



Katrina Martinez  
Deputy Clerk

# Pima County Clerk of the Board


Melissa Manriquez

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## MEMORANDUM

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

FROM: Melissa Manriquez, Clerk of the Board 

DATE: July 8, 2026

RE: Pima County Treasurer Position

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 position for Pima County Treasurer. On July 7, 2026, Karla Bernal Morales withdrew for consideration of the appointment.

Jake Martin  
Brian Bickel  
Derika Louk  
Sami Hamed  
James Hannley  
Karla Bernal Morales \*WITHDRAWN  
Derrick Espadas  
Daniel Dempsey  
Jorge Soto  
Hugh Donald Womack

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

- Each candidate resides in the State
- Each candidate is registered to vote
- Each candidate is registered as a Democrat
- 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.

On July 7, 2026, a virtual public forum was conducted by the League of Women Voters of Southern Arizona.

The Board of Supervisors will make the appointment for Pima County Treasurer at their meeting on Tuesday, July 14, 2026.

Attachments

Pima County Board of Supervisors

C/O Melissa Manriquez, Clerk of The Board

To the Honorable Chair Jen Allen, Supervisor Rex Scott, Supervisor Steve Christy, Supervisor Dr. Matt Heinz, and Supervisor Andrés Cano,

I am respectfully submitting this letter of interest requesting appointment to the position of Pima County Treasurer.

The Pima County Treasurer's Office is one of the most vital financial institutions in Pima County. As the bank for the County and its controlled districts, every public dollar flows through this department. The Treasurer is entrusted with ensuring that billions of dollars in public funds are prudently invested, rigorously safeguarded, and efficiently disbursed. This work demands technical expertise and a thorough command of the department's systems and operations. For the past 18 months, I have served as Chief Deputy Treasurer, operating these systems daily. I know the department's functions intimately, and I have worked closely with the staff who carry out these responsibilities. In my application, you will find several letters of support. Arguably most important is one signed by the Treasurer's Office staff. Together, they represent more than 235 years of collective service to Pima County, and they have placed their trust in me to serve as Pima County's next Treasurer.

The Treasurer's Office sits at a critical moment. As the financial backbone of every County department, and more than 70 taxing jurisdictions, the office relies on its servicing bank to ensure seamless and secure operations. Right now, the Treasurer's