity, love of place, and keen awareness of local and regional issues to carry out the responsibilities of the position and faithfully represent the people of District 5. I have lived in this beautiful region for over 15 years, and I believe in the role of government in stewarding our environment, fostering economic vitality, and providing essential services for the common good. As Supervisor, I would make informed decisions that reflect the values, address the needs, and ensure a prosperous future of our Pima County community.

I cherish the natural resources that Pima County Government is entrusted with stewarding. I arrived in Tucson as a student, and I stayed for the opportunity to make a life with ready access to what drew me out here in the first place – the natural beauty, the hiking trails and the vibrant culture. On both a personal and professional level, I am aware of the extensive work done by many county departments to steward our community's parks, conservation lands, waters and other natural resources. As a regular user of amenities such as The Chuck Huckelberry Loop and parks such as Tucson Mountain Park, I have benefitted from the conservation and community-minded decisions from County government that have made these amenities possible for me and so many others. And as Supervisor, I would be steadfast in my support for these and all other natural resources that are integral to the health of our community and to the vitality of the regional economy. As a community, we have a lot to be proud of when it comes to conservation and protection of our unique desert environment, but there are also many challenges. As a board member, I would bring to bear my education as a scientist and my work experience in natural resources management and environmental compliance to make informed decisions that build upon past conservation achievements and continue the work of making Pima County a desirable place to live.

Since my arrival so many years ago, I have set roots and am now raising a family in this community. I intend to call this place home for the rest of my life, and I want our natural environment, our economy and all segments of our community to have the conditions and opportunities to thrive. I feel privileged that my present circumstances allow me to live a life with

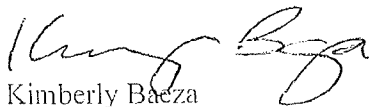

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dignity and provide for my family. However, every day I am reminded that there are too many in our community for whom challenges exist to access health care, affordable housing, affordable childcare, and even safety. Should I be so fortunate as to have the opportunity to represent District 5 on the board, I will work tirelessly to find solutions to the many challenges in our community. I will work with community organizations, businesses, and other governments to find and implement solutions to the many challenges facing our community. Strong communities are made strong by people. And I believe that local government should allocate resources and make decisions for the well-being of people and community.

Our community and our nation are in perilous times. We face many challenges, including among them the questioning of the role of governments in addressing community needs. As a local government, however, Pima County has a wealth of resources and expertise that I have been heartened to see put to good effect. There is no doubt that in some areas more needs to be done to strengthen trust, but overall, I firmly believe that Pima County Government has stood up to the task of protecting our environment, provisioning services such as wastewater treatment, protecting public health, and supporting efforts by community groups to strengthen the social fabric of our community. If appointed to be District 5 Supervisor, I commit to making decisions that continue to build on the great work being done within Pima County. I also commit to doing the work of evaluating existing approaches and considering new approaches that may yield better outcomes. Importantly, I commit to meeting with the community of District 5 and making decisions that are informed by reality and fairness.

It would be the honor of a lifetime to be considered for this consequential appointment. As evident from my background, I am not trained in politics. I am trained in science, in community and in service. I believe in our shared responsibility to take care of one another, and I believe in the responsibility of the government to provide basic services in an ethical, accountable, and efficacious manner.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly Baeza', written in a cursive style.

Kimberly Baeza

Kimberly Baeza

Tucson, Arizona ♦ [REDACTED]

Employment History

PIMA COUNTY REGIONAL WASTEWATER RECLAMATION DEPT -- Tucson, AZ
Permit and Regulatory Compliance Officer, July 2022 - Present

PIMA COUNTY REGIONAL WASTEWATER RECLAMATION DEPT -- Tucson, AZ
Hydrologist, March 2020 -- July 2022

PIMA COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY -- Tucson, AZ
Environmental Compliance Specialist, April 2016 -- March 2020

PIMA COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY -- Tucson, AZ
Environmental Analyst, March 2015 -- April 2016

PIMA COUNTY REGIONAL WASTEWATER RECLAMATION DEPT - Tucson, AZ
Wastewater Laboratory Chemist, October 2013 - March 2015

PIMA COUNTY REGIONAL WASTEWATER RECLAMATION DEPT - Tucson, AZ
Wastewater Laboratory Technician, April 2013 - September 2013

PIMA COUNTY PUBLIC LIBRARY - Tucson, AZ
Computer Instructor, September 2012 - April 2013

PRESCOTT COLLEGE - Prescott, AZ
Adjunct Instructor, Summer 2012

UNIVERSITY OF ARIZONA - Tucson, AZ
Research Assistant, January - February 2012

UNIVERSITY OF ARIZONA - Tucson, AZ
Graduate Research Assistant, August 2009 - May 2011

ENVIRONMENTAL DEFENSE FUND - Presidio, TX
Summer Intern, 2007

TEXAS PARKS AND WILDLIFE DEPARTMENT -- Davis Mountains State Park
Summer Intern, Summer 2004 & 2006

Publications

Kimberly Baeza, L. Lopez-Hoffman, E. P. Glenn, K. Flessa & J. Garcia-Hernandez. Salinity limits of vegetation in Cienega de Santa Clara, an oligotrophic marsh in the delta of the Colorado River, Mexico: Implication for a salinity increase. Ecological Engineering. Available 26 September 2012.

