



**Katrina Martinez**  
Deputy Clerk

**Pima County Clerk of the Board** *12/5/23 ITEM NO. RA1*  
**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 *MM*

DATE: December 4, 2023

RE: Board of Supervisors, District 3 Vacancy

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The following individuals submitted their Letter of Interest, Resume, Financial Disclosure Statement and Conflict of Interest Form (attached) for consideration as a candidate to fill the vacancy for Board of Supervisors, District 3:

Brian Johnson  
Kristen Randall  
Joe L. Machado  
April Hiosik Ignacio  
Matthew A. Kopec  
Jennifer Allen  
Edgar F. Soto  
Sylvia M. Lee

The Pima County Recorder's Office has verified the following:

- Each candidate is registered to vote
- Each candidate is registered as a Democrat
- Each candidate resides in District 3
- Each candidate is over the age of 18

The Human Resources Department is in the process of conducting a background check on all eligible candidates. Each candidate was notified that they must respond to the email from Accusource in order to initiate the process. All background check results are pending.

If requested, the Clerk's Office will work with the League of Women Voters of Greater Tucson on an upcoming virtual public forum. Information will be provided once it is available.

The Board of Supervisors intends to make the appointment at their meeting on Tuesday, December 19, 2023, with the new Board member participating in their first meeting on January 9, 2024.

/mm

Attachments

November 27, 2023

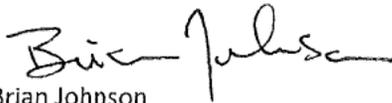
Melissa Manriquez, Pima County Clerk of the Board  
33 N Stone Ave. Suite 100  
Tucson, AZ 85701  
520-724-8449

To the Honorable Members of the Pima County Board of Supervisors,

I am submitting this Letter of Interest to fill the remaining term of Supervisor Sharon Bronson, District 3. I've been a resident of District 3 for 25 years and am a registered Democrat. I have a working knowledge of the County government, having been an employee of Pima County for 14 years prior to retiring in 2020. I am applying for this appointment for only the current remaining term ending December 31, 2024 and will not seek election to the office.

I am confident that I will be able to execute the duties of Supervisor for the remaining year of the term, committed to continue to represent the citizens of District 3 without disruption by maintaining the current District 3 staff. By not seeking the Supervisor office in the future, my appointment would not influence the upcoming primary and general elections for any of the fine candidates who have already entered the campaign for the office and those who are still considering running.

I will be looking forward to meeting / interviewing with each of the Board members.  
Thank you for your consideration,



Brian Johnson  
7025 N Boswell Lane  
Tucson, AZ 85743

[Redacted]  
[Redacted]

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# Brian Johnson

7025 N Boswell Lane, Tucson AZ 85743 ~ [REDACTED]

## Summary

Seeking to temporarily serve as Supervisor for District 3. Long time resident, 25 years, in Picture Rocks, a semi-rural community in unincorporated Pima County. I am interested in serving the remaining term until December 31, 2024, and will not seek election to the office.

## Work Experience in Government

May 2006 to April 2020: Pima County

January 2015 to April 2020 – Program Manager Finance & Risk Management. Primary responsibility was Assessment Litigation. Researched facts and circumstances regarding complaints against the County in the Arizona Tax Court. Negotiated settlements with the property owners pursuant to Board of Supervisor’s Policy 6.2 (prior to April 2021) along with the Pima County Attorney’s Office Civil Division attorneys. Researched and prepared reports for other issues related to Property Tax as directed by the Finance Director.

September 2007 to January 2015 – Senior Appraiser Assessor’s Office. Responsible for valuation of Real Property for Property Tax purposes. Defended the valuations at the Arizona State Board of Equalization.

May 2006 to September 2007 – Level 1 (Field) Appraiser Assessor’s Office.

From 2006 until 2016 I was actively engaged with SEIU (Service Employees International Union) as a Pima County employee, participating on the local chapter’s Leadership Committee.

## Prior Work Experience

2003 to 2006: Real Estate Agent. Independent contractor with Tierra Antiqua Realty in Tucson, Arizona

Career in Hospitality: 1989 to 2003 – Management positions at Marriot University Park (3 years); Cracker Barrel Old Country Stores (4 years); Orange Blossom Catering, St. Petersburg, FL (7 years).

## Education

Bachelor of Arts, East Stroudsburg University, East Stroudsburg, PA. 1979 Graduated Magna Cum Laude.

Wallenpaupack Area High School, Hawley, PA. 1973

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

**Brian Johnson**

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

**7025 N Boswell Lane, Tucson AZ 85743**

Public Office Held or Sought:

**Supervisor**

District / Division Number (if applicable):

**District 3**

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 November 2022, to the month of November 2023.

**VERIFICATION**

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

**ISI** Brian Johnson 11/24/2023  
Signature of Public Officer or Candidate Date  
(Electronic Signatures Accepted)

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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.<sup>1</sup>

### 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 children<sup>2</sup> 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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> 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 |
|--|---|---|---|
| Brian Johnson  | Social Security 1100 West High Rise 6401 Security Blvd. Baltimore, MD 21235 | Govt.                                   | Retirement Benefit  |
| Brian Johnson  | Arizona State Retirement System PO Box 33910 Phoenix, AZ 85067-3910         | Govt. Retirement System                 | Retirement Benefit  |
| Brian Johnson  | Pima County 130 W Congress St Tucson AZ 85701                               | Govt.                                   | Hearing Officer Arizona State Department of Equalization          |

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 <sup>5</sup> 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 |
|--|---|--|--|
| NA   |   |  |  |
|  |   |  |  |
|  |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|-----------------|--------------------------------------|--|
| NA  |                 |                                      |  |
|   |                 |                                      |  |
|   |                 |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
| NA  |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |

<sup>7</sup> 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 <sup>8</sup> 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 |
|---|----------------|---|---|
| NA  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
| NONE  |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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 |
|---|---|--|
| NA  |   |  |
|   |   |  |
|   |   |  |

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST   |
|---|---|--|---|
| NA  |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |

<sup>11</sup> 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 <sup>12</sup> 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 |
|---|--|---|---|
| NA  |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>12</sup> 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 <sup>13</sup> 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 |
|---|-------------------------------|---|---|
| NA  |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION | AMOUNT OR VALUE OF<br>TRAVEL COSTS  |
|--|----------|---|
| NA   |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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 <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED”<br>BY OR “DEPENDENT” ON YOU OR A HOUSEHOLD MEMBER |
|---|------------------------------|---|
| NA  |                              | <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.

<sup>14</sup> 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) |
|---|---|--|---|
| NA  |   |  |   |
|   |   |  |   |
|   |   |  |   |

## 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) |
|--|--|--|---|
| NA   |  |  |   |
|  |  |  |   |
|  |  |  |   |

\* 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 |
|---|-------------------------------|---|---|
| NA  |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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 |
|--|--|---|
| NA   |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><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 <sup>15</sup> 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 |
|--|----------------|---|---|
| NA   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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.

*Brian Johnson*  
Signature

Brian Johnson  
Name

11/24/2023  
Date

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November 27<sup>th</sup>, 2023

Pima County Board of Supervisors  
130 W Congress St., 5<sup>th</sup> Floor  
Tucson, AZ 85701

Dear Chair Grijalva, Honorable Members of the Board of Supervisors, and Madam Clerk,

I never knew who was behind the door. The tools I was armed with were unsuitable for helping a grandma crying under her kitchen table or a child connected to a feeding tube. After six desperate hours of trying to secure lodging for a family of five within my first three weeks in the Constable's Office, I knew I needed to ask the right questions and get better answers to help more people.

A scientist is a discoverer; my strength is asking questions and finding solutions. It is rewarding to create tools for communities to manage water resources in the desert, or to imagine the Colorado River delta coming back to life. While the US Geological Survey's motto is "Science for a Changing World," it could also include an addendum: "Tools for a Changing World." We who discover are at the forefront of possibility, a place where the dreamers and doers meet.

Leaving behind my twelve-year career to move to the Constable's Office was a challenge sparked by Supervisor Elías. "It's a tough job," he had intoned. "But you can do so much. Let's talk." When we spoke, he dreamed of a different approach, and I wove myself into that vision.

With this mission, I created a new model for how we handled evictions in Pima County by starting a notification procedure to reach out to tenants before their evictions. Knowing who was behind the door meant I could marshal assistance sooner and more effectively to both landlords and renters. My desperate attempt to help that family of five all those years ago was the inspiration to make substantial changes within the existing system so that families could stay in their homes and landlords could be made whole.

I became the Court Administrator for the Green Valley Justice Court to spearhead the state's first pre-adjudicated DUI treatment program with our justice partners, the Administrative Office of the Courts, and the Pima County Attorney's Office. I also started a traveling court that includes remote areas of District 3, began a partnership with the Ajo Court, expanded our mediation offerings to help reduce litigation and heal community disputes, and am working to build a justice center to have a comforting space to hold court-related activities. As the people require more of us, we must rise to meet the need.

If granted the opportunity to answer this calling, I will apply the tenacity and impartiality I learned as a scientist. From my time in the Constable's Office, I can offer compassion and innovation. From my work with the court, I present a commitment to equity and the capacity to cultivate enduring justice. I bring with me the ability to balance the rural and urban aspects of the district, a dedication to collaboration, and a yearning to be part of the vision for the county's future. I also bring my love of District 3, which stretches across the ancestral and contemporary lands of the Tohono O'odham and Pasqua Yaqui. Arivaca is my home, it is where I've raised my family, and it is where my imagination and determination are renewed.

I never knew who was behind each door, but I learned there was always a story. As leaders, discoverers, dreamers, and doers, we can create tools to ensure the most meaningful possibility for all stories behind all doors. Please consider appointing me to the Board of Supervisors District 3 seat and let us stand on the forefront of possibility together.

I appreciate your consideration,



Kristen Randall

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AGS

**Kristen Randall**

PO Box 203, Arivaca, AZ 85601

**Professional Summary**

- Proven developer of practical innovations to address community needs concerning evictions, recovery, and access to justice
- A big-picture thinker who excels at analyzing data and collaborating with partners to deliver results
- Undaunted by obstacles and tackles challenges with pragmatism and enthusiasm

**EXPERIENCE**

**Pima County – Green Valley Justice Court – February 2021 to present**

*Court Administrator, Green Valley, AZ*

- Spearheaded novel programs to solve community needs: DUI treatment court, travel court, and mediation program
- Investigate legal questions, participate in financial audits, and ensure efficient court operation
- Use Pima County applications: Advantage, PowerBI, Pima Insights, Footprints, ADP, NeoGov, and created department budgets

**Pima County – Constable’s Office – April 2019 to February 2021**

*Constable, JP8 (elected position), Tucson, AZ*

- Developed a new program to reduce evictions and assist landlords and tenants
- Presiding Constable from 1/2020 to 2/2021, managed two budget cycles
- Worked with agencies, nonprofits, and elected leaders to help guide eviction policy during the COVID-19 pandemic

**Connection Newspaper – November 2013 to July 2022**

*Owner, Publisher, Arivaca, AZ*

- Manage print monthly newspaper serving southern Arizona
- Layout, budget, ad design, social media, website, and invoicing for a small newspaper

**Department of the Interior - U.S. Geological Survey – April 2010 to January 2020**

*Hydrologic Science Technician and Outreach Director, Tucson, AZ*

**Department of the Interior - U.S. Fish & Wildlife Service — May 2008 to April 2010**

*Biological Science Technician, Cortland, NY (May 2008-June 2009)*

*Administrative Assistant and Outreach, Sasabe, AZ (September 2009-April 2010)*

**AWARDS AND HONORS**

- League of Women Voters of Greater Tucson Women’s Leadership Award (2022)
- US Department of Justice FBI Community Service Award (2021)
- Highlighted in High Country News for an innovative approach to reducing evictions (1/2021)
- District 2 Community Recognition Award (2020)
- Pima Area Labor Federation Community Partnership Award (2017)
- Congressman Raul Grijalva Recognition Certificate (2017)
- USGS STAR award (2015, 2016)
- Fran Gartside Award from League of Women Voters (2009)

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## **EDUCATION**

- Arizona Attorney General 40-hour mediation certificate
- Mental Health First Aid, de-escalation and active listening, naloxone, and other relevant community training
- Advanced courses with the US Fish and Wildlife in biology and with the US Geological Survey in water quality, surveying, and groundwater data collection
- B.S. in Environmental Science, Harpur School of Geology, Binghamton University, NY
- A.S. in Environmental Studies, Sullivan County Community College, NY

## **MEMBERSHIPS AND AFFILIATIONS**

- AFSCME Local 449 member, current
- National Writer's Union member, current
- Arizona Association of Drug Court Professionals, current
- Arizona Association for Conflict Resolution, current
- Arivaca Helping Hearts Board, 2014-2018
- Buenos Aires National Wildlife Refuge Friends Group Board, 2010-2012

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

**Kristen Randall**

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

**PO Box 203, Arivaca, AZ 85601**

Public Office Held or Sought:

**Supervisor, Pima County Board of Supervisors**

District / Division Number (if applicable):

**3**

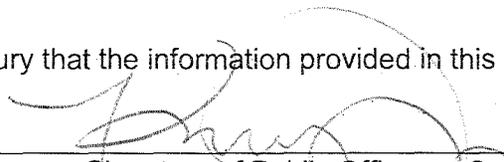
Please check the appropriate box that reflects your service for this filing year:

- 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 November 2022, to the month of November 2023.

