



Katrina Martinez
Deputy Clerk

Pima County Clerk of the Board

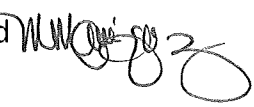
Melissa Manriquez

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MEMORANDUM

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

FROM: Melissa Manriquez, Clerk of the Board 

DATE: December 11, 2024

RE: Candidates for Constable, Justice Precinct 9

The following individuals submitted the Letter of Interest, Resume, Financial Disclosure Statement and Conflict of Interest Forms for consideration to fill the Constable – Justice Precinct 9 vacancy position. Upon verification by the Recorder's office, they met all of the requirements. Both eligible candidates' party affiliation is Democrat.

- Matthew R. Leve
- Gerard Acuna-Schultz

The Pima County Recorder's Office verified the following:

- Each candidate is registered to vote
- Each candidate resides in Justice Precinct 9
- Each candidate is over the age of 18
- Party affiliation for each candidate

The following individuals submitted the Letter of Interest, Resume, Financial Disclosure Statement and Conflict of Interest Forms. Upon verification, they do not reside in Justice Precinct 9, therefore they are not eligible for the vacancy.

- Angella J. Kerr (resides in Precinct 6)
- Christopher C. Robison (resides in Precinct 10)

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

/mm

Attachments

November 15, 2024

To Whom It May Concern

Hello, my name is Matthew "Matt" Leve, and I would like to be considered for the appointment to the Constable position opening in Justice Precinct (JP) district 9 in Pima County Arizona.

I retired as a Police Officer from the Pascua Yaqui Police Department in 2021 after twenty-three years of service. Prior to that I worked as a Corrections Officer for ten years for the Arizona Department of Corrections. Prior to that I was enlisted in the United States Navy and was assigned to the Master at Arms division, who act as law enforcement for the U.S. Navy.

I am a Tucson native who has served my community for my entire adult life and want to continue to serve. I feel that my training and experience will help me in any situation that might arise while acting as the Constable for JP 9.

A continuation of my career in law enforcement is beneficial to Pima County and myself. I enjoy helping the community and love getting to know those who I serve. I feel that good communication is key to helping the community and I thrive in these situations.

Respectfully,

A handwritten signature in black ink, appearing to read "Matt Leve", with a long horizontal flourish extending to the right.

Matthew R. Leve

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Matthew Robert Leve

3051 E Calle Rabida Tucson, AZ 85706 · [REDACTED]

Email · [REDACTED]

PROFESSIONAL SUMMARY

US Navy from 1996 till 1990 Honorable Discharged as an E-4. Worked in corrections for ten years for the Arizona Department of Corrections and MTC before becoming a police officer. International Police Mountain Bike Association (IPMBA) member/certified. General Instructor (AZPOST) Crisis Intervention (AZPOST) Field Training Officer Certificate (AZOST). Retirement as a Police Officer in December 2021. Lost and Found department at the Walt Disney Resort.

EXPERIENCE

Lost and Found Cast member at Walt Disney World Resort.
Walt Disney World Resort – 1515 Buena Vista Drive, Buena Vista, FL 32830

Intake of found property
Interaction with guests in person, by phone and via internet.
Locating lost items and returning them via mail or in person
Depositing money into proper location after verification of amount
Disposing of or donation of unclaimed items
Various computer inventories of items in warehouse
Trainer

Police Officer, 02/2009 to 12/2021 (Retired)
Pascua Yaqui Tribe – 7777 S Camino Huivisim Tucson, AZ 85757

- Field Training Officer
- General Instructor
- Patrol Officer
- Criminal Investigations Unit
- Actively patrolled assigned areas to prevent and detect crimes.
- Data Entry of Police Reports and various other forms and reports.
- Enforced all traffic laws and ordinances and checked speed with radar/Lidar.
- Issued warnings and citations for traffic violations.
- Conducted preliminary investigations at the scenes of major crimes.
- Secured crime scenes, gathered evidence, and questioned witnesses.
- Apprehended offenders and conducted interviews and interrogations.
- Assisted in special investigations and crime prevention programs.
- Responded immediately to calls involving automobile accidents and criminal activity. Apprehended suspects, read Miranda Rights and transported offenders to jail.
- Talked regularly with citizens to establish rapport and become a familiar presence in the area. Issued traffic citations and electronic tickets for violations of traffic laws. Gathered necessary information for court appearances and testified as

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- a witness under oath in court.
- Worked various off duty assignments including but not limited to traffic control and money escorts.