Education

UNIVERSITY OF ARIZONA - Tucson, AZ

MS Renewable Natural Resources, 2011

GPA: 3.53/4.0

TEXAS A&M UNIVERSITY - College Station, TX

BS Biology, 2008

GPA: 3.59/4.0

Fellowships

Science Foundation Arizona Fellowship, 2009-2011

Gates Millennium Scholar, 2009-2011

Foreign Language and Areas Studies Fellowship, 2011

Languages

Spanish — fluent

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Kimberly V. Baeza

Address: (Please note: this address is public information and not subject to redaction)

1133 W. Cedar Street Tucson, AZ 85745

Public Office Held or Sought:

Pima County Board of Supervisors-District 5

District / Division Number (if applicable):

District 5

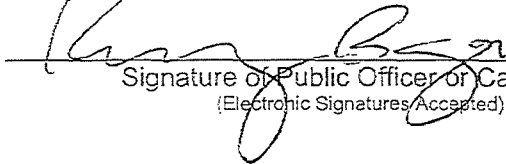
Please check the appropriate box that reflects your service for this filing year:

- ☐ I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20__.
- ☐ I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- ☐ I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20__. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- ☒ I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of March 2024, to the month of March 2025.

VERIFICATION

By signing, I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

/s/



Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

April 5, 2025

Date

OFF OF PERMANENT RECORDS



A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.¹

1. Identification of Household Members and Business Interests

What to disclose: If you are married, is your spouse a member of your household? ☐ Yes ☐ No ☒ N/A (If not married/widowed, select N/A)

Are any minor children² members of your household? ☒ Yes (If yes, disclose how many 2) ☐ No ☐ N/A (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as the person(s) who correspond to your "yes" answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc. **Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.**

¹ If additional space is needed to report information on this Financial Disclosure Statement, please attach additional information as numbered exhibits.

² Minor children include children 18 years old and younger over whom you have joint or sole legal custody.

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), provide the name and address of any employer and/or any other source of compensation who provided you or any member of your household more than \$1,000 (other than "Gifts") during the period covered by this report.³ Describe the nature of each and the type of services for which you or a member of your household were compensated.

Subsection (2)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁴ BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
Kimberly Baeza	Pima County 150 W. Congress Tucson, AZ	local government	professional staff

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your, or a member of your household's, use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf. **You need not disclose** income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 12.

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁵ BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF

³ Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." A.R.S. § 38-541(2).

⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

⁵ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

3. Professional, Occupational, and Business Licenses

What to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement. This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 12 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE
<u> </u>	<u> </u>	<u> </u>	<u> </u>

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

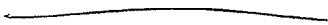
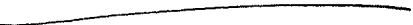
4. Personal Creditors

What to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged. Otherwise, check the box for "N/A" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category.

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
<u> </u>	<u> </u>	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁸ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below "You need not disclose" paragraph. A "gift" means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

Please note: the concept of a “gift” for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona’s lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household’s duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as “gifts”:

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona's intestate succession laws, not by will);
- Gift distributed from an *inter vivos* (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ WHO RECEIVED GIFTS OVER \$500	NAME OF GIFT DONOR

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁰ HAVING THE REPORTABLE RELATIONSHIP	NAME AND ADDRESS OF BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER
Kimberly V. Baeza	The Kimberly V. Baeza Living Trust	Trustor, trustee

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

What to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, check the box to indicate the value of the interest.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹¹ HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Kimberly V. Baeza	Arizona State Retirement System	defined benefit plan	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
Kimberly V. Baeza	Wealthfront 261 Hamilton Ave Palo Alto, CA 94301	bonds	<input type="checkbox"/> \$1000 - \$25,000 <input checked="" type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Kimberly V. Baeza	Vanguard PO Box 982901 El Paso TX 79948	ETFs	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Kimberly V. Baeza	Fidelity	529 Plan	\$1000 - 25,000
Kimberly V. Baeza	New York Life	retirement fund	\$25,000 - 100,000
Kimberly V. Baeza	Nationwide	457 retirement	\$1,000 - \$25,000

¹¹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, check the box to indicate the approximate value of the bonds.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box whether the bonds were acquired or divested. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹² ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹² You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

10. Real Property Ownership

What to disclose: Arizona real property (land and improvements), which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box to indicate whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹³ THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

11. Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or for which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

A. BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

12. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; *and* (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

Please note: If the business was either controlled or dependent, check the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁴ OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

Please note: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business. If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

You need not disclose: The name of any major client, or the activities of any major client that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT (IF A BUSINESS)

14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business. You must describe what your business provided to its major "source of compensation"* in the third column below. Also, if the "source of compensation" is a business, please describe the type of business activities it performs in the final column below (but if the "source of compensation" is an individual, write "N/A" for "not applicable" in the final column below).

If the dependent business is also a controlled business, disclose the business only in Question 13 above and leave this question blank.

You need not disclose: The name of any "source of compensation," or the activities of any "source of compensation" that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO SOURCE OF COMPENSATION	TYPE OF BUSINESS ACTIVITIES OF THE SOURCE OF COMPENSATION (IF A BUSINESS)

* For this section, "source of compensation" is defined as a person or a business that accounts for more than \$10,000 and 50% of the dependent business' gross income during the reporting period.

15. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land and improvements), which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land. If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

17. Controlled or Dependent Business' Debtors

What to disclose: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also check the box to indicate the approximate value of the debt by financial category.

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁵ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

Melissa Manriquez

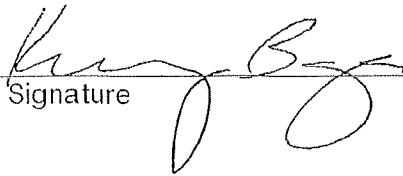
Administration Division
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

CONFLICT OF INTEREST RECEIPT AND ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

- I have read the Arizona Agency Handbook, Chapter 8: Conflict of Interest applicable to Public Officers.
- I understand the obligation to file a Conflict of Interest Disclosure should I or my relative have a substantial interest in a matter that may come before me and agree not to participate in any manner in such matter.
- I understand that if I have any questions regarding this obligation at any time in the future, I will ask for an explanation from the Clerk of the Board's Office.