**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)

**11-28-23**  
\_\_\_\_\_  
Date

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AP3

## A. PERSONAL FINANCIAL INTERESTS

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

### 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 children<sup>2</sup> 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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> BENEFITED | 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 |
|---|--|---|---|
| Kristen Randall   | Pima County, 130 W Congress                                    | Green Valley Justice Court              | Court Administrator   |
| Spouse  | USGS, 501 N Park Ave   | Department of the Interior              | Hydrologist   |
|   |  |   |   |

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 <sup>5</sup> BENEFITED | 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 |
|---|---|--|--|
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|-----------------|--------------------------------------|--|
|   |                 |                                      |  |
|   |                 |                                      |  |
|   |                 |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |

<sup>7</sup> 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 <sup>8</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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 |
|---|---|--|
|   |   |  |
|   |   |  |
|   |   |  |

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND                          | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST  |
|---|---|---|--|
| Kristen Randall   | FERS and TSP  | Federal retirement plan   | <input type="checkbox"/> \$1000 - \$25,000<br><input checked="" type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
| Spouse  | FERS and TSP  | Federal retirement plan   | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 + |
| Kristen Randall   | ASRS, EORP  | Arizona Elected Officials' Retirement Plan<br>and Arizona State Retirement System | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |

<sup>11</sup> 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 <sup>12</sup> 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 |
|---|--|--|---|
| Spouse  | Federal                                  | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>12</sup> 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 <sup>13</sup> 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 and Spouse   | Tucson, 900 ft <sup>2</sup>   | <input type="checkbox"/> \$1000 - \$25,000<br><input checked="" type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
| Self  | Arivaca, 3.5 acres            | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION          | AMOUNT OR VALUE OF<br>TRAVEL COSTS   |
|--|-------------------|--|
| Arizona Association of Drug Court Professionals  | Prescott, Arizona | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |                   | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            |
|  |                   | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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.

**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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED”<br>BY OR “DEPENDENT” ON YOU OR A HOUSEHOLD MEMBER |
|---|------------------------------|---|
| <b>Self</b>   | <b>Connection Newspaper</b>  | <input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent                           |
|   |                              | <input type="checkbox"/> Controlled <input type="checkbox"/> Dependent                                      |
|   |                              | <input type="checkbox"/> Controlled <input type="checkbox"/> Dependent                                      |

<sup>14</sup> 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.

\* 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.

| 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) |
|--|--|--|---|
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |

### 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><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.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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 "Kristen Randall".

Signature

Kristen Randall

Name

11-28-23

Date

NOV 28 23 PM 12:04 PC CLK OF BD  
AS3

**CONFLICT OF INTEREST DISCLOSURE MEMORANDUM**

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

FROM: Kristen Randall  
(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.

No specific case, but disclose a distant relative  
within the Constable's Office.

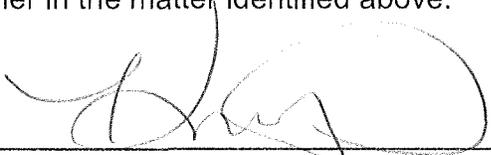
2. Describe the "substantial interest" referred to above.

Per Chapter 8.2.5, this degree of relative does  
not apply, but I feel it is my ethical duty to report.  
I have a second cousin in the Constable's Office.

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.

11-28-23  
Date

  
Signature

**Joe L. Machado**  
5750 N. Abington Road  
Tucson, Arizona 85743  
[jlmachadolaw@yahoo.com](mailto:jlmachadolaw@yahoo.com)

November 29, 2023

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

**Re: Board of Supervisors, District 3, Vacancy Appointment**

Dear Ms. Manriquez,

I am, in connection with the referenced matter, enclosing herein the following:

1. Resume
2. Financial Disclosure Statement
3. Conflict of Interest Receipt and Acknowledgment
4. Conflict of Interest Disclosure Memorandum

I have been exceedingly fortunate in my career and have been able to acquire a wide range of legal experience, both in the private and public sectors. I have successfully managed offices, personnel, and budgets. I have also had the privilege of serving as an elected County Attorney and as an appointed City Attorney. These positions have enabled me to acquire a wide range of experience in the political and public management arenas. I have fostered and maintained a wide net of contacts and relationships during my career. I take pride in having earned a reputation of being a competent individual and attorney,

trustworthy, and a person of integrity. I believe I possess the requisite qualifications and experience, and most importantly, the desire to be a successful Supervisor for Pima County. It is a position I hope I have the privilege to occupy. I look forward to this unique opportunity.

If you have any questions, or need anything additional from me, please do not hesitate to call.

Thank you



JOE L. MACHADO

**Attachments:**

Resume

Financial Disclosure Statement

Conflict of Interest Receipt and Acknowledgment

Conflict of Interest Disclosure Memorandum

# *RESUME*

## **PERSONAL INFORMATION**

**FULL NAME:** JOE L. MACHADO

**ADDRESS** 5750 N. Abington Road  
Tucson, Arizona 85743  
[REDACTED]  
[jlmachadolaw@yahoo.com](mailto:jlmachadolaw@yahoo.com)

## **EDUCATIONAL BACKGROUND**

Tucson High Tucson, Arizona High School Diploma

University of Arizona Tucson, Arizona Bachelor of Science Business Administration (With Distinction)  
Major in Personnel Management (Human Resources)  
Minor in Accounting/ Spanish

University of Arizona Tucson, Arizona Juris Doctor

**PROFESSIONAL BACKGROUND  
AND EXPERIENCE**

**ADMITTED TO THE PRACTICE OF LAW:**

Supreme Court, State of Arizona

United States Federal District Court for the State of Arizona

United States Court of Appeals, 9<sup>th</sup> Circuit

**PROFESSIONAL EMPLOYMENT:**

**LAW OFFICE OF J.L. MACHADO**  
Tucson, Arizona

January 2022 to  
September 2022

General practice of law – part-time

**LAW OFFICE OF J. L. MACHADO**  
Tucson, Arizona

January 2018  
to January 2020

Part-time attorney in Federal District Court,  
District of Arizona, Tucson, Arizona, as a CJA  
Panel member providing representation for  
indigent persons

**LAW OFFICE OF J.L. MACHADO**  
Tucson, Arizona

January 2018  
to July 2020

Special Counsel for the City of Nogales, Nogales,  
Arizona directing special projects and pending litigation

**LAW OFFICES OF J. L. MACHADO**  
Tucson, Arizona

January 1993  
to January 2018

Firm engaged in the general practice of law, doing  
work principally in the areas of real property,  
contractual transactions, and criminal law

**CONTRACT CITY ATTORNEY FOR THE CITY**  
**OF NOGALES**

January 2000  
to July 2003

April 2008 to  
January 2018

September 2022  
to present

**APPELLATE DEFENSE PANEL 9<sup>th</sup> CIRCUIT**  
Federal Appeals Court

1993 to 2000

**CRIMINAL TRIAL DEFENSE PANEL**  
Tucson Federal District Court

1993 to 2000  
2000 to 2015

**JUSTICE OF THE PEACE PRO TEMPORE**  
Pima County Consolidated Justice Court

1994 to 1995  
2007 to 2015

**SUPERIOR COURT JUDGE PRO TEMPORE**  
Pima County

2006 to 2008

**CITY MAGISTRATE PRO TEMPORE**  
City of Marana

1993 to 1994  
1997 to 2000

**SANTA CRUZ COUNTY ATTORNEY** 1985 to 1993  
Nogales, Arizona

**Larson, Soto & Machado, P.C.** 1979 to 1985  
Nogales, Arizona

Partner in firm primarily engaged in commercial transactions and litigation. City Attorneys for the City of Nogales; responsible for its civil representation and criminal prosecution.

**Santa Cruz County Attorney's Office** 1978 to 1979  
Nogales, Arizona  
Deputy County Attorney responsible for trial litigation of misdemeanor and felony prosecutions.

**Law Offices of L. Bernell Solsberry** 1977 to 1978  
Nogales, Arizona

Associate attorney primarily responsible for the preparation of cases, motions and pleadings for trial.

**PROFESSIONAL HONORS:**

Certificate of Achievement - American Academy of Judicial Education

Arizona Narcotic Officer's Association Award for Support of "War on Drugs in Arizona"

Certificate and Award of Achievement and Appreciation  
Arizona County Attorney's and Sheriff's Association

## **PROFESSIONAL ACTIVITIES**

Past Chairman and Member of Hearing Committee 4A of the Disciplinary Commission of the Arizona Supreme Court

Former Constitutional Law Instructor - Arizona Law Enforcement Training Academy

Current Member of Arizona Supreme Court Committee on Character and Fitness

## **COMMUNITY ORGANIZATIONS:**

Current member Masonic Lodge No. 11 F., & A.M.

Current member Flying Samaritans - Pilot and Interpreter for pro bono medical clinics conducted in Baja California, Mexico.

## **REFERENCES**

Dennis L. Miller  
Former County Manager - Santa Cruz County  
5480 W. Thornscrub Drive  
Marana, Arizona 85658

  
millerandassociates.dlm@gmail.com

Hon. Anna Montoya  
Former Santa Cruz County Superior Court Judge  
3191 N Edith Place  
Nogales, Arizona 85621



**Eugene Goldsmith, Esq.  
Goldsmith and Mendoza PLLC  
1670 E. River Road, Suite 200  
Tucson, Arizona 85718**

  
eng@goldsmith-mendoza.com

**George H. Soltero, Esq.  
Law Office of George H. Soltero PC  
6881 N. Oracle Rd., #37092  
Tucson, Arizona 85740**

  
gsoltero@solterolaw.com

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

**Joe L. Machado**

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

**5750 N. Abington Road**

Public Office Held or Sought:

**Pima County Supervisor**

District / Division Number (if applicable):

**District 3**

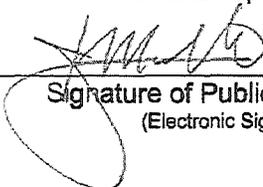
Please check the appropriate box that reflects your service for this filing year:

- 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 November 2022, to the month of November 2023.