EDUCATION

High School Diploma: 1985 Flowing Wells High School - 3725 N Flowing Wells Rd, Tucson, AZ 85705

AZ POST Certification: Law Enforcement, 2001 Southern Arizona Law Enforcement Training Center - 10001 S Wilmot Rd Tucson, AZ 85756 Coursework in Criminal Justice, Criminology and Sociology.

SKILLS

- Excellent communication and customer service skills
- Excellent problem-solving skills
- Detailed Oriented
- Criminal law knowledge
- Crisis intervention training
- Firearm operations trained
- Safety and security-oriented
- Strong interpersonal skills
- Conflict resolution skills Team-oriented
- Weapons training
- Exemplifies integrity
- De-escalation techniques
- Domestic violence prevention
- Court testimony and seizure procedures
- Culturally sensitive
- Certified Field Training Officer
- Certified General Instructor
- Certified Bicycle Police Training
- Report writing
- Defensive tactics training

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Matthew Robert Leve

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

3051 E Calle Rabida Tucson, AZ 85706

Public Office Held or Sought:

Constable

District / Division Number (if applicable):

Justice Precinct 9

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 _____, to the month of _____.

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)

11/15/2024

Date

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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
Matthew Leve	AZ Public Safety Retirement 3010 E. Camelback Rd., Ste. 200 Phoenix,	Retirement Funds	Retired Police Officer
Matthew Leve	Disney 1515 Buena Vista Dr Lake Buena Vista, FL	Entertainment	Castmember
Spouse	ICF 1902 Reston Metro Plaza Reston, VA	Grant Management	Training and Technical Assistance Specialist

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
Matthew Leve	Navy Federal Credit Union P.O. Box 3000 Merrifield, VA	Date: <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A 06/21/2024
Matthew Leve	Chase Bank 875 15th Street NW, Washington, D.C	Date: <input checked="" type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
Spouse	Chase Bank 875 15th Street NW, Washington, D.C	Date: <input checked="" 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 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"/> Incurred <input type="checkbox"/> Discharged <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"/> Incurred <input type="checkbox"/> Discharged <input checked="" 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

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
			<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
		<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.

A handwritten signature in black ink, appearing to read "Matthew Leve", written over a horizontal line.

Signature

Matthew Leve

Name

11/15/2024

Date

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CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO: Melissa Manriquez Clerk of the Board
(Name and position of Public Agency Supervisor)

FROM: Matthew Leve
(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.

11/15/2024
Date


Signature

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Gerard Acuña

Appointment for Constable, Justice Precinct 9

Contacts

3650 S. Bronson Ave Tucson, AZ 85713 • [REDACTED]

Pima County

Pima County Board of Supervisors

Dear Pima County Board of Supervisors,

I am writing to express my interest in the position of Constable for Justice Precinct 9 at Pima County. Considering the extensive responsibilities of serving as the Executive Officer of the Justice Precinct, I am eager to bring my capabilities to your team. The role's requirement to serve civil and criminal papers across the expansive area of Pima County, coupled with managing interactions with over a million residents, aligns perfectly with my skills and aspirations.

Although new to the role, my eagerness to learn and adapt is complemented by my strong foundational skills in conflict resolution, legal knowledge, and cultural competency. I am confident in my ability to quickly grasp the detailed aspects of the position and effectively contribute to the community. I am ready to complete the required basic training and maintain the ongoing education needed to perform the duties of a Constable proficiently.