Signature

Kimberly V. Baeza
Name

04/07/2025
Date

OFFICE OF THE CLERK OF THE BOARD

CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO: _____
(Name and position of Public Agency Supervisor)

FROM: _____
(Name and position of employee or officer)

RE: CONFLICT OF INTEREST DISCLOSURE PURSUANT TO
A.R.S. §§ 38-501 to -511

1. Identify the decision, case investigation, or other matter in which you or your relative many have a "substantial interest" under A.R.S. §§ 38-501 to -511.

2. Describe the "substantial interest" referred to above.

Statement of Disqualification

To avoid any possible conflict of interest under A.R.S. §§ 38-501 to -511, I will refrain from participating in any manner in the matter identified above.

Date

Signature

APR 07 2010 10:11 AM

Cynthia Sosa Ontiveros
622 E. Linden St
Tucson, AZ 85705

April 7, 2025

Pima County Board of Supervisors
130 W. Congress St., 11th Floor
Tucson AZ 85701

Dear members of the Pima County Board of Supervisors,
I am writing to formally express my interest in the vacant District 5 seat on the Pima County Board of Supervisors. As a proud immigrant born in Mexico and raised in the border town of El Paso, Texas, I bring a lived understanding of the cultural and economic interdependence that defines our border region. This unique perspective, combined with my longstanding commitment to community service, drives my passion for building a stronger, more equitable Pima County.

Over the years, I've been deeply involved in a wide range of philanthropic and community-centered efforts across Southern Arizona—from mentoring and education initiatives to equity-focused leadership development. These collective efforts were recognized by the Tucson Hispanic Chamber of Commerce in 2024, when I was honored as both a *40 Under 40* award recipient and *Woman of the Year*. These honors reflect not just individual contributions, but a broader commitment to collaboration and advocacy that uplifts the people and places I care about most.

A key aspect of the Board of Supervisors' role is managing budgets and leading teams—responsibilities I've directly handled as part of my United Way campaign leadership at Texas Instruments. I began as a co-chair and grew into the chair role, where I built and led a team of 10 employees to plan, budget, and execute a multi-week campaign that engaged an office of over 400 people. Through thoughtful strategy and community-building, we consistently achieved more than 40% participation and secured over \$60,000 in pledges annually. That hands-on experience in fiscal responsibility, collaboration, and grassroots organizing makes me confident in my ability to serve effectively on the Board.

I believe the Board of Supervisors holds a unique opportunity to champion policies that improve lives—from affordable housing and public health to environmental sustainability and economic justice. I am particularly passionate about infrastructure—how it connects our communities, expands access to opportunity, and lays the foundation for long-term regional growth. But my vision is not limited to one area: I believe in addressing the full range of challenges and possibilities before us with bold, collaborative, and compassionate leadership.

With a background rooted in community-driven solutions and a deep belief in the power of public service, I would be honored to bring my experience and voice to the Board of Supervisors. Thank you for your time and consideration. I look forward to the opportunity to further share my vision for District 5 and our greater community.

With respect and gratitude,
Cynthia Abril Sosa Ontiveros

CYNTHIA SOSA, MSE

EXPERIENCE

Texas Instruments Inc., Tucson, AZ

Feb 2015 – Present

Product Marketing Engineer, High Voltage Amplifiers

Sept 2024 – Present

Strategic Business Recovery: Spearheaded the development and execution of a comprehensive strategic plan to revitalize the test and measurement sector. Initiatives included creating targeted technical collateral, cultivating relationships with key field teams and customers, driving regionally focused strategies, and restructuring pricing models to enhance competitiveness and profitability.

Leadership in Portfolio Development: Collaborated with product definer to identify portfolio gaps and prioritize device development within the high-reliability portfolio segment. Influenced product roadmaps to align with emerging market needs and customer feedback.

Aerospace and Defense Sector Advocacy: Leveraged technical expertise and established relationships in the aerospace and defense industry to develop impactful training materials for field teams. These efforts increased customer mindshare and uncovered new business opportunities, contributing to sustained growth in the sector.

Cross-functional Collaboration: Acted as a liaison between engineering, sales, and marketing teams to ensure alignment on business objectives. Provided mentorship to junior team members and facilitated knowledge-sharing sessions to promote a culture of continuous improvement.

Data-driven Decision Making: Utilized market data and competitive analysis to refine strategies, identify untapped opportunities, and enhance the value proposition of high-voltage amplifier products.

Results-Oriented Execution: Demonstrated the ability to balance strategic thinking with hands-on execution, consistently delivering measurable outcomes that align with organizational goals.

Product Marketing Engineer, Precision Amplifiers

Jan 2022 – Sept 2024

Portfolio Revitalization and Strategic Growth: Designed and executed a comprehensive strategic plan to revitalize the Instrumentation Amplifier portfolio after two years of inattention. Initiatives included implementing coherent competitive pricing, enhancing online presence through updated web pages and targeted product placements, and developing region-specific strategies. These efforts resulted in over 10% YoY revenue growth, surpassing market and product line performance.

Successful Product Launch Management: Orchestrated the release of a new device family through the creation of technical content, scalable promotional strategies targeting mass market accounts, and comprehensive training for field teams. Achieved a business trifecta within three quarters, showcasing an ability to deliver impactful product introductions.

High-Reliability Portfolio Development: Partnered with system engineers to generate interest in the high-reliability portfolio. Cultivated relationships with key field teams and facilitated crucial customer visits, directly influencing the development of two new devices.

Intern Mentorship and Project Leadership: Designed and executed a developmental project plan for a summer intern, focusing on the PGA portfolio segment. Guided the intern to become a subject matter expert on a new tool, increasing her confidence and technical acumen. Delivered technical collateral and competitive analysis with measurable positive impacts on the product line.