**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)

November 29, 2023  
Date

NOV 29 23 AM 11:48 PC CLK OF BD

## A. PERSONAL FINANCIAL INTERESTS

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

### 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 children<sup>2</sup> 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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> BENEFITED | 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 |
|---|--|---|---|
| Joe L. Machado  | See attached Exhibit A   |   |   |
| Spouse  | See attached Exhibit A   |   |   |
|   |  |   |   |

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 <sup>5</sup> BENEFITED | 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   |   |  |  |
|   |   |  |  |
|   |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE              | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|------------------------------|--------------------------------------|--|
| Joe L. Machado                                  | Arizona State Bar - Attorney | Joe L. Machado                       | Arizona Supreme Court                      |
|   |                              |                                      |  |
|   |                              |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
| Joe L. Machado - None   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
| Spouse - None   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |

<sup>7</sup> 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 <sup>8</sup> 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 |
|---|----------------|---|---|
| Joe L. Machado  | None           | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
| Spouse  | None           | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
| Joe L. Machado - None   |                    |
| Spouse - None   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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 |
|---|---|--|
| Joe L. Machado  | Arizona Supreme Court   | Committee on Character and Fitness - Member  |
| Joe L. Machado  | City of Nogales, Arizona  | City Attorney  |
|   |   |  |

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND                           | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST  |
|---|---|--|--|
| Joe L. Machado  | Charles Schwab & Co., Inc<br>4640 East Sunrise, Suite #127<br>Tucson, Arizona 85718 | Mutual Funds, Stocks                                     | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 + |
| Spouse  | Charles Schwab & Co., Inc<br>4640 East Sunrise, Suite 127                           | Mutual Funds, Stocks                                     | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 + |
| Joe L. Machado  | Wells Fargo Bank<br>Tucson, Arizona   | Certificate of Deposit                                   | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 + |

<sup>11</sup> 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 <sup>12</sup> 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 |
|---|--|---|---|
| Joe L. Machado - none   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
| Spouse - none   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>12</sup> 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 <sup>13</sup> THAT OWNS LAND | LOCATION AND APPROXIMATE SIZE  | APPROXIMATE VALUE OF LAND  | IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DIVESTED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|--------------------------------|--|---|
| Joe L. Machado Spouse   | Rio Rico, Arizona<br>60+ acres | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                            |
|   |                                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A                                       |
|   |                                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A                                       |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION           | AMOUNT OR VALUE OF<br>TRAVEL COSTS   |
|--|--------------------|--|
| NLC Congressional Conference   | Washington, D.C.   | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
| ACCA 2023 Annual Conference  | Flagstaff, Arizona | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
| Public Practice Legal Seminar  | Prescott, Arizona  | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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.

**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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS                 | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED"<br>BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER |
|---|--|---|
| Joe L. Machado  | Law Office of J. L. Machado, Tucson, Arizona | <input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent                           |
|   |  | <input type="checkbox"/> Controlled <input type="checkbox"/> Dependent                                      |
|   |  | <input type="checkbox"/> Controlled <input type="checkbox"/> Dependent                                      |

<sup>14</sup> 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) |
|---|---|--|---|
| Joe L. Machado, Law Office of J. L. Machado                 | Legal Representation                                  | Legal Representation                                     | Municipal Corporation - City of Nogales                         |
|   |   |  |   |
|   |   |  |   |

**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.

\* 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.

| 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) |
|--|--|--|---|
| Joe L. Machado - none                                      |  |  |   |
| Spouse - none  |  |  |   |
|  |  |  |   |

**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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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 |
|--|--|---|
| <b>None</b>  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><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.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

# EXHIBIT "A"

## 2. Sources of Personal Compensation

Joe L. Machado

Sources of Income

Type

Arizona State Retirement System

Retirement payments

Arizona Elected Officials Retirement

Retirement payments

U. S. Social Security

Retirement payments

City of Nogales – Municipality

City Attorney Contract  
Wages

Spouse

Sources of Income

Type

Arizona State Retirement System

Retirement payments

U.S. Social Security

Retirement payments



# Pima County Clerk of the Board

## Melissa Manriquez

**Katrina Martinez**  
Deputy Clerk

**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

**Joe L. Machado**

Name

November 29, 2023

Date

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**CONFLICT OF INTEREST DISCLOSURE MEMORANDUM**

**TO:** Clerk of the Board, Pima County Board of Supervisors  
(Name and position of Public Agency Supervisor)

**FROM:** Joe L. Machado  
(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.

None

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.

November 29, 2023  
Date

  
Signature

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November 24, 2023

Pima County Board of Supervisors;

My name is April Ignacio, I am Tohono O'odham, reside on the Tohono O'odham Nation and live in the village of Komckud E-wa:so'dik, commonly known as Sells. I am a lone parent to six; Pachynne is my oldest and attends North West Indian College in Washington State, Winona attends the University of Arizona, Micah attends Sherman Indian High School in Riverside California, Vine, Trudell, and Thorpe are thriving at Indian Oasis Primary School here in Sells. I have been employed with the Tohono O'odham Ki:ki Association (tribal housing) since 2011, I work as the Warehouse and Fleet manager- this is how I pay the bills.

As a blue collar worker and active community member, I am excited to submit this letter of interest and consideration in the appointment of the remaining term for the current District 3 vacancy. District 3 is mostly rural, the concerns and issues will require someone with a commitment and understanding of the Tohono O'odham Nation government, rural community needs in relation to working side by side with other Board of Supervisors to meet the needs of all constituents in Pima County. The position to serve and fill the vacancy for District 3 is an important position within the County. My knowledge of the Tohono O'odham Nation, Native communities and rural areas within Pima County are invaluable. It is without a doubt that stepping forward, I will be the best person to appoint, my experience with the Native Community stands alone. District 3 Board of Supervisor position has been on my radar for years as I do watch the Board of Supervisors meetings online and try to stay current and up to date on issues. As a constituent, I recognize the importance of knowing what the current agenda items are and how budget decisions are being made.

I was raised with the concept that love is an action word, that providing service and exemplifying our gratitude and love by doing. I have been organizing through several capacities for as long as I can remember. I am the traditional womens games coordinator for my tribe and have officially served in that capacity since 2012. But even before then, whether it was playing in organized sports, organizing fundraisers, running community sports leagues participating in community events, my life has almost always been about service. I am excited about the opportunity to serve in a larger capacity and feel this is a unique occurrence that would be remiss for not attempting to express my interest to serve.

Thank you for your time, as I begin to kick off the 2024 campaign I look forward to working with you in the future as the next District 3 Pima County Board of Supervisor to Champion on behalf of my tribal community and rural Pima County.

Respectfully,

  
April Ignacio

NOV 29 2 28 PM '23 PIMA COUNTY CLERK OF BOARD

# April Hiosik Ignacio

PO BOX 66  
Sells, Arizona 85634



## EDUCATION

**International Institute of the Americas,  
Tucson, Arizona**  
Associate of Arts Degree in Criminal Justice  
Administration, Spring 2002

**Tohono O'odham Community College,  
Sells, Arizona**  
Associate of Liberal Arts in Tohono O'odham Studies,  
Spring 2012

**University of Arizona, Tucson Arizona**  
Bachelors of Science in History and American  
Indian Studies,  
In Progress

## COMMUNITY PROFILE

- Tohono O'odham Nation Traditional Women's Games Coordinator 2012-Current
- Johnson O'Malley (JOM) Parent Committee for Baboquviari Unified School District #40 2013-current
- Founding member of Indivisible Tohono- A Grassroots and Community based organization that focuses on State and Federal legislation that primarily impacts the Tohono O'odham Nation
- Pima County Precinct Committeeman, Legislative District 23- 2017-current
- The Opportunity Agenda Fellowship- 2018
- Arizona Democratic Party- Native American Caucus Chairwoman 2018-2022
- Arizona State Missing Murdered Indigenous Women & Girls Study Committee member- appointed by Arizona Governor Doug Ducey- 2019-2020
- Arizona State Missing and Murdered Indigenous Peoples Study Committee member- appointed by Arizona Speaker of the House, Rusty Bowers 2022
- Appointed to Pima County Democratic Party Executive Committee- 2019-current
- Democratic National Convention Congressional Level Delegate Representing Bernie Sanders- 2020
- Tribal and Rural Outreach Coordinator for Gabriella Cázares-Kelly for Pima County Recorder Campaign- 2020
- Facilitator and creator of online book club, "**RezBabes Book Club**" with Arizona State University and the Virginia Piper Center for Creative Writing -2021- current
- Arizona State Museum Community Curator 2022-current
- Arizona Democratic Party- Vice Chair 2022-current
- Arizona State Task Force for Missing and Murdered Indigenous Peoples- appointed by Governor Kaite Hobbs 2023- current
- Arizona Commission on Appellate Court Appointments- appointed by Governor Katie Hobbs 2023- current
- Southern Arizona Regional Missing and Murdered Indigenous Peoples Task Force (Pima County and City of Tucson) 2023- current



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## **WORK EXPERIENCE**

### **Tohono O'odham Ki:ki Association, Tohono O'odham Nation- Warehouse & Fleet Manager, December 2011- current SELLS, AZ**

- Supervises all activities of the facility, which involves overseeing team performance, expediting the receiving and inventory of goods, and ensuring efficient, organized storage.
- Audit and report inventory while making recommendations on which items to order and restock.
- Manage warehouse staff, monitoring work and ensuring the safe use of warehouse equipment.
- Establish warehouse practices to ensure safety, set warehouse team goals and reports to the Executive management team.
- Communicate with other departments to ensure products are received, inventory recorded in a timely manner.
- Plan, process and execute vehicle purchase and vehicle replacement through the Board of Directors.
- Develop and implement vehicle operational standards for company departments.

### **Curriculum/ Community Liaison, Tohono O'odham Nation- Education Administration, November 2007- December 2011 SELLS, AZ**

- Prepared an annual budget and proposal, inclusive of operational plans and objectives, achieves financial program objectives by establishing and monitoring budgets and expenditures.
- Ensured compliance with Johnson O'Malley Program's 638 federal contract guidelines by monitoring and evaluating all components of the program.
- Established, implemented and communicated goals, objectives, policies and procedures in accordance with strategic planning.
- Assisted with the scope and sequence of the program of study and plans for continuity and articulation from level of achievement to the next.
- Demonstrated positive interpersonal relationships with students, staff, other administrators and parents/community. Assisted and collaborated with building principals in the analysis of student achievement data and development of school and district instructional goals.
- Participates in drafting program proposals with entities as well as developing reports, data, tribal resolutions as necessary, including the writing and development of program goals, objectives and budgets for federal funding programs.

## **PUBLISHED WRITING**

Ignacio, April H., Opinion, "Trump's desired border wall will ruin a native people's way of life", Washington Post, December 3, 2018.

Ignacio, April H., Op-Ed, "Missing and Murdered Indigenous Women and Girls" Tucson Weekly, October 17, 2019

## **REFERENCES**

Anna Harper [REDACTED]  
Alfred Urbina [REDACTED]  
Jennifer Juan [REDACTED]

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

April Hiosik Ignacio

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

PO BOX 66 Sells, Arizona 85634

Public Office Held or Sought:

Board of Supervisor

District / Division Number (if applicable):

3

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 January 2023, to the month of December 2023.

**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)

11/29/2023

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.<sup>1</sup>

### 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 children<sup>2</sup> members of your household?     Yes (If yes, disclose how many 3)     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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> BENEFITED | 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 |
|---|---|---|---|
| April Ignacio   | Tohono O'odham Ki:Ki Association PO BOX 790 Sells AZ            | Tribal Housing Authority                | Warehouse and Fleet Manager                                       |
| April Ignacio   | WEND Collective 1550 Larimer Street Suite 680, Denver, Colorado | Philanthropic Organization              | Staff Support   |
|   |   |   |   |

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 <sup>5</sup> BENEFITED | 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   |   |  |  |
|   |   |  |  |
|   |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|-----------------|--------------------------------------|--|
| n/a   |                 |                                      |  |
|   |                 |                                      |  |
|   |                 |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
| n/a   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |

<sup>7</sup> 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 <sup>8</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
| n/a   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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 |
|---|---|--|
| Indivisible Tohono  | PO BOX 708 Sells, AZ 85634  | CEO  |
|   |   |  |
|   |   |  |

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST   |
|---|---|--|---|
| n/a   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |

<sup>11</sup> 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 <sup>12</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>12</sup> 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 <sup>13</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION | AMOUNT OR VALUE OF<br>TRAVEL COSTS  |
|--|----------|---|
| n/a  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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.

**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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED”<br>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                                      |

<sup>14</sup> 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.

\* 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.

| 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  |  |  |   |
|  |  |  |   |
|  |  |  |   |

### 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><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.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |



Melissa Manriquez  
Pima County Clerk of the Board  
33 North Stone Avenue  
Tucson, AZ 85701

November 29, 2023

Dear Ms. Manriquez:

Thank you for sharing this letter and accompanying documents with the Pima County Board of Supervisors. I want to thank Supervisor Sharon Bronson for her 27 years of service to our community. I congratulate her on her retirement and wish her well on her road to recovery.

This serves as my formal letter of interest in serving as the Pima County Supervisor for District 3. I seek the appointment to serve out the remainder of Supervisor Bronson's term. I will *not* be a candidate for office in the 2024 election.

I seek this appointment because I believe I am uniquely qualified, given the circumstances. I was a midterm appointee myself when the Pima County Board of Supervisors appointed me to fill a legislative vacancy in the Arizona House of Representatives in 2016. A few years later, I served on the staff of a Tucson City Council member who resigned due to health issues. In each case, continuity of service and avoidance of disruption were high priorities. My unique experience with these transitional situations, along with my professional and community service background, makes me a good fit for District 3 during the critical period from now until the winner of the 2024 election is seated.