My leadership qualities, diplomatic approach, and strong communication skills equip me to handle the diverse and challenging situations that may arise in such a dynamic environment, which are pivotal for the diverse challenges faced by a Constable. These strengths are essential for the effective execution of duties in a role that demands a high level of interaction with various community members and legal entities.

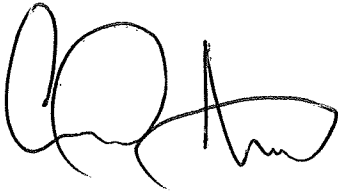
- Why I am passionate on filling this vacancy for Constable, Justice Precinct 9. I'm ready to make a difference in our community. Especially within Justice Precinct 9, which serves the South Side of Tucson. Within my area there is a big diversity of individuals. A big Hispanic community, and individuals and families that fall under the poverty level. Therefore, I can make a difference within the community by providing the proper resources and education to those individuals which I would serve, especially Single mother's, Veteran's, and The Elderly communities. These individuals may not be familiar with the proper legal proceedings of Eviction. Therefore, providing those resources and education allows these individuals to get ahead of it. Allows them to get Temporary services and or Assistance so families don't have to be displaced. To include their Pets. Families are being evicted, the last thing on their mind is what they're going to do with their Pets. These resources will allow families to stay together including their pets which are a member of their family.
- Another reason why I am very passionate on filling this vacancy would be. Within the last few years, There's been an uprise on mental health within our community. As a Constable, they come across these individuals day and day out. Therefore, Mental health is often misrepresented or misunderstood. Some of the most critical issues are these individuals don't have the Help which leads them to the use of Drugs. Which is not the solution. Causing them to hide their Mental Health state to the point which Delays and Prevents these individuals from seeking the proper help necessary. By providing the proper resources so these families/individuals can connect with these agencies to help improve their overall health. To stand on the ability of being able to serve the mental health community. I have successfully enrolled in a Mental Health Training/Educational Seminar with Constable Bennet Bernal. This seminar will take place in the beginning of December. After completion of this course, I will receive 40 hours of credited approved time by the **Arizona Peace Officer Standards and Training Board (AZPOST)**.

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I strongly stand on this approach on how to serve our community as a Constable. Bennet Bernal who is the Constable for Justice Precinct 6 is very passionate on this approach on how to serve our community. If selected to fill the vacancy for Constable, Justice Precinct 9, I will work hand-in-hand with Mr. Bernal to continue this approach within our community we serve.

I am enthusiastic about the opportunity to serve Pima County and am confident in my ability to make a meaningful impact. I look forward to the possibility of discussing how I can contribute to the success and integrity of Pima County's Justice Precinct 9.

Thank you for considering my interest for Constable, Justice Precinct 9.

A handwritten signature in black ink, appearing to be 'B. Bernal', written in a cursive style.

Gerard Acuña-Schultz

Tucson, AZ 85701



Willing to relocate: Anywhere

Authorized to work in the US for any employer

Work Experience

Utility Locator

ELM Utility Services-Tucson, AZ

January 2024 to Present

- Conducted utility locates using electromagnetic equipment to accurately identify and mark underground utilities
- Responded promptly to emergency requests for utility locates, prioritizing safety and minimizing downtime
- Identified potential hazards or risks associated with underground utilities during site assessments

Chief Marketing Officer (CMO)

Arizona Rising Sun Landscaping-Tucson, AZ

April 2020 to Present

- Developed and implemented comprehensive marketing strategies to drive brand awareness, increase customer acquisition, and maximize revenue growth
- Collaborated with cross-functional teams including sales, product development, and finance to align marketing efforts with overall business objectives
- Established key performance indicators (KPIs) for measuring marketing campaign effectiveness ensuring continuous improvement through data-driven optimization strategies