Cross-functional Leadership: Fostered collaboration across teams, aligning engineering, marketing, and sales efforts to optimize project outcomes. Demonstrated a hands-on leadership approach, mentoring team members and driving initiatives that support both short-term objectives and long-term strategic goals.

Applications Engineer, Precision ADC

Feb 2016 – Jan 2022

Technical Expertise: Served as technical expert for low-power SAR ADC portfolio with extensive knowledge of high-voltage integrated analog front-ends, precision SAR ADCs, Sigma Delta ADCs, and voltage references.

Revenue Protection: Successfully defended \$10 million in annual revenue by resolving a performance discrepancy on a legacy space device. Led a two-year technical project encompassing device functionality analysis, internal software and hardware development, evaluation planning, internal and external communication, marketing alignment, and comprehensive reporting.

Aerospace and Defense Support: Gained significant experience working with aerospace and defense customers, ensured compliance and effective communication to support specialized needs effectively.

Product Launch Support: Contributed to five new product releases: designing evaluation boards, creating user guides, and producing promotional technical documentation to ensure successful market entry.

Demand Creation: Collaborated with marketing and system engineers on competitive analysis, field team training, and early design-in support for new products, contributing to successful product adoption.

Published Contributions: Authored articles in the Analog Design Journal and internal publications, including content on ADC power savings, sensor input circuits, and high-voltage AFE designs. Presented at internal events, Tech Days, and external conferences like Sensor Expo.

Customer-Focused Solutions: Provided prompt customer support, including schematic and PCB layout reviews, debugging, and on-site assistance. Delivered application-specific solutions.

Mentorship: Mentored five full-time rotating engineers, focusing on career development and technical project guidance to support their growth.

United Way Campaign Chair & Committee Member

2019 – Present

- Designed and expanded annual campaigns to include diverse, inclusive, and impactful events, increasing engagement and participation
- Grew the campaign team from 2 to 6 members, fostering collaboration and scaling the initiative's reach.
- Instrumental in achieving company accolades (2023), and Bronze Company Award (2024).
- Recognized by United Way of Southern Arizona as the Young Leader United Company of the Year (2020) for innovative and meaningful outreach initiatives

New Employee Network

Chair (2018–2021), Philanthropic Chair (2017)

- Led board in developing engaging technical programming, social and philanthropic events, and career development initiatives for new employees, enhancing retention and satisfaction.
- Organized impactful events, including annual Precision Labs presentations, Girl's Day, round table with company leaders, and onboarding initiatives like the "Buddies" program.
- Achieved a 98% summer intern return acceptance rate by creating a targeted summer program focused on integration and career development
- Advocated for STEM education through collaborations with organizations such as Girl Scouts and local MESA groups.

EDUCATION

Arizona State University (ASU)

Graduated May 2021

Master of Science in Engineering, Electrical with concentration in Electronic and Mixed-Signal Circuit Design

The University of Texas at El Paso (UTEP)

Graduated May 2014

Bachelor of Science in Electrical Engineering with concentration in Fields, Electronics, and Devices

KEY COMPETENCIES

Analog Circuit Design	Industry Interface standards (I2C, I3C, SPI, Parallel)	Hands-on lab equipment
Technical Writing	Troubleshooting and Debugging	Test and Characterization
Public Speaking	Altium PCB Design Software	Spice Simulation
Data Analysis	Leadership through Initiative	Spotfire

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Cynthia Abril Sosa Ontiveros

Address: (Please note: this address is public information and not subject to redaction)

622 E. Linden St.

Public Office Held or Sought:

Board of Supervisors

District / Division Number (if applicable):

District 5

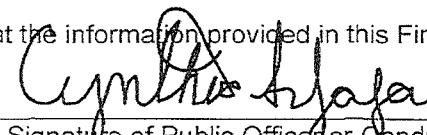
Please check the appropriate box that reflects your service for this filing year:

- ☐ I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20__.
- ☐ I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- ☐ I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20__. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- ☒ I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of March 2024, to the month of March 2025.

VERIFICATION

By signing, I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

ISI



Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

April 7, 2025

Date

A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.¹

1. Identification of Household Members and Business Interests

What to disclose: If you are married, is your spouse a member of your household? ☒ **Yes** ☐ **No** ☐ **N/A** (If not married/widowed, select N/A)

Are any minor children² members of your household? ☐ **Yes** (If yes, disclose how many____) ☐ **No** ☒ **N/A** (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term "member of your household" or "household member" will be defined as the person(s) who correspond to your "yes" answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc. **Please note that if you choose to identify your spouse or minor children by name, the Secretary of State's Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.**

¹ If additional space is needed to report information on this Financial Disclosure Statement, please attach additional information as numbered exhibits.

² Minor children include children 18 years old and younger over whom you have joint or sole legal custody.

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), provide the name and address of any employer and/or any other source of compensation who provided you or any member of your household more than \$1,000 (other than "Gifts") during the period covered by this report.³ Describe the nature of each and the type of services for which you or a member of your household were compensated.

Subsection (2)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁴ BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
Self	Texas Instruments Inc. 251 S Williams Blvd, Tucson, AZ 85711	Semiconductor manufacturing	Salary employee
Spouse	Ardurra Group Inc. 2015 N. Forbes Blvd. #103, Tucson, AZ 85745	Engineering, consulting and design services	Salary employee

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your, or a member of your household's, use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf. **You need not disclose** income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 12.

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁵ BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF

³ Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." A.R.S. § 38-541(2).

⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

⁵ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

3. Professional, Occupational, and Business Licenses

What to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement. This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 12 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged. Otherwise, check the box for "N/A" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category.