Most of my experience in public office has been serving on the governing board of Amphitheater Public Schools since 2019. Like the Board of Supervisors, we are a five-member body that must work together to make policy and financial decisions that have lasting community impacts. One of our accomplishments I am most proud of is Amphi's successful partnership with Pima County on early childhood education. We expanded Pre-K to every elementary and high school in the district. Our high school sites combine Pre-K with CTE students working toward their certification childcare.

During my time in the Arizona House of Representatives I was a part of the bipartisan coalition that reestablished KidsCare in Arizona.

At the City of Tucson I worked on behalf of three different council members to address the needs of constituents. Working for the elected leaders of a large local government, I gained a deep understanding of what can—and in some cases, cannot—be accomplished. I also gained a crystal clear understanding that local government *must* deliver results.

My work in the community has also included board service with a number of nonprofits, including Literacy Connects, the Children's Advocacy Center of Southern Arizona, and Pyramid Federal Credit Union.

Thank you for your consideration for this rare opportunity to serve my community, one that I have loved and been a part of my entire life. I am happy to answer any questions you may have.

With Respect,

Matt Kopec



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# Matthew A. Kopec

Tucson, AZ 85719  
[LinkedIn Profile](#)

Phone: [REDACTED]  
Email: [REDACTED]

## PROFESSIONAL PROFILE

Results-oriented professional with extensive experience in community activities, volunteer coordination, and project management.

## KEY QUALIFICATIONS

Garnered a reputation as a 'go-to' resource when results are needed, recognized for a unique blend of thought leadership, innovative ideas, inspiring individuals, operational support, and planning. Optimizes results through effective process and people management, creating efficiencies and supporting process-driven teams across critical path operations. Builds trust by partnering and empowering individuals to contribute and achieve goals. History of facilitating progressive growth, seizing opportunities, strengthening operations, improving processes, and elevating output, quality, and customer satisfaction. Instrumental in executing various tasks simultaneously and within strict timelines; Ability to anticipate needs, multi-task, and prioritize duties efficiently and effectively.

| → Influential Communicator  | → Critical Thinker   | → Confident Decision Maker   |
|---|--|--|
| <u>SKILLS</u>   |  |  |
| Continuous Improvement<br>Relationship Development<br>Motivational Leadership<br>Community Involvement  | Policies & Procedures<br>Permitting Processes<br>Cross-Functional Collaboration<br>Effective Communication | Presentation & Facilitation<br>Honesty & Integrity<br>Multitasking & Prioritizing<br>Problem-Solving Methodologies |
| <u>CORE COMPETENCIES</u>  |  |  |
| <p><b>Collaboration:</b> Able to liaise and collaborate effectively with internal and external partners, top management, and clientele to ensure organizational expectations are met.</p> <p><b>Interpersonal Skills:</b> Excellent communication skills via e-mail, over the phone, and in person. Maintains professionalism, especially under high-pressure situations. Can positively and successfully diffuse a stressful situation.</p> <p><b>Decision Making:</b> Able to quickly analyze information to weigh out the best possible options before making decisions to achieve results and exceed expectations.</p> <p><b>Leadership:</b> Demonstrated success as a leader with excellent initiatives inherent in eliciting a team's best quality with a commitment to the highest service levels. Leads by example with ethics and integrity.</p> |  |  |

## PROFESSIONAL CAREER EXPERIENCE AND ACCOMPLISHMENTS

- Recruiting & Retention Coordinator, Pima County Health Department** **07/2023-Present**
- Identify and implement dynamic professional development strategies to foster employee skill development and growth.
  - Contribute to coordinating employee retention initiatives, identifying and championing employee wellness programs, and strategizing effective approaches to build strong partnerships between the department and local educational institutions, promoting careers in public health.
  - Collaborate on and drive initiatives within the Employee Training & Development Program, strategically influencing the department's retention and recruitment strategies for optimal outcomes.
  - Spearheads the enhancement of the department's public health career management processes and strategies, which involves conducting employee skill assessments, facilitating professional development opportunities, and nurturing staff members' professional growth.
- Employee Training & Development Program Manager, Pima County Health Department** **06/2023-07/2023**
- Led various facets of organizational development endeavors within the department, demonstrating a proactive approach encompassing planning, execution, and oversight.
  - Supported organizational development initiatives, including designing and delivering professional growth and development training programs for employees, establishing a robust and inclusive internship and volunteer program, and nurturing collaborative opportunities for professional development activities between academic institutions and Health Department staff.
  - Played a key role in enhancing the department's public health career management processes, proactively identifying and implementing strategies to foster employee skill development.
  - Orchestrated employee retention initiatives and championed employee wellness activities to promote a thriving and engaged workforce.

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# Matthew A. Kopec

Tucson, AZ 85719  
[LinkedIn Profile](#)

Phone: [REDACTED]  
Email: [REDACTED]

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## PROFESSIONAL CAREER EXPERIENCE AND ACCOMPLISHMENTS

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### **Academic Partnership Coordinator, Pima County Health Department**

**04/2022-06/2023**

*Other Positions Held: Interim Internships and Volunteer Coordinator*

- Led the development, implementation, and execution of strategic plans to facilitate the advancement of the Health Department's public health academic and learning environment.
- Identified potential academic sponsors and handled the development of proposals for new partnerships; drafted, negotiated, and managed contracts. Manage all aspects of existing partnerships and collaborate with high schools, CTE programs, and universities for internship placements.
- Worked closely with academic institutions to plan, organize, and coordinate professional development programs for the Health Department's employees.
- Reviewed proposals from potential partners, selected the appropriate ones based on mutual interests, and fostered multicultural and multi-disciplinary academic partnerships.
- Increased community engagement and encouraged relationship-building with academic institutions, organizations, and public health practitioners to ensure ongoing support for campaigns and initiatives.
- Oversaw and coordinated the department's activities to ensure all academic partner requirements were met and enhance formal partnership agreements with academia.

### **Council Aide, Ward III Council Office, City of Tucson**

**12/2013-01/2016 & 01/2017-02/2022**

- Led the development and production of written materials in the form of memorandums and briefings to outline and inform the policy priorities of the Council Member.
- Prepared written communication such as newsletter responses, email responses, and speeches to inform the public of the Ward office's policy positions and current events.
- Functioned as the team leader for environmental services and public safety issues and a representative for the Council Member at community events and working groups.
- Facilitated the efficient and timely resolution of constituent concerns and problems by collaborating with various City Departments. Assisted neighborhood groups by providing support in the form of advocacy and resources.
- Conducted extensive research and analysis of transportation and policy issues, established solutions, and implemented appropriate policy changes.

### **State Representative, Arizona House of Representative**

**01/2016-01/2017**

- Met with constituents, listened to, and addressed their concerns, minimized challenges via legislative actions, and identified resources to promote the region's success.
- Provided sufficient support to the legislation, including the state budget, to support the construction, rehabilitation, and expansion of region-oriented projects.
- Effectively provided guidance as a member of the Transportation and Infrastructure and Energy, Environment, and Natural Resources Committee member.
- Attended local events to connect with constituents, including public functions such as school board meetings, and offered solutions from the state.
- Worked with staff to research proposed changes to existing laws and new initiatives. Responded to constituents' questions about bills promptly.

### **Campaign Manager, Karin Uhlich for Tucson City Council**

**02/2013-11/2013**

- Led the execution of the field program and coordinated communications between all campaign staff members, volunteers, and stakeholders to ensure effective communication within the campaign team.
- Collaborated with the county party to oversee the staff members who worked on the campaign's success, including employing new staff members and firing unproductive employees.
- Identified and determined strategic locations to hold canvasses or other events to reach target audiences and oversaw volunteer recruitment processes.
- Directed volunteers to keep supporters informed about campaign activities and researched to identify potential voters who could be persuaded to vote for the candidate.
- Conducted extensive research and analysis of transportation and policy issues, established solutions, and implemented appropriate policy changes.

# Matthew A. Kopec

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Tucson, AZ 85719  
[LinkedIn Profile](#)

Phone: [REDACTED]  
Email: [REDACTED]

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## COMMUNITY INVOLVEMENT

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### ***Board Member, Amphitheater Unified School District, 01/2019-Present***

- Elected as a Board Member for a diverse school district that serves over 12,000 students and effectively manages a \$90 million school budget.
- Provide supervision and oversight of the Superintendent to achieve success, confirm budget compliance, and lead the development and implementation of the district's policy.

### ***Legislative Committee Member, Arizona School Boards Association, 06/2022-05/2023***

- Support the creation of ASBA's political agenda by providing recommendations to members for deliberation at the Delegation Assembly.

### ***Board Member, Literacy Connects, 01/2019-Present***

- Assist with managing an annual budget of over \$2 million and more than 1,500 dedicated volunteers. The Literacy Connects programs provide opportunities to over 50,000 people in Southern Arizona to realize their potential.

### ***Vice Chairman of the Board, Pyramid Federal Credit Union, 07/2021-Present***

- Voted in as Board Vice Chairman of a federally chartered, National Credit Union Administration-backed member-owned institution with over \$200 million in assets.

### ***Board Member (Former Treasurer), Southern Arizona Children Advocacy Center, 08/2017-Present***

- Served as the previous Treasurer for the Board of Directors, managing an approximately \$2 million budget for the SACAC, which provides medical, investigative, and advocacy services for children who are victims of abuse and neglect.

### ***Advisory Board Member, La Paloma Family Services, 06/2017-Present***

- Function as a community board member providing oversight and support for La Frontera, Arizona's foster care, therapeutic foster care, and group home programs.
- Help manage a budget of approximately \$1.5 million for the two groups owned by La Paloma and prepare detailed reports on using budgeted funds.

### ***Board Member, Catalina High School Foundation, 12/2016-Present***

- Serve as an alumni board member of the organization that provides financial assistance for scholarships, extra-curricular activities, and purchasing school supplies and basic living needs for Catalina Magnet High School students.

## EDUCATION

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Bachelor of Arts, Political Science and Sociology, University of Arizona, 05/2011

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Matt Kopec

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

3700 N. 1st Ave Apt 1065 Tucson, AZ 85719

Public Office Held or Sought:

Pima County Board of Supervisors

District / Division Number (if applicable):

District 3

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 November 2022, to the month of November 2023. \* I am only seeking the appointment and will not run for a full term

VERIFICATION

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

Signature of Public Officer or Candidate: /s/ Matthew Kopec

Digitally signed by Matthew Kopec
Date: 2023.11.27 17:00:11 -07'00'

Date: 11/27/23

Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

Date

Vertical stamp: FILED TO CLK OF BO

## A. PERSONAL FINANCIAL INTERESTS

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

### 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 children<sup>2</sup> 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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> BENEFITED | 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  | Pima County 3950 S. County Club Rd                             | Public Health                           | Career Services   |
| Self  | Cunningham for Council 3849 E. Broadway Blvd #229              | Political Campaigns                     | Bookkeeping   |
|   |  |   |   |

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 <sup>5</sup> BENEFITED | 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   | N/A   |  |  |
|   |   |  |  |
|   |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|-----------------|--------------------------------------|--|
|   | None            |                                      |  |
|   |                 |                                      |  |
|   |                 |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
|   | None  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |

<sup>7</sup> 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 <sup>8</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
|   | None               |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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 |
|---|---|--|
| Self  | Pyramid Federal Credit Union 4911 E. Broadway Blvd  | Board Member (Vice Chair)  |
| Self  | Literacy Connects 200 E Yavapai Rd  | Board Member   |
| Self  | Children's Advocacy Center 2329 E Ajo Way   | Board Member   |

|      |  |              |
|------|--|--------------|
| Self | La Frontera 502 W 29th St<br>(La Paloma Family Services and<br>La Fontera Partners ONLY) | Board Member |
|------|--|--------------|

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND        | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST  |
|---|--|--|--|
| Self  | Edward Jones 333 N Wilmot Rd<br>Suite 140                        | Retirement Account                                       | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
| Self  | Nationwide Retirement 1 Nationwide Plaza<br>Columbus, Ohio 43215 | Retirement Account                                       | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |  |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            |

<sup>11</sup> 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 <sup>12</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>12</sup> 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 <sup>13</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION | AMOUNT OR VALUE OF<br>TRAVEL COSTS  |
|--|----------|---|
| None   |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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.