Utility Technician

City of Tucson - Tucson Water Department-Tucson, AZ

August 2021 to January 2024

- Completed installations of new utility connections according to specifications provided by engineers or supervisors
- Collaborated with city planners and engineers to ensure proper placement of underground utilities in new construction projects
- Assisted in the repair or replacement of damaged utility lines caused by natural disasters or accidents
- Maintained a high level of accuracy when measuring, cutting, and connecting pipes for underground installations
- Performed routine inspections of existing utility systems to identify potential maintenance needs or areas for improvement
- Installed and repaired underground utility lines, including water systems

Fitness Director

LA Fitness-Tucson, AZ

September 2020 to June 2021

- Provided guidance and instruction on proper exercise techniques to ensure safety and maximize results

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- Utilized knowledge of anatomy, physiology, kinesiology, and exercise science principles in designing effective workout routines
- Collaborated with other trainers to organize workshops or seminars on topics related to health & wellness
- Managed scheduling system efficiently resulting in improved trainer-client coordination
- Developed and maintained positive relationships with clients, resulting in a high rate of client referrals
- Assisted in the development and execution of marketing strategies to attract new clients

Service Technician Manager

Trek Bicycle Corporation-Arizona City, AZ

May 2016 to July 2019

- Collaborated with team members to troubleshoot complex problems and develop effective solutions
- Provided exceptional customer service by addressing client concerns promptly and professionally
- Collaborated with manufacturers' representatives to stay updated on product specifications and recommended maintenance practices
- Analyzed sales data and market trends to identify opportunities for product assortment optimization

Youth Coordinator

BICAS-Tucson, AZ

August 2014 to October 2018

- Developed and implemented comprehensive youth programs targeting at-risk populations, focusing on academic support, life skills development, and career exploration
- Collaborated with community organizations, schools, and local businesses to establish partnerships for program funding and resources
- Coordinated field trips and educational outings that enhanced participants' exposure to new experiences outside their immediate communities
- Supervised staff training sessions focused on best practices in working with diverse groups of young people
- Established strong relationships with community leaders and stakeholders to garner support for youth programs

Education

Associate in Public Health

Pima Community College - Tucson, AZ

August 2022 to Present

High school or equivalent

Precision High School - Phoenix, AZ

August 2014 to May 2017

Skills

- Team Building (8 years)
- Customer Service Skills (8 years)
- Community Outreach (8 years)
- Customer Service (7 years)
- Shift Supervisor (7 years)

- Sales Experience (7 years)
- Upselling (7 years)
- Retail Management (7 years)
- Public Relations (7 years)
- Marketing (7 years)
- Administrative Experience (7 years)
- Business Development (6 years)
- Assistant manager experience (10+ years)

Languages

- Spanish - Fluent
- English - Fluent

Certifications and Licenses

Driver's License

BLS Certification

CPR Certification

Forklift Certification

April 2023 to Present

Confined Space Certification

December 2023 to Present

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Gerard Acuña

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

3650 S. Bronson Ave Tucson AZ 85713

Public Office Held or Sought:

Constable, Justice Precinct 9

District / Division Number (if applicable):

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 01-01-25, to the month of 12-31-25.

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)

11-25-2024

Date

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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
Gerard Acuña	ELM/SWG 3401 E. Gas Tucson AZ	Utility inspector	
			Responded promptly to emergency requests for utility locates, prioritizing safety and minimizing downtime. Identified potential hazards or risks associated with underground utilities during site assessments

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 : 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
N/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
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 +

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.


Signature

Gerard Acuña
Name

11-25-24
Date

NOV 27 24 PM 02:22 POC CLK OF BIP 87

CONFLICT OF INTEREST DISCLOSURE MEMORANDUM

TO: Melissa Manriquez clerk of the Board
(Name and position of Public Agency Supervisor)

FROM: Gerard Acuña Schultz
(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

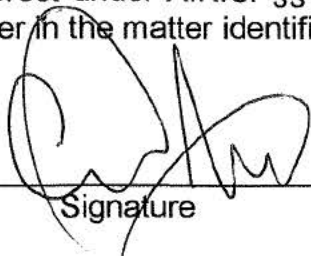
2. Describe the "substantial interest" referred to above.

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.

11-27-24
Date


Signature

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