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁸ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below “You need not disclose” paragraph. A “gift” means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

Please note: the concept of a “gift” for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona’s lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household’s duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as “gifts”:

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona’s intestate succession laws, not by will);
- Gift distributed from an *inter vivos* (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ WHO RECEIVED GIFTS OVER \$500	NAME OF GIFT DONOR

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as “spouse,” “minor child 1,” “minor child 2,” etc.

7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁰ HAVING THE REPORTABLE RELATIONSHIP	NAME AND ADDRESS OF BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

What to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, check the box to indicate the value of the interest.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹¹ HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Self	Fidelity Investments (245 Summer Street, Boston, United States) Vanguard Fiduciary Trust Company (P.O. Box 982901, El Paso, TX 79998-2901) UBS 1285 Avenue Of The Americas (10019 New York)	401k - HSA Retirement Fund Employee Shares	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
Spouse	Principal Financial Group (711 High St., Des Moines, IA 50392-2300), HSA Bank (605 N. 8th St. Suite 320, Sheboygan, WI 53081), Apex Clearing (350 N. St. Paul, Ste 1300, Dallas, TX 75201), M1 Finance LLC (200 N La Salle St, Suite 800, Chicago, IL 60601), Moomeo Financial Inc. (550 S. California Ave, Suite 200, Palo Alto, CA 94306), Vanguard Fiduciary Trust Company (P.O. Box 982901, El Paso, TX 79998-2901)	401k, HSA, Retirement Fund, Stocks	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

¹¹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, check the box to indicate the approximate value of the bonds.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box whether the bonds were acquired or divested. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹² ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹² You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

10. Real Property Ownership

What to disclose: Arizona real property (land and improvements), which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box to indicate whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹³ THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
Self	Tucson AZ 85705 2,054 sq ft, lot 8,712 sqft	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +	Date: _____ <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: _____ <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: _____ <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

11.Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or for which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

A. BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

12. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; *and* (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

Please note: If the business was either controlled or dependent, check the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁴ OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

Please note: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business. If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

You need not disclose: The name of any major client, or the activities of any major client that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT (IF A BUSINESS)

14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business. You must describe what your business provided to its major "source of compensation"* in the third column below. Also, if the "source of compensation" is a business, please describe the type of business activities it performs in the final column below (but if the "source of compensation" is an individual, write "N/A" for "not applicable" in the final column below).

If the dependent business is also a controlled business, disclose the business only in Question 13 above and leave this question blank.

You need not disclose: The name of any "source of compensation," or the activities of any "source of compensation" that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO SOURCE OF COMPENSATION	TYPE OF BUSINESS ACTIVITIES OF THE SOURCE OF COMPENSATION (IF A BUSINESS)

* For this section, "source of compensation" is defined as a person or a business that accounts for more than \$10,000 and 50% of the dependent business' gross income during the reporting period.

15. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land and improvements), which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land. If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

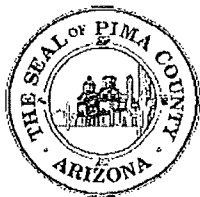
17. Controlled or Dependent Business' Debtors

What to disclose: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also check the box to indicate the approximate value of the debt by financial category.

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁵ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

Melissa Manriquez

Administration Division
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

CONFLICT OF INTEREST RECEIPT AND ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

- I have read the Arizona Agency Handbook, Chapter 8: Conflict of Interest applicable to Public Officers.
- I understand the obligation to file a Conflict of Interest Disclosure should I or my relative have a substantial interest in a matter that may come before me and agree not to participate in any manner in such matter.
- I understand that if I have any questions regarding this obligation at any time in the future, I will ask for an explanation from the Clerk of the Board's Office.

Cynthia Sosa
Signature

CYNTHIA SOSA
Name

April 7, 2025
Date

RECEIVED
APR 10 2025
MM

CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO:

(Name and position of Public Agency Supervisor)

FROM:

(Name and position of employee or officer)

RE:

CONFLICT OF INTEREST DISCLOSURE PURSUANT TO
A.R.S. §§ 38-501 to -511

1. Identify the decision, case investigation, or other matter in which you or your relative may have a "substantial interest" under A.R.S. §§ 38-501 to -511.

2. Describe the "substantial interest" referred to above.

Statement of Disqualification

To avoid any possible conflict of interest under A.R.S. §§ 38-501 to -511, I will refrain from participating in any manner in the matter identified above.

April 7, 2025
Date

Cynthia L. Jara
Signature

Karla Morales
3015 N Lloyd Bush Drive
Tucson, AZ 85745

April 7th, 2025

RE: Letter of Interest – Pima County Board of Supervisors, District 5

To Whom It May Concern,

I am writing to formally express my interest in serving as a member of the Pima County Board of Supervisors representing District 5. As a lifelong Arizonan and long-time advocate for equity, innovation, and inclusive economic development, I am deeply committed to advancing policies that reflect the values and diverse voices of our community.

Over the years, I have proudly served in leadership roles that intersect government, education, workforce, and the private sector. My work has focused on fostering regional collaboration, supporting small business growth, championing access to education, and strengthening our workforce pipeline. I believe these priorities are essential for the long-term prosperity of District 5 and Pima County as a whole.

I am particularly passionate about ensuring that underrepresented communities have a seat at the table. District 5 is home to a vibrant and resilient population that deserves transparent, accountable, and community-driven leadership. I bring a record of building coalitions, listening with intention, and taking action that leads to meaningful outcomes.

It would be an honor to represent District 5 with integrity, vision, and a deep sense of responsibility. I respectfully submit this letter of interest and would welcome the opportunity to further discuss how my experience and values align with the needs of the Board and the residents of our district.

Thank you for your consideration.