**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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED”<br>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                                      |

<sup>14</sup> 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.

\* 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.

| 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   |  |  |   |
|  |  |  |   |
|  |  |  |   |

### 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><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.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |



# Pima County Clerk of the Board

Melissa Manriquez

**Katrina Martinez**  
Deputy Clerk

**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.

|               |  |                   |          |
|---------------|--|-------------------|----------|
| Matthew Kopec | Digitally signed by Matthew Kopec<br>Date: 2023.11.27 17:05:26 -07'00' | <b>Matt Kopec</b> | 11/27/23 |
| Signature     |  | Name              | Date     |

  
 NOV 30 2023 10:29:29 PC CLK OF BD

Jennifer Allen  
2926 E Alta Vista St  
Tucson, AZ 85716

November 30, 2023

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

Basic Qualifications:

- Over 18 years of age
- Resident of Arizona
- Resident of district 3
- Elector of county or precinct
- Literate in English
- Democrat

Dear Melissa Manriquez and members of the Board of Supervisors:

With much respect, I submit this letter to express my interest in the appointment for the District 3 seat on the Pima County Board of Supervisors. The appointee would serve the remaining year of Sharon Bronson's term until December 31, 2023. While no one can fill Sharon Bronson's shoes, it would be an honor to engage and represent District 3 communities and to support the Board of Supervisors' role in advancing Pima County's mission to ensure safe communities, nurture economic development, sustainably manage natural resources, and protect the public's health.

My life's work, alongside community leaders, organizations, and families, has centered on envisioning and building just and sustainable communities. My track record is rooted in combating systemic inequity and racism and advancing justice, dignity, and opportunity. My practice is to put those who are most directly impacted by the problem closest to the seat of power where decisions are made. I have served in executive and senior leadership roles where I've had the privilege of grappling with some of the most complex issues facing our region and county. I have worked in urban and rural areas, with immigrant, border, and indigenous communities, with people experiencing homelessness and the criminal justice system. I have built and led organizations, departments, programs, and campaigns on the local, statewide, regional, and national levels. And, I've worked within complex organizations with boards of directors, senior leadership teams, membership, and disbursed, remote staff. This breadth and depth of community, organizational, and leadership experience would enable me to hit the ground running as the appointed District 3 Supervisor.

Fundamentally, I'm interested in the role because I see working families and people on fixed incomes struggling to make ends meet in the district. Pima County residents, like people across the globe, are grappling with extreme heat, drought, and other effects of climate change. The economic and existential urgency is such that we cannot wait for someone else to solve problems for us; now is the time to act. We need to work together in southern Arizona to invest in a better future for every one of us. This means that housing should be affordable, that we reduce inequity, and we support high-wage jobs while we take bold action to eliminate greenhouse gasses and reverse the effects of climate change. We need criminal justice reforms that stop our over-reliance on jails and prisons while we provide much needed addiction, trauma, and mental health treatment. We can and must end the epidemic of missing and



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murdered indigenous people and trust the leadership of indigenous communities. Our humanity tells us that we should be welcoming to those seeking asylum and compassionate to those who lack housing. These are some of the values and priorities I would bring to the Board of Supervisors.

Pima County's 3<sup>rd</sup> District is diverse on many levels. The district spans rural and urban areas, includes two indigenous nations, and is nearly 50% people of color and indigenous communities. Retirees, ranchers, conservationists, working families, border crossers, LGBTQ+, and many more people make District 3 as unique as it is. My skill and experience in listening and bringing people together across lines of difference to find common values and shared agreements on solutions would help create momentum and alignment within the district for meaningful change at the County. For example, while at the Border Action Network, I brought together a powerful coalition of faith leaders, law enforcement, growers, environmentalists, ranchers, elected officials and others from Arizona's four border counties. The group congealed around a set of border and immigration policy recommendations and became effective advocates for Congressional action. Many of these recommendations continue to be a staple of federal immigration reform proposals to this day.

As an Executive Director and in other senior-level roles, I've developed an organizational and strategic approach that can help address the infrastructure and operational needs of Pima County and the District. In all my roles, I've learned how to balance responding to immediate needs and changing landscapes while keeping an eye on long-term goals, budgets, and plans. I am comfortable with multimillion-dollar budgets and financial oversight and management. I have developed and refined systems, processes, and procedures to ensure a level playing field and that the "rules of the game" are transparent, widely known, equitable, and accessible to the people who need to use them, be it employees, community members or others. I have facilitated and participated in multi-year strategic planning and annual planning and created dashboards and systems to measure and assess progress toward goals. While these are not the flashy skills one puts on a lawn sign, they are the behind-the-scenes skills that will ensure that District 3's residents can utilize meaningful services and programs.

If appointed, I will work to make the transition as smooth and transparent as possible. I am confident that I can work with colleagues on the Board, County Administration and Directors, as well as community leaders across the district to minimize any disruption of services and representation to District 3. I have included my resume to provide more details of my experience. I look forward to the opportunity to discuss this further and am happy to answer any questions you may have of me.

Sincerely,



Jennifer Allen



**JENNIFER J. ALLEN**

[REDACTED]  
[REDACTED]  
Tucson, Arizona

**CAREER SUMMARY**

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A passionate leader with more than twenty-five years of experience working at local, state, and national levels to win transformational change that asserts a vision of justice, health, equal opportunity, and dignity for all. Proven track record at launching, developing, and growing strategic issue campaigns, powerful community organizing, methodical civic engagement programs, and creative policy solutions. Keen understanding of people, culture, and process that results in building strong teams, growing staff leadership and guiding organizational change. Strengths include articulating a powerful and motivating high-level vision that is complemented by nuts-and-bolts expertise in social change strategies, systems and operations, tools, and tactics. Demonstrated success in public speaking and building relationships that result in exceeding fundraising goals, being a trusted source for media outlets, and bringing unlikely partners to the table.

**EDUCATION AND TRAINING**

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UNIVERSITY OF COLORADO, Boulder, CO.

- o Bachelor of Arts in Anthropology. May 1995
- o Certificate Degree in Social Change. May 1995
- o Internships: Native American Rights Fund and Black Mesa Permaculture Project

THE MANAGEMENT CENTER

- o Managing to Change the World
- o Managing for Racial Equity, Inclusion and Results
- o People of Color & Indigenous Cohort
- o Remote Management through Covid-19

UNSTOPPABLE CULTURES FELLOWSHIP

Participant in fellowship program to build and sustain powerful organizational cultures

ROCKWOOD: ART OF LEADERSHIP FOR WOMEN IN RACIAL JUSTICE AND HUMAN RIGHTS (2010) and DEMOCRATIZING LEADERSHIP (2021)

OTHER RECENT MANAGEMENT AND LEADERSHIP TRAINING: Board governance, organizational lifecycles, union contract rights and roles for management, anti-blackness in Latinx communities, bystander interventions, giving and receiving feedback, implicit bias and macro/micro-aggressions, white fragility, legal firewalls, and financial management.

**RELEVANT EXPERIENCE**

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**ACLU OF ARIZONA**, Phoenix and Tucson, AZ

*Executive Director, 2021-2023*

Led the 64-year old organization through a period of significant organizational and cultural change. Oversaw legal, policy, communications and organizing strategies that address a breadth of civil rights issues in Arizona: criminal justice reform, reproductive rights, immigrants' rights, border justice, LGBTQ rights, and voting rights, among others. Led a staff of 23 spanning two cities and managed 9-member leadership team. Managed board of directors and board committees. Developed, managed, and fundraised for a \$4.5M budget. Led a new format and process for inclusive board and staff strategic planning to drive long-term sustainability, organizational capacity building, and to update vision, mission, values as well as a dashboard to assess progress towards goals. Overhauled and clarified annual issue and campaign planning and decision-making processes to ensure clarity and distribute leadership. Launched an organizational change process to advance equity, diversity, inclusion and belonging into every facet of the organization. Professionalized organizational policies and procedures. Represented management in contract bargaining agreement negotiations with the staff union.

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**LEAGUE OF CONSERVATION VOTERS**, Washington, D.C. (remote)

*Senior Vice President of Community & Civic Engagement, 2017 – 2021*

Developed and lead the Community & Civic Engagement department that oversees grassroots community organizing, civic engagement, candidate recruitment and training, and cultural strategies. Develop and manage a budget of up to \$22M. Fundraise over \$12M annually from foundations, individual donors and partnerships. Remotely manage a staff of up to 32 people nationwide. Member of the executive team and provide organization-wide leadership to programs, fundraising, and racial justice and equity. Represent the organization publicly. Collaborate with 30+ state affiliate Executive Directors. Provide leadership for strategic planning and alignment with annual, quarterly, and monthly goals. Serve as a thought-leader and thought-partner with colleagues and network leaders.

*Vice President & Chispa National Director, 2015-2017*

Provided leadership described below and transitioned the “Latino Outreach Program” from a program into an organization-wide strategy in which Latinx and other communities of color were better reflected in every aspect of the organizations’ work, from electoral turn-out programs to legislative priorities to candidate endorsements. Expanded civic engagement efforts as part of Latinx organizing programs. Hired and managed national and state staff and consultants. Facilitated local and national planning processes. Developed and managed relationships with organizational partners and coalitions. Helped launch an organizational change process to integrate racial justice and equity into every aspect of the organization. Served as an interim member of the Executive Team in the absence of Campaigns department leadership.

*Latino Outreach Program Director, 2013-2015*

Developed a program for LCV to better reflect and voice the concerns and solutions of Latinx families disproportionately impacted by climate change and environmental injustice. Worked with state affiliates to develop and implement grassroots community organizing programs and local environmental issues campaigns led by Latinx families. Oversaw the development of communications, digital and membership programs targeting Latinx individuals. Developed, managed and fundraised for a budget of \$3M. Represented LCV in Spanish-language media and with external partners and events. Provided leadership to the Campaigns department.

- Launched and co-led a racial justice and equity organizational change process that has transformed the organization, its board of directors, and the affiliate network and resulted in a commitment to become an anti-racist organization
- Raised tens of millions of dollars from national and regional foundations and individual donors, including working with our Senior Vice President of Development to develop branding and marketing that reflects the increasing role of communities of color and racial justice in the organization
- Introduced grassroots community organizing and civic engagement strategies and programs, resulting in a new organizational definition of building power, a broader theory of change and an analysis of racial justice and equity that infuses the organization for the first time in its near 50-year history
- Elevated democracy and civic engagement as central to the mission of the organization and network of 30+ affiliates resulting in our Democracy for All program growing into a \$20M+ operation in 10+ states that has registered more than 1.2 million voters since 2012 and supported the passage of 6 voting rights ballot measures
- Incubated Chispa Arizona from a small organizing program into a new state affiliate in Arizona that is now a political powerhouse critical to winning seats on the Arizona Corporation Commission, legislature and environmental policies
- Founded Chispa, a multi-state environmental justice community organizing program that developed a Latinx grassroots leadership base of more than 7k members in 6 states and brought more than 50 Latinx staff into the environmental movement
- Developed the Clean Buses for Healthy Niños campaign that resulted in governors and legislatures in 11 states dedicating tens of millions to electrifying school buses and public transportation and federal legislation dedicating \$1 billion for electric school buses

## **BORDER ACTION NETWORK, Tucson, Arizona**

### *Founding Executive Director, 2001 – 2011*

Developed and evolved a grassroots organizing model tailored to the realities of undocumented and border communities. Trained leaders and staff to take on increasing responsibility. Set up and grew administrative, financial, and other systems. Raised annual budget of \$400,000 through small grants and individual contributions. Managed a team of 7, recruited and engaged board of directors, developed, and oversaw campaigns focused on policing, immigration policies, workers' rights, housing rights, education, border vigilantism, human rights abuse documentation, and others. Developed communications and digital strategies. Developed, led, and co-led coalitions and partnerships with organizations, churches, schools, media outlets, and other institutions.

- Transformed a small activist group into a powerful statewide community organization with over 200 grassroots leaders, active committees in a dozen Arizona towns, a membership of 4,500 families, and an online membership of 7,000
- Grassroots leaders, who were mostly undocumented, led campaigns that put them nose-to-nose with Border Patrol leaders achieving improved training and oversight of border agencies
- Led an international campaign that resulted in finding witnesses and victims critical to the prosecution of border vigilante groups and sanctions on vigilante patrols on state lands
- Served as a plaintiff in ACLU lawsuit against AZ Governor Brewer and SB1070 and urged U.S. Department of Justice legal intervention against SB1070
- Led successful multi-issue campaigns that stopped more than 70 anti-immigrant bills at the Arizona legislature; limited local police and sheriff's coordination with immigration enforcement agencies; increased Latinx voter registration and turnout by more than twenty percent in Arizona border communities; protected golf course workers from toxic exposure and wage theft; protected mobile home park renters from landlord abuse; and other wins
- Co-founded One Arizona, a statewide coalition to coordinate civic engagement efforts that surged during the fight to stop the passage of SB1070

## **PRO NEIGHBORHOODS, Tucson, Arizona**

### *Project Associate, 1999-2001*

Provided project development support, training, and grant funding to Tucson neighborhoods, Indigenous and rural communities throughout Pima County for community-building projects, including community gardens, rainwater harvesting, documenting oral histories, care for home-bound seniors, and much more. Developed curriculum and led training for neighborhood and community leaders in how to develop and monitor budgets, meeting facilitation, volunteer outreach and recruitment. Connected neighborhood and community leaders with city and county resources and relevant staff. Provided reports on progress to PRO Neighborhoods funders: City of Tucson, Pima County, United Way, and Community Foundation of Southern Arizona.

## **WESTERN SHOSHONE DEFENSE PROJECT, Crescent Valley, Nevada**

### *Staff, 1995 - 1999*

The Western Shoshone Defense Project (WSDP) was a non-profit organization established by the traditional government of the Western Shoshone to protect Shoshone lands from corporate and government destruction and to help advance recognition of land and treaty rights. Led by Carrie and Mary Dann, Western Shoshone elders and human rights and environmental leaders and recipients of the Goldman Prize award. Oversaw fundraising and financial management. Coordinated Shoshone participation and documentation for United Nations, Organization of American States (OAS), and domestic legal strategies. Co-developed and led campaigns targeting transnational gold mining corporations and Department of Defense bombing ranges and testing programs. Wrote and produced newsletters, reports, and other communications. Organized gatherings and events bringing together Shoshone youth, elders, and supporters to rally support for protecting Shoshone lands and cultural traditions.

- Learned about and implemented organizational development practices – fundraising, financial management, database development, developing media lists and plans – that helped evolve an American Indian Movement

(AIM) resistance encampment into a respected, effective indigenous land rights organization guided by Shoshone elders

- Through research, documentation and storytelling, helped secure successful United Nations and Organization of American States human rights complaints against the U.S. government for violating Shoshone land rights
- Stopped a Canadian gold mine company from doing exploratory drilling on Shoshone lands by partnering with First Nations organization in Canada to take over a series of shareholders meetings
- Through state-wide coalition building with environmentalists, delayed Barrick Gold Mining expansions (still held up in the courts) that would have destroyed sacred places and water
- Through relationship building and mobilizing tribal council leadership across the state, stopped a proposed dam project from flooding Shoshone ceremonial grounds

## **SELECTED BOARDS, APPOINTMENTS & OTHER VOLUNTEER EXPERIENCE**

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LAS ADELITAS ARIZONA AND LAS ADELITAS AZ PAC

*Former board chair and board member; political committee member, 2014-2020*

Volunteer-based organizations dedicated to recruiting, educating, and mobilizing Latinas in Arizona to engage in the political process and progressive issues that impact Latinas.

GREENLATINOS

*Board of Directors, 2017-2021*

National non-profit that convenes a broad coalition of Latino leaders committed to addressing national, regional, and local environmental, natural resources and conservation issues that significantly affect the health and welfare of the U.S. Latino community.

DORIS DUKE CHARITABLE FOUNDATION

*Advisory Committee Member, January – October 2020*

Advised foundation staff on the development of a new Diversity, Equity and Inclusion Capacity Grant Program and reviewed and selected grant recipients.

CITY OF TUCSON COMMISSION ON CLIMATE AND CLEAN ENERGY

*Appointed Commissioner and Commission Chair, 2017-2019*

Recommended actions for Tucson Mayor and City Council to advance the City's climate, clean energy, and sustainability strategic plan goals. As Chair, led the Commission's first strategic planning and priority-setting process and established values and working agreements to guide the commission's recommendations and decision making.

CITY OF TUCSON CHIEF OF POLICE & CITY MANAGER HIRING COMMITTEES

*Appointed member of hiring committees for the City Manager (2015) and Chief of Police (2016)*

"SE HACE CAMINO" MIA 97.1

*Host of weekly Spanish-language public affairs radio program in Tucson, Arizona, 2012*

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Jennifer Allen

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

2926 E Alta Vista St, Tucson AZ 85716

Public Office Held or Sought:

Appointment to Pima County Board of Supervisors

District / Division Number (if applicable):

District 3

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 November 2022, to the month of November 2023.

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**VERIFICATION**

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


11/30/23  
 \_\_\_\_\_  
 Signature of Public Officer or Candidate      Date  
(Electronic Signatures Accepted)

## A. PERSONAL FINANCIAL INTERESTS

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

### 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 children<sup>2</sup> 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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> BENEFITED | 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 |
|---|--|---|---|
| Spouse  | City of Tucson, 255 W Alameda St Tucson, AZ 85701              | City government                         | Council staff   |
| Self  | ACLU of AZ, PO Box 17148 Phoenix AZ 85011                      | Civil rights nonprofit                  | Executive Director  |
|   |  |   |   |

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 <sup>5</sup> BENEFITED | 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   |   |  |  |
|   |   |  |  |
|   |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|-----------------|--------------------------------------|--|
| N/A   |                 |                                      |  |
|   |                 |                                      |  |
|   |                 |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
| N/A   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |

<sup>7</sup> 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 <sup>8</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
| N/A   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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   |   |  |
|   |   |  |
|   |   |  |

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND        | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST  |
|---|--|--|--|
| Self and Spouse   | Fidelity Investments, PO Box 770001<br>Cincinnati, OH 45277-0002 | Retirement Funds   | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 + |
|   |  |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            |
|   |  |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            |

<sup>11</sup> 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 <sup>12</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>12</sup> 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 <sup>13</sup> 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 and Spouse   | 520 W Clarendon Ave, Unit G2 Phoenix, AZ 85013 | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input checked="" type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                              |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION | AMOUNT OR VALUE OF<br>TRAVEL COSTS  |
|--|----------|---|
| N/A  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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.

**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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED”<br>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                                      |

<sup>14</sup> 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.

\* 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.

| 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  |  |  |   |
|  |  |  |   |
|  |  |  |   |

### 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><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.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |



# Pima County Clerk of the Board

Melissa Manriquez

**Katrina Martinez**  
Deputy Clerk

**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 cursive script, appearing to read "J. Allen", written over a horizontal line.

Signature

**Jennifer Allen**

Name

**11/30/23**

Date



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# Edgar F. Soto M.Ed.

Dear Pima County Board of Supervisors, I am interested in serving as Pima County Supervisor District 3.

If given the honor of being appointed as a Supervisor representing District 3, I see it as an opportunity to support the current Pima County Supervisors elected to the board by Pima County and minimize any disruption that can come with the transition. Coming from the perspective of the public education space, I understand the responsibility civic leaders shouldered during the pandemic. Having felt the impact of decisions made by this board through a complicated time in history, I possess a high level of respect for this board. I view this opportunity as a means to further serve the community I love and support the momentum this board has created. My motivation to serve in this capacity for the next year is tied to my father.

My father was an employee for the city of Tucson. He worked as a garbage man & groundskeeper. He was a man full of joy & love for his community. The job he loved the most during his tenure with the city was when he was a groundskeeper at El Rio Golf Course. Back then, city employees were able to play the course for free. He was meticulous about making sure the greens were in impeccable condition, and the course played true.

I remember how heartbroken he was when a policy was instituted that revoked the waived green fees to city employees because he loved playing the course he manicured. His heartbreak over this issue left an impression on me that is tied to civic stewardship. His philosophy around being a good citizen, employee, and neighbor was pretty simple: When it comes to policy, do things right. When it comes to people, do the right thing. His humanity and his lessons continue to serve me, and I am hopeful that I may be able to amplify the impact that this board makes as a way to honor my late father.

I am fortunate to hold a responsibility that I am passionate and skilled at as a Vice President at Pima Community College. My calling is deeply connected to creating pathways for opportunities for underserved community members, and I see community college as the great equalizer for economic development. I have been an administrator since 2009 and a Vice President since 2018. For the last nine months, I have been the Campus Vice president at my current campus (Desert Vista) and served as the interim Campus Vice President at the East Campus while we were searching to hire a Vice President for

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that campus, which we did on November 6th. My ability to work across differences and put people first has translated well in my role at the college as well as being felt at the state level.

For the last five years, I have worked at the state level to help get two bills passed. I am currently serving as Chair of the Southern Arizona Sports and Tourism Authority, a public sub-body of the state of Arizona. I would remove myself from the authority if I were appointed. Having served at Pima Community College for over 27 years, I have learned that providing clarity during uncertain times is the key to advancing initiatives and winning over stakeholders. My ability to quickly process dynamics and data, coupled with my intention to serve for a year, will translate well for the board and the people of Pima County.

An example of how these skills will translate in this position can be recognized in the passing bills of SB 1710 & HB 2156. These bills will create economic impact through sports, film, and responsible tourism. If there is one thing I have learned at Pima CC, it is that people want good jobs with livable wages so they can live lives of meaning and purpose. My North Star is everything I do is directly connected to building community. This appointment allows me to do it in a focused and unique manner, and I see my responsibility as being additive, not disruptive, by helping advance current priorities.

We all felt the loss of spring training and film. We lost economic opportunities and income that would go to our communities, schools, and quality jobs. We lost a lot of skilled workers in the film and hospitality industry. You all on the board have built some strong momentum for the county. It is exciting to see the economic impact your votes have created. It's even more exciting to consider the financial impact this will have on our schools, infrastructure, and neighborhoods.

We can drive economic development through industry diversification. We want to ensure a sustainable source of pro-economic and pro-social development. And if we can continue to do this right, the impact will be felt for generations. My whole career has been dedicated to creating pathways and access to all, regardless of their zip code. Building equity and shrinking achievement gaps. Talent is all over the county. We need to ensure access for all, especially the most vulnerable. By doing this, we will create pathways to retain creative talent, highlight our culture, and attract new opportunities that will highlight all that Pima County has to offer.

I have recently completed the Flinn Brown Fellowship for Civic Leadership, a prestigious program that has significantly enhanced my understanding of public policy and governance. This fellowship provided

invaluable insights into state and local government complexities, equipping me with the skills necessary to address the unique challenges and opportunities in Pima County.

Additionally, my participation in the Aspen Rising President's Fellowship has further prepared me for the responsibilities of a county supervisor. This fellowship honed my leadership abilities, strategic thinking, and collaborative skills, all essential for effective governance and community engagement. All of us must be successful. How we perform this next year will influence your re-election or next move. I can help us support all of you.

As a Marine and having traveled the world, I believe our democracy and freedom should never be taken for granted. During my coaching years, I was fortunate to take Team USA to play in Cuba as political leaders facilitated the Cuban thaw. The perspective it gave me was transformational and has grounded me deep in gratitude for how our country cherishes human rights and freedom. If appointed, I will work with gratitude and honor to create opportunity for our county because that is what my father would have wanted.

Thank you for considering my application.

A handwritten signature in black ink that reads "E. Soto". The signature is written in a cursive, flowing style with a large initial "E" and "S".

Edgar F. Soto

# Edgar F. Soto, M.Ed.

3453 N. Scott Mine Lane  
Tucson, AZ 85745

  
[esoto@pima.edu](mailto:esoto@pima.edu)

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## EDUCATION

M.Ed. in Multicultural Education - Northern Arizona University

Post Baccalaureate Teacher Certificate Education - University of Arizona

BA in Sociology - University of New Mexico

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## ACADEMIC AND ADMINISTRATIVE POSITIONS

### **Pima College Campus Vice President Desert Vista**

September 2018 to Present

The role of Campus Vice President at Pima Community College's Desert Vista Campus is multifaceted. I oversee academic programs, grants, and community engagement initiatives while striving to create an innovative and inclusive learning environment that supports the educational goals of students and the broader community.

Additionally, the Vice President oversees grants management. Notably, the TRiO grant offers first-generation, low-income students an opportunity for higher education. The partnership between the Desert Vista Campus, the Sunnyside School District, TUSD, and local charter schools has facilitated access to post-secondary education for thousands of students to date.