With respect and commitment,
Karla Morales

Handwritten signature
PIMA COUNTY BOARD OF SUPERVISORS
DISTRICT 5
OFFICE OF THE CLERK
P.O. BOX 2000
TUCSON, AZ 85701
(520) 795-2000
WWW.PIMACOUNTY.AZ.GOV

Contact:

SUMMARY

ADMINISTRATION, LEADERSHIP & COMMUNICATION SKILLS

- A dedicated advocate recognized for fostering community connections and impact.
- Skilled in diverse communication, customer relations, and event coordination.
- Proficient in budget management, goal achievement, and deadline adherence.
- Effective in coalition building, marketing, government, and public relations.
- Experienced in software including Microsoft Office suite, Adobe, and social media platforms.
- Fluent in English and Spanish.

- Master of Business Administration, Eller College of Management, University of Arizona, Tucson, AZ May 2022
- Bachelor of Science in Education– Literacy, Learning & Leadership
- Minor: Bilingual Studies, University of Arizona, Tucson, AZ December 2014
- Associate in Liberal Arts/General Studies, Pima Community College, Tucson, AZ May 2000
- Aspen Institute Leadership Academy Graduate, December 2023
- Hispanic Leadership Institute Certificate, Tucson, AZ April 2011
- Leader in Classroom Diversity & Inclusion Certificate
- International Town & Gown Certificate in Town-Gown Relations – Level I
Columbus, OH May 2019
- International Town & Gown Certificate in Town-Gown Relations – Level II
State College, Pennsylvania, June 2019
- Title IX, Sexual Violence Prevention Leadership Program, Phoenix, AZ July 2019
- K-16 Language Workshop- Integrated Approaches to Second Language & Language Development November 2007

PROFESSIONAL EXPERIENCE

Vice President, Southern Arizona

Arizona Technology Council | March 2020 - Present

- Spearhead Southern Arizona Expansion Plan, successfully recruiting new members and fortifying overall southern Arizona operations.
- Achieved and maintain annual budget and revenue goals, exceeding expectations.
- Manage membership duties including customer service, renewals, and recruitment.
- Serve as liaison to Tucson Ambassadors and volunteer sub-committees.
- Facilitated advisory roles in various Council committees; Optics & Photonics, Artificial Intelligence, Aerospace, Aviation, Defense, and Manufacturing.
- Represent Arizona Technology Council within the community and with partner organizations.
- Develop media plans and conducted media interviews with partners.
- Establish relationships with government officials for advocacy and policy facilitation.
- Oversaw Tucson Office staff, emphasizing growth and engagement.

Director of the Office of Multicultural Advancement

University of Arizona, Division of Equity Inclusion & Title IX | March 2019 - March 2020

- Led initiatives promoting equity, inclusion, and social justice on campus.
- Partnered with Office of Inclusion & Multicultural Engagement for diversity programming.
- Administered Diversity Community Councils and engaged in fundraising efforts.
- Fostered relationships with private sector influencers and supporters in the community.
- Oversaw volunteer transition into institutional donors.
- Orchestrated the annual workplace campaign and coordinated volunteer opportunities.
- Collaborated with non-profits, businesses, and education leadership organizations.
- Supported lobbying efforts and maintained relationships with government officials.

Senior Program Coordinator

University of Arizona, Office of Government & Community Relations | October 2017 - March 2019

- Managed charitable giving campaigns and programs across campuses.
- Facilitated Diversity Community Councils and engaged with non-profit and business sectors.
- Collaborated with Senior Director of Government Relations on campaigns and partnerships.
- Engaged in community events and conferences statewide.
- Supported lobbying efforts and advocated for university initiatives.

Coordinator of Desk & Summer Operations

University of Arizona Housing & Residential Life | October 2016 - October 2017

- Directed desk operations and summer conferences/guest services.
- Supervised student staff and managed recruitment and training.

- Oversaw program budget, performance management, and assessment.
- Handled access management, programmatic initiatives, and conflict resolution.

Executive Director

Rio Rico Health & Wellness | April 2008 - July 2016

- Managed administrative tasks, including HR, billing, marketing, and more.
- Led recruitment, job placement, and employee trainings.
- Oversaw marketing, promotions, and general office functions.

Director of Resource Development

United Way of Tucson & Southern Arizona | November 2010 - April 2013

- Cultivated relationships with public and private organizations for fundraising.
- Researched and reported on division performances and trends.
- Developed recognition programs and secured sponsorships.
- Raised substantial funds through annual giving campaigns and corporate gifts.

Program Service Evaluator I, II, & III

State of Arizona, Department of Economic Security | November 1997 - November 2010

- Conducted eligibility interviews for state and federal assistance programs.
- Managed public affairs programs and coordinated events.
- Interpreted and applied policy according to regulations and guidelines.

LEADERSHIP EXPERIENCE

- Pima Community College Governing Board Member, District 5 | January 2025
- Campus Research Corporation Board of Directors | August 2022 to Present
- Tucson Airport Authority Member | February 2024 to Present
- Congressman Juan Ciscomani Community Advisory Council | January 2023 to Present
- Pima County Workforce Investment Board | June 2022 to Present
- Charter 100 | September 2022 to Present
- Earn to Learn- Board Governance, Committee Chair | January 2020 to Present
- Tucson Hispanic Chamber of Commerce member, Board President | May 2020 to June 2024

AWARDS & ACCOLADES

- SHRM DEI Innovation Award | November 2022
- Women Leading the Region Award | August 2022
- Eller College of Management, DEI Award | May 2022
- Arizona Women of Influence | March 2021
- Eller College of Management, Women Who Shine Award | January 2020
- Tucson Hispanic Chamber, Rising Star | November 2019
- United Way's Campaign Coordinator of the Year | May 2018
- United Way's Top 25 Employee Campaign Coordinator | May 2018
- Governor's Awards | January 2008 & January 2009
- YWCA Women on the Move Award | September 2008
- State of Arizona Employee of the Quarter | June 2007

References:

Professional
President/CEO
Rob Elias
(520) 970-0087
president@tucsonhispanicchamber.org

Professional:
President/CEO
Ana Greif
(520) 869-1775
agreif@jobpath.org

Professional:
President/Founder
Laura Oldaker
(520) 440-7314
laura@academyon-demand.com

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Karla Bernal Morales

Address: (Please note: this address is public information and not subject to redaction)

3015 N Lloyd Bush Drive

Public Office Held or Sought:

Pima County

District / Division Number (if applicable):

District 5

Please check the appropriate box that reflects your service for this filing year:

- ☐ I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 2022.
- ☐ I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- ☐ I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 2023. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- ☒ I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of April 2024, to the month of April 2025.