Through our CCAMPIS grant, we partner with Pima County and the United Way to ensure that Pima College students have high quality child care available to them at no cost while attending classes. This program is crucial in providing support and resources to students from diverse backgrounds, fostering inclusivity and accessibility in higher education.

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During my time as Vice President I have managed over ten DHSI Title 5 grants (Developing Hispanic-Serving Institutions) that focus on providing opportunities for low income and first generation students.

My role at Pima College allows me to break down barriers to higher education for the Greater Tucson community, providing access to career opportunities that help students from all backgrounds live lives of meaning and purpose.

### **Campus Vice President East Campus (Interim)**

March 2023 to November 2023

As the Interim Vice President for the East Campus, I was honored to step into a role focused on fostering collaborative leadership, developing an exciting new program, and bringing stakeholders together (faculty, staff, students and community members) to plan for the future of the campus and the educational opportunities it provides.

### **Dean of Athletics, Fitness & Wellness**

July 1, 2016, to September 16, 2018

As the Dean of Athletics, Fitness, and Wellness my focus was on the holistic development and advancement of each player and the team itself. I believe leadership, academic success, teamwork, determination, and resilience are equally important, and can be even more meaningful, than technique and form.

This approach allowed me to move 95% of players into the next level in both their academic and athletic careers. I am proud to have coached or managed hundreds of athletes that went on to play at the university and professional levels. Many stayed in athletics as a career, and went on to become lawyers, doctors, and community leaders.

### **Acting Dean of Arts & Humanities**

August 2017 to August 2018

As the Dean of Arts and Humanities my focus was on fostering a dynamic educational environment that celebrated creativity, diversity, and cultural enrichment. I am proud to have cultivated strong leadership within the department, ensuring faculty, students, and the community had the necessary resources and support to thrive in the arts and humanities.

The arts have the power to connect communities through cultural events, exhibitions, performances, and discussions celebrating diversity and promoting understanding among different cultures.

### **Additional Administrative and Outreach Positions**

- **Executive Director of Athletics at Pima College - 2008 to June 30, 2016**
- **Assistant Athletic Director/Head Baseball Coach - 2005 to 2008**
- **K-12 Outreach Coordinator/College Recruiter - 2005 to 2007**
- **Sports Marketing Coordinator/Head Baseball Coach - 1999 to 2005**

### **US Military Service**

United States Marine Reservist - 1993 to 2001

## Pima Community College Leadership Roles

- Co-Chair Default Pathways Committee
  - Enrollment Management Standing Committee
  - All College Council Committee
  - Pima Community College Leadership Academy
  - Led two audits by the NJCAA and passed both with no findings
  - Facilities and Planning Committee
  - Pima Community College West Campus Strategic Planning Committee
  - Evaluation and Administration Reorganization Committee
  - Leading accreditation process at Desert Vista and East Campus
  - Supervisor of 10 Federal Grants (TRIO, Upward Bound, CCAMPIS)
- 

## Awards and Fellowships

- Flinn-Brown Fellow November 2022
  - Aspen Rising Presidential Fellow September 2022
  - L.U.L.A.C. Presidential Citation. Educational Leadership Award 2017
- 

## Boards and Committees

- Tucson Hispanic Chamber of Commerce Board Member
- SALC Southern Arizona Leadership Council
- **Southern Arizona Sports Tourism and Film Authority** Chairman of Board
- All College Council Committee Member
- AZ Senate Ad Hoc Study Committee on Economic Opportunities in Southern Arizona
- Lapan Advisory Board Member
- National Football Foundation Board
- Tucson High T-Club Board
- President of the WSFL (**Western States Football League**) 2014-2016
- Coaches for Charity- Member
- San Miguel Board of Trustees – (Former Member)
- Pima County Sports and Tourism Authority Board Member
- Victory Foundation Advisory Board
- Sahuarita Wins Committee for School District – Member
- Greater Vail Chamber of Commerce

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## Professional Presentations and Advanced Training

- Presenter on **“College Success”** at local high schools - 2000 to present.
- Keynote speaker at Vail Chamber of Commerce Luncheon - 2023.
- Presentation on **“Economic Development Opportunities”** in **Southern Arizona** in AZ Senate (2021).
- Presentation on Dual Enrollment in AZ Senate (2020).
- Presenter at **“Yavapai College on Default Pathways”** - July 2018.

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Edgar Francis Soto

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

3453 N. Scott Mine Lane Tucson AZ 85745

Public Office Held or Sought:

Pima County Supervisor

District / Division Number (if applicable):

District 3

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

E. Soto

November 28, 2023

Signature of Public Officer or Candidate
(Electronic Signatures Accepted)

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.<sup>1</sup>

### 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 children<sup>2</sup> 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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> BENEFITED | 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 |
|---|---|---|---|
| Edgar Soto  | Pima Community College 4905 E. Broadway Blvd<br>Tucson AZ 85709             | Public Education                        | Administrator   |
| Edgar Soto  | US Department of Veterans Affairs 810 Vermont Ave., NW Washington, DC 20420 | Marine Corp disability benefits         |   |
|   |   |   |   |

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 <sup>5</sup> BENEFITED | 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 |
|---|---|--|--|
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|-----------------|--------------------------------------|--|
|   |                 |                                      |  |
|   |                 |                                      |  |
|   |                 |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A   |

<sup>7</sup> 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 <sup>8</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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 |
|---|---|--|
| Edgar Soto  | Southern AZ Sports Tourism and Film Authority 7032 E. 2nd Street Tucson AZ 85710            | Chairman   |
|   |   |  |
|   |   |  |

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST   |
|---|---|--|---|
|   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |

<sup>11</sup> 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 <sup>12</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>12</sup> 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 <sup>13</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION | AMOUNT OR VALUE OF<br>TRAVEL COSTS  |
|--|----------|---|
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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.

**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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED”<br>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                                      |

<sup>14</sup> 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.

\* 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.

| 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) |
|--|--|--|---|
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |

### 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A   |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |  | Date:<br><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.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A                                       |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><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

Edgar Soto  
Name

11/28/2023  
Date

DEC 01 23 PM 12:47 PC CLK OF BD

# Sylvia M. Lee

November 30, 2023

Sylvia M. Lee  
3750 N. Avenida Flamante  
Tucson, AZ 85716

Dear Honorable Members of the Board of Supervisors - Chair Grijalva, Vice Chair Scott, Supervisor Hines, and Supervisor Christy:

I am honored to submit my letter of interest for the appointment of the Pima County Supervisor for District 3. I believe I have the dedication, temperament and commitment needed to serve the diverse needs of our Pima County community. My six years as a Pima Community College Governing Board member representing District 3, as well as my experience as an administrator in higher education serving this community has provided me with the understanding of the constituents I will represent, as well as the ability to effectively serve as a Pima County Supervisor.

As a native of Tucson, where I have lived the majority of my life, I come with a rich history which makes me a unique candidate to fill this critically important role for the upcoming year.

I am proud of my Asian American heritage, and by marriage, the Latino culture. My family has deep roots in our community. My great grandmother, Lai Ngan, was one of the first pioneer Chinese women in the late 1800's to come to the U.S. from China, traveling through the Mexican border to Nogales, Arizona, and then settling in Tucson in the early 1900's. Her life is chronicled in the Journal of Arizona History, Winter 2011.

My family helped instilled in me the importance of giving back to the community, as many of them were dedicated Pima County servants. My great aunt is the namesake for the Theresa Lee Pima County Health Center in Midvale Park; my cousin, Lorraine Lee, was the CEO of Chicanos Por La Causa in Tucson and served on the Pima County Board of Health; and my mother, Sophia (Pia) Lee, served as a Pima County Health Department nurse for 42 years, and served much of her career at the El Pueblo Neighborhood Center site. In fact, Deputy County Administrator, Dr. Francisco Garcia, met with her to learn more about public health nursing and the southwest Pima County patients she served.

A belief that guides me is that education improves lives, but basic needs must first be met. This is why our Pima County services are vital. I graduated from Tucson Unified School District's Catalina High School, Pima Community College, the University of Arizona and Arizona State University. It was the community college's open door philosophy that inspired me to devote the majority of my career there. I am a living example of how Pima Community College (PCC)

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MUM

improves lives because the college takes individuals from where they are in life and helps them get to where they want to be.

**My experience and relevant knowledge base involves the following key areas:**

### **Pima County, District 3**

I represented Pima County, District 3 on the PCC Governing Board for a full term from January, 2013 to December, 2018. Representing District 3 gives me the unique understanding of its demographics, and the expansive and diverse service area which includes two national monuments (Ironwood Forest and Organ Pipe Cactus), two nature preserves (Buenos Aires and Cabeza Prieta), a southern section of the Coronado National Forest, the unincorporated community of Ajo, the Tohono O'odham Nation's capital in Sells, and the majority of its 11 voting districts. In addition, there are two border crossings into Sonora, Mexico (Lukeville and Sasabe). In addition to encompassing the majority of rural Pima County, District 3 also includes the Town of Marana and, parts of central, west and northwest Tucson.

### **Board Member's Role and Mission**

Serving on the PCC Governing Board (PCCGB) representing District 3 is, in many ways, similar to serving on the Pima County Board of Supervisors (BOS) because we are elected to represent the constituents in our districts and we are ultimately responsible for Pima County or PCC's overall performance, accountability and welfare. We also have the common mission of assisting those we serve by providing needed services and resources to better their lives.

The relationship the PCCGB has with the Chancellor is similar to the one the BOS has with the County Administrator. The board's role is primarily oversight, policy development, and fiduciary stewardship which includes levying taxes, utilizing bonds to fund capital projects and annual budget approval. Both Boards are responsible for one employee, the Pima County Administrator and the PCC Chancellor. The executive administrator carries out the policies, vision and goals established by the board. All other employees report to the administration, not the board.

Both boards are required to adhere to the relevant Arizona Revised Statutes, such as conflict of interest, financial disclosure, and open meeting laws.

### **Executive Administrator in Higher Education**

The breadth and depth of my 30 years in higher education has afforded me the understanding of what it takes to lead an institution, that includes my direct experience in strategic planning, personnel management, community relations, partnership development, facilities management and new construction, and budget planning and management. Working with a very diverse population of age, ethnicity, religion, economic status, family background, and assisting them to take steps to better their lives was by far the most rewarding part of my career. The challenges that I continuously struggled with were the times I was not able to help them better their lives and wondering what more I could have done.

## **Pima County Redistricting Advisory Committee**

I was fortunate to serve on the Pima County Redistricting Advisory Committee representing District 2. This experience was very valuable and helped me understand the population shifts in Pima County and the need to realign boundaries so that each Supervisor serves a population within a percentage range of each other. Demographics were also an important factor that we considered. I also contacted Marana Mayor, Ed Honea, who I knew from my time at PCC, to hear his perspective on the redistricting. The Mayor's preference was to have the Town of Marana served by one Supervisor rather than to be split. In the redistricting process, our committee attempted to have the majority of the towns served by one Supervisor. Our committee members all agreed on a specific redistricting plan that was unanimously approved by the Board of Supervisors.

Thank you for the opportunity to present my credentials. I hope that you will consider appointing me to fill the vacancy left by the Honorable Sharon Bronson. If selected, I know I will have a steep learning curve to understand the complexities of the job and I am willing to put in the time and energy to do so. One important note, I will not run to fill the vacancy in District 3 in 2024, the one year appointment is all I seek. I look forward to meeting with you.

Sincerely,

A handwritten signature in cursive script that reads "Sylvia M. Lee".

Sylvia M. Lee, Ph.D.

# Sylvia M. Lee

3750 N. Avenida Flamante, Tucson, AZ 85716

[REDACTED]

## PROFILE

**Seeking an appointment to fill a vacancy representing the Pima County Board of Supervisors, District 3 through December, 2024**

## EXPERIENCE

### **Pima Community College (PCC) Governing Board Member and Chair representing District 3 - served a full term from January, 2013 - December, 2018**

- Responsible for the PCC's overall performance, welfare and accountability to District 3 and the entire Pima County community.
- Responsible for policy development: direction on strategic vision; fiduciary compliance, including oversight and stewardship of resources.
- Levied taxes and approved an annual 250+ million dollar budget.
- Hired Chancellor Lee Lambert in 2013 to lead the College's six(6) campuses, eight(8) locations, 55,000 (credit and non-credit) student body, 4,000 full-time and part-time personnel.
- Re-established a commitment to open-access admissions, and diversity, equity and accessibility.
- Approved bonds and building projects based on a strategic vision.
- Successfully led PCC through major challenges which included placement on academic probation by the accrediting body in 2013 and established a plan for fiscal stability after 22 million dollars was eliminated from the State budget.
- Strengthened partnerships with business and industry, Pima County, the City of Tucson, School Districts, Tohono O'odhum Nation, Pascua Yaqui Tribe, other higher education institutions, and non-profit agencies.
- Established a new vision for workforce investment which included supporting the development of the College's Centers of Excellence to provide high-tech training and reskilling of both new and incumbent workers with the goal of contributing to the overall economic vitality of Pima County and the surrounding region. This included bond funding to build new state-of-the art facilities for Advanced Manufacturing and Automotive Technology and Innovation. The College's Centers of Excellence include: Applied Technology, Automotive Technology, Aviation Technology, Health Professions, Information Technology/Cybersecurity, Public Safety, and Hospitality Leadership.

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## **Pima Community College, Tucson, AZ, 1996 - 2011 (retired in 2011)**

### **Community Campus President, 2009 - 2011**

Served as the chief executive officer responsible for a 20+ million dollar budget and the supervision of 700 full-time and part-time faculty, staff and administrators and over 20,000 students. Responsible for the PCC's on-line education, workforce development and training, Adult Basic Education Centers (ESL, GED), non-credit courses, public safety programs, teacher education, educational partnerships with the Pima County One-Stop, Ajo School District, Ajo Curley Street Project, Tohono O'odham Community College, Pascua Yaqui Tribal Education Department, federal, state and local correctional systems, Davis-Monthan Air Force Base, fire departments and districts, and public safety entities including, the Pima County Sheriff, Tucson Police and Border Patrol.

### **Northwest Campus President, 2006 - 2009**

Served as the chief executive officer responsible for an 8+million dollar budget and the supervision of 350 full-time and part-faculty, staff and administrators and over 5,500 students. Responsible for establishing the new Northwest Campus in the service area which included developing community partnerships with Marana, Flowing Wells, and Amphitheater school districts, business leaders, non-profits such as the NW-YMCA and the Southern Arizona Arts & Cultural Alliance, Town of Marana, Town of Oro Valley and their respective chambers of commerce, and Marana Health Center. Secured funding for a 25 million dollar science building. Student enrollment exceeded expectations by 50%.

### **Dean of Instruction - East Campus, 2004 - 2006**

Served as the chief academic officer of the campus, including the Northeast and Southeast Education Centers. Supervised 300 full-time and part-time faculty, staff and administrators. Responsible for managing the campus library, computer lab, tutoring, dual enrollment in the high schools, and the master schedule of classes. Obtained capital funding for state-of-the-art classroom and computer technology.

### **Dean of Student Development - Desert Vista, West, Northwest Campuses, 1996-2004**

Served as the chief student services officer of the campuses. Provided leadership in managing personnel, the budget and operations for orientation, admissions, registration, financial aid, K-12 relations, community outreach, advising, counseling, career services, disabled student resources, student life and government, dual enrollment in the high schools, and student code of conduct. Worked with architectural design for the new Northwest Campus responsibilities also included all international student services, the child care center, and housed the Tohono O'odham Education Scholarship Office. In partnership with TUSD Alternative Education, developed AZTEC Middle College for students at-risk of dropping out. Students from Marana, Amphi, Flowing Wells, and TUSD took high school and PCC credit courses simultaneously which resulted in improving the high school graduation rate. Successfully obtained Federal Trio grants. All campuses during this period experienced extensive enrollment growth.

## **Anoka-Ramsey Community College, Coon Rapids, MN, 1992 - 1996**

### **Dean of Student Services, Continuing Education and Marketing**

Served as the chief student and community services officer. Provided leadership and supervised all student services programs. Responsible for continuing education including workforce training and marketing. Managed a 1+ million dollar budget. Acquired the college's first U.S. Department of Education Title IV - Student Support Services Grant. Assisted with the acquisition of a 15 million dollar bond for a new student services center.

## **Estrella Mountain Community College, Avondale, AZ, 1991 - 1992 (one year contract)**

### **Counseling Faculty**

Provided leadership in the development of the new college's student services which included recruitment, counseling, advising, career services, and financial aid. Taught counseling and student success courses. Assisted the Dean of Instruction with special projects specific to at-risk minority students.

## **Arizona Board of Regents, Phoenix, AZ, 1990 - 1991 (while completing doctoral coursework)**

### **Chief of Staff's Office - Management Intern/Research Associate**

Provided staff support to the Chief of Arizona Minority Education Access and Achievement Cooperative which was an educational consortium with the Arizona Board of Regents, State Board for Community Colleges, and State Board of Education with the mission to foster and enhance minority educational achievement.

## **Arizona State University, Tempe, AZ, 1988 - 1990 (while completing doctoral coursework)**

### **Vice President of Student Affairs' Office - Management Intern/Research Associate**

Assisted the Vice President of Student Affairs with special projects specifically focused on at-risk high school and community college students. Expanded a mentor program for incoming minority freshmen. Assisted in writing reports and proposals.

## **University of Phoenix, Phoenix, AZ, 1987 - 1989**

### **Director of the Management Development Center and Consultant**

Responsible for developing and implementing business and industry training programs and credit certificates that included Government Contract Management and Materials Management that were taught by industry experts. Established the department as a profit center with a 60% increase in enrollment.

## **Rio Salado Community College, Phoenix, AZ, 1985 - 1987**

### **Director of Business and Industry Training**

Designed and implemented customized credit and non-credit programs to meet workforce needs. Established partnerships with the Small Business Administration and the Phoenix Chamber of Commerce to deliver community based seminars designed to assist small businesses.

## **University of Arizona, Tucson, AZ, 1983-85**

### **Coordinator of Student Recruitment**

Developed and implemented high school and community college recruitment programs for Phoenix and select out-of-state target areas resulting in a 19% increase in new student enrollment. Designed a transfer recruitment plan utilized in the eventual development of the University of Arizona Transfer Center.

## **EDUCATION**

Ph.D. - Educational Leadership and Policy Studies, Arizona State University, 1992

M.Ed. - Counseling and Guidance, University of Arizona, 1983

B.A. - Psychology, University of Arizona, 1981

A.A.S. - Respiratory Therapy, Pima Community College, 1979

## **COMMUNITY INVOLVEMENT/VOLUNTEERISM**

Pima County Redistricting Advisory Committee - Member

Las Doñas de Tucson -Treasurer and Executive Board Member

Literacy Connects - Board Member and Chair

Goodwill of Southern AZ - Board Member

Davis-Monthan (DM)-50 - Member

Oro Valley Chamber of Commerce - Member

Marana Chamber of Commerce - Member

University of Arizona President's Asian Pacific American Advisory Council - Member

Arizona Hispanic Women's Corporation - Board Member

Arizona State University, Tucson Advisory Council for Non-Profit Management - Member

Northwest YMCA Community Advisory Board - Board Member

Tohono Chul Park - Board Member

University of Arizona President's Asian Pacific American Advisory Council - Member

Salpointe Catholic High School - Board Member

YMCA Second Century Honorary Committee - Member

Arizona Town Hall - Building Leadership for Arizona - Member

## **POLITICAL AFFILIATIONS**

Life-long member of the Democratic Party

Arizona Asian Pacific Islander Democratic Caucus - Chair

Precinct Committee Person - formerly LD9

Pima County Democratic Party

Democrats of Greater Tucson

Arizona List - Member

## **AWARDS AND HONORS**

Pan Asian Community Alliance - Friend of the Community Award

University of Arizona Asian American Cultural Association - Outstanding Alumnus Award

LULAC - League of United Latin American Citizens - Presidential Citation Educational Leadership Award

Victoria Foundation - Advocate For Education Award

YWCA - Women on the Move Award

YMCA - Heritage Circle Award

Pima Community College - Diversity Award

Pima Community College - Administrator of the Year

National Council on Student Development - Innovator of the Year

National Association of Student Personnel Administrators - Student Success Exemplary Award

American Council on Education - Academic Excellence and Cost Management National Award

Catalina High School - Alumni of the Year Award

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

Sylvia M. Lee

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

3750 N. Avenida Flamante Tucson, AZ 85716

Public Office Held or Sought:

Pima County Supervisor, District 3

District / Division Number (if applicable):

3

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

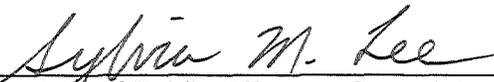
- I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 2022.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the 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 Dec, 2022, to the month of Dec, 2023.

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**VERIFICATION**

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

ISI


12/1/23

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Signature of Public Officer or Candidate Date  
(Electronic Signatures Accepted)

## A. PERSONAL FINANCIAL INTERESTS

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

### 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 children<sup>2</sup> 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.**

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

<sup>2</sup> 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.<sup>3</sup> 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 <sup>4</sup> BENEFITED | 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 |
|---|--|---|---|
| Sylvia M. Lee   | AZ STATE Retirement System<br>3300 N. Central Ave<br>Phx, AZ   | State Retiree                           | Served in various higher ed institutions in AZ                    |
|   |  |   |   |
|   |  |   |   |

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 <sup>5</sup> BENEFITED | 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 |
|---|---|--|--|
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |

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

<sup>4</sup> 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.

<sup>5</sup> 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 <sup>6</sup> | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|---|-----------------|--------------------------------------|--|
|   |                 |                                      |  |
|   |                 |                                      |  |
|   |                 |                                      |  |

<sup>6</sup> 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 <sup>7</sup><br>OWING THE DEBT | NAME AND ADDRESS OF CREDITOR (OR PERSON TO<br>WHOM PAYMENTS ARE MADE) | IF THE DEBT WAS FIRST INCURRED OR COMPLETELY<br>DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE<br>DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|---|---|
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                                  |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                                  |
|   |   | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                                  |

<sup>7</sup> 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 <sup>8</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |
|   |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |

<sup>8</sup> 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 <sup>9</sup> WHO RECEIVED GIFTS OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |
|   |                    |

<sup>9</sup> 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 <sup>10</sup> 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 |
|---|---|--|
| Sylvia M. Lee   | Las Doñas de Tucson<br>PO. BOX 41083<br>TUCSON, AZ 85717                                    | Treasurer  |
|   |   |  |
|   |   |  |

<sup>10</sup> 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 <sup>11</sup><br>HAVING INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST<br>OR INVESTMENT FUND    | DESCRIPTION OF THE BUSINESS, TRUST OR<br>INVESTMENT FUND | APPROXIMATE EQUITY<br>VALUE OF THE INTEREST  |
|---|--|--|--|
| Sylvia M. Lee   | Raymond James<br>5285 E. Williams Circle<br>TUCSON, AZ 85711 | U.S. Equity; non-equity;<br>ROTH IRA                     | <input checked="" type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|   |  |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            |
|   |  |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 +            |

<sup>11</sup> 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 <sup>12</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                                |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                                |
|   |  | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                                |

<sup>12</sup> 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 <sup>13</sup> 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                              |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                              |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                              |

<sup>13</sup> 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<br>IN OFFICIAL CAPACITY AS PUBLIC OFFICER | LOCATION | AMOUNT OR VALUE OF<br>TRAVEL COSTS  |
|--|----------|---|
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + |
|  |          | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><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.

**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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup><br>OWNING THE BUSINESS | NAME AND ADDRESS OF BUSINESS | CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED”<br>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                                      |

<sup>14</sup> 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.

\* 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.

| 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) |
|--|--|--|---|
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |

### 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                              |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A                              |
|   |                               | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" 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:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |
|  |  | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" 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.

| NAME OF CONTROLLED OR DEPENDENT BUSINESS 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<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |
|  |                | <input type="checkbox"/> \$1000 - \$25,000<br><input type="checkbox"/> \$25,001 - \$100,000<br><input type="checkbox"/> \$100,001 + | Date:<br><input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A                            |



# Pima County Clerk of the Board

Melissa Manriquez

**Katrina Martinez**  
Deputy Clerk

**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.

*Sylvia M. Lee*  
Signature

Sylvia M. Lee  
Name

11/30/23  
Date

DEC 01 23 PM 12:58 PC CLK OF BD

*mm*