VERIFICATION

By signing, I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

ISI

Karla Morales

Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

April 7th 2025

Date

OFFICE OF THE SECRETARY OF STATE

gsm

Secretary of State Revision December 23, 2022

A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.¹

1. Identification of Household Members and Business Interests

What to disclose: If you are married, is your spouse a member of your household? ☒ **Yes** ☐ **No** ☐ **N/A** (If not married/widowed, select N/A)

Are any minor children² members of your household? ☒ **Yes** (If yes, disclose how many 1) ☐ **No** ☐ **N/A** (If no children, select N/A)

For the remaining questions in this Financial Disclosure Statement, the term “member of your household” or “household member” will be defined as the person(s) who correspond to your “yes” answers above.

You are not required to disclose the names of your spouse or minor children when answering the questions below. Thus, you may identify your household members as “spouse,” “minor child 1,” “minor child 2,” etc. **Please note that if you choose to identify your spouse or minor children by name, the Secretary of State’s Office or other local filing officer are not expected to redact that information when posting this Financial Disclosure Statement on the internet or providing it in response to a public records request.**

¹ If additional space is needed to report information on this Financial Disclosure Statement, please attach additional information as numbered exhibits.

² Minor children include children 18 years old and younger over whom you have joint or sole legal custody.

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), provide the name and address of any employer and/or any other source of compensation who provided you or any member of your household more than \$1,000 (other than "Gifts") during the period covered by this report.³ Describe the nature of each and the type of services for which you or a member of your household were compensated.

Subsection (2)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁴ BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
Karla Morales	AZ Technology Council 1215 E Pennsylvania Street Tucson, AZ	Administration	Vice President
Richard Morales	City of Tucson	Air Support	Police Pilot

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for your, or a member of your household's, use or benefit. For example, if a person was paid by a third-party to be your personal housekeeper, identify that person, describe the nature of that person's services that benefited you, and provide information about the third-party who paid for the services on your behalf. **You need not disclose** income of a business, including money you or any member of your household received that constitutes income paid to a business that you or your household member owns or does business as. This type of business income will be disclosed in Question 12.

Subsection (2)(b) (if applicable):

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁵ BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF
N/A			

³ Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." A.R.S. § 38-541(2).

⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

⁵ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

3. Professional, Occupational, and Business Licenses

What to disclose: List all professional, occupational or business licenses held by you or any member of your household at any time during the period covered by this Financial Disclosure Statement. This includes licenses in which you or a member of your household had an "interest," which includes (but is not limited to) any business license held by a "controlled" or "dependent" business as defined in Question 12 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE
N/A			

⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you or a member of your household owed a qualifying personal debt over \$1,000 during any point during the period covered by this Financial Disclosure Statement.

Additionally, if the qualifying personal debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the applicable box to indicate whether it was incurred or discharged. Otherwise, check the box for "N/A" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B below);
- Debts on any personal residence or recreational property;
- Debts on motor vehicles used primarily for personal purposes (not commercial purposes);
- Debts secured by cash values on life insurance;
- Debts owed to relatives;
- Personal credit card transactions or the value of any retail installment contracts you or your household member entered into.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁷ OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

5. Personal Debtors

What to disclose: The name of each debtor who owed you or a member of your household a debt over \$1,000 at any time during the period covered by this Financial Disclosure Statement, along with the approximate value of the debt by financial category.

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

⁸ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

6. Gifts

What to disclose: The name of the donor who gave you or a member of your household a single gift or an accumulation of gifts during the preceding calendar year with a cumulative value over \$500, subject to the exceptions listed in the below “You need not disclose” paragraph. A “gift” means a gratuity (tip), special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without adequate consideration (reciprocal value) and not provided to members of the public at large (in other words, a personal benefit you or your household member received without providing an equivalent benefit in return).

Please note: the concept of a “gift” for purposes of this Financial Disclosure Statement is separate and distinct from the gift restrictions outlined in Arizona’s lobbying statutes. Thus, disclosure in a lobbying report does not relieve you or a member of your household’s duty to disclose gifts in this Financial Disclosure Statement.

You need not disclose the following, which do not qualify as “gifts”:

- Gifts received by will;
- Gift received by intestate succession (in other words, gifts distributed to you or a household member according to Arizona’s intestate succession laws, not by will);
- Gift distributed from an *inter vivos* (living) or testamentary (by will) trust established by a spouse or family member;
- Gifts received from any other member of the household;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ WHO RECEIVED GIFTS OVER \$500	NAME OF GIFT DONOR
N/A	

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as “spouse,” “minor child 1,” “minor child 2,” etc.

7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or nonprofit organization or association in which you or any member of your household held any office, position, or fiduciary relationship during the period covered by this Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁰ HAVING THE REPORTABLE RELATIONSHIP	NAME AND ADDRESS OF BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR HOUSEHOLD MEMBER
Karla Morales	Campus Research Corporation	Treasurer
Karla Morales	Pima Community College	Vice Chair

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

What to disclose: The name and address of each business, trust, or investment fund in which you or any member of your household had an ownership or beneficial interest of over \$1,000 during the period covered by this Financial Disclosure Statement. This includes stocks, annuities, mutual funds, or retirement funds. It also includes any financial interest in a limited liability company, partnership, joint venture, or sole proprietorship. Also, check the box to indicate the value of the interest.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹¹ HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Karla Morales	Arizona Technology Council	401K	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Richard Morales	City of Tucson - PRPSPS	Retirement	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input checked="" type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Karla Morales	State of Arizona ARS	Retirement	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

¹¹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than \$1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also, check the box to indicate the approximate value of the bonds.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box whether the bonds were acquired or divested. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹² ISSUED BONDS	ISSUING STATE OR LOCAL GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS	IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹² You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

10. Real Property Ownership

What to disclose: Arizona real property (land and improvements), which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check the box to indicate whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹³ THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

¹³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

11. Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of \$1,000 or more were paid on your behalf (or for which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than \$1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

A. BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

12. Business Names

What to disclose: The name of any business under which you or any member of your household owns or did business under (in other words, if you or your household member were self-employed) during the period covered by this Financial Disclosure Statement, which include any corporations, limited liability companies, partnerships, sole proprietorships or any other type of business conducted under a trade name.

Also disclose if the named business is controlled or dependent. A business is "controlled" if you or any member of your household (individually or combined) had an ownership interest that amounts to more than 50%. A business is classified as "dependent," on the other hand, if: (1) you or any household member (individually or combined) had an ownership interest that amounts more than 10%; *and* (2) the business received more than \$10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to more than 50% of the business' gross income for the period.

Please note: If the business was either controlled or dependent, check the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁴ OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
N/A		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

Please note: If a business listed in the foregoing Question 12 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Question 12 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁴ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.

13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 12 above, and the goods or services provided by the business. If a single client or customer (whether a person or business) accounts for more than \$10,000 *and* 25% of the business' gross income during the period covered by this Financial Disclosure Statement, the client or customer is deemed a "major client" and therefore you must describe what your business provided to this major client in the third column below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

You need not disclose: The name of any major client, or the activities of any major client that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a controlled business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT (IF A BUSINESS)
N/A			

14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 12 above, and the goods or services provided by the business. You must describe what your business provided to its major "source of compensation"* in the third column below. Also, if the "source of compensation" is a business, please describe the type of business activities it performs in the final column below (but if the "source of compensation" is an individual, write "N/A" for "not applicable" in the final column below).

If the dependent business is also a controlled business, disclose the business only in Question 13 above and leave this question blank.

You need not disclose: The name of any "source of compensation," or the activities of any "source of compensation" that is an individual. If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF YOUR OR YOUR HOUSEHOLD MEMBER'S DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE DEPENDENT BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO SOURCE OF COMPENSATION	TYPE OF BUSINESS ACTIVITIES OF THE SOURCE OF COMPENSATION (IF A BUSINESS)
N/A			

* For this section, "source of compensation" is defined as a person or a business that accounts for more than \$10,000 and 50% of the dependent business' gross income during the reporting period.

15. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land and improvements), which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage) and check the box to indicate the approximate value of the land. If the business is one that deals in real property and improvements, check the box that corresponds to the aggregate value of all parcels held by the business during the period covered by this Financial Disclosure Statement.

Additionally, if the land was either acquired for the first time or completely divested (sold in full) during this period, list the date and check whether the land was acquired or divested. Otherwise, check "N/A" (for "not applicable") if the land was not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which a controlled or dependent business owed more than \$10,000, if that amount was also more than 30% of the business' total indebtedness at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt").

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") after the word "Date" if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

17. Controlled or Dependent Business' Debtors

What to disclose: The name of each debtor who owed more than \$10,000 to a controlled or dependent business, if that amount was also more than 30% of the total indebtedness owed to the controlled or dependent business at any time during the period covered by this Financial Disclosure Statement ("qualifying business debt"). Also check the box to indicate the approximate value of the debt by financial category.

Additionally, if the qualifying business debt was either incurred for the first time or completely discharged (paid in full) during this period, list the date and check the box to indicate whether it was incurred or discharged. Otherwise, check "N/A" (for "not applicable") if the business debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

You need not disclose: If you or your household member does not own a business, or if your or your household member's business is not a controlled or dependent business, you may leave this question blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹⁵ OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

Melissa Manriquez

Administration Division
33 N. Stone Avenue, Suite 100
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-0448

Management of Information & Records Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

CONFLICT OF INTEREST RECEIPT AND ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

- I have read the Arizona Agency Handbook, Chapter 8: Conflict of Interest applicable to Public Officers.
- I understand the obligation to file a Conflict of Interest Disclosure should I or my relative have a substantial interest in a matter that may come before me and agree not to participate in any manner in such matter.
- I understand that if I have any questions regarding this obligation at any time in the future, I will ask for an explanation from the Clerk of the Board's Office.

<i>Karla Morales</i>	Karla Morales	April 7th 2025
Signature	Name	Date

MM

RECEIVED
PIMA COUNTY CLERK OF THE BOARD
APR 10 2025

CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO:

(Name and position of Public Agency Supervisor)

FROM:

(Name and position of employee or officer)

RE:

CONFLICT OF INTEREST DISCLOSURE PURSUANT TO
A.R.S. §§ 38-501 to -511

1. Identify the decision, case investigation, or other matter in which you or your relative may have a "substantial interest" under A.R.S. §§ 38-501 to -511.

2. Describe the "substantial interest" referred to above.

Statement of Disqualification

To avoid any possible conflict of interest under A.R.S. §§ 38-501 to -511, I will refrain from participating in any manner in the matter identified above.

Date

Signature

9/2/08
JAN 10 10 10 AM '08
JAN 10 10 10 AM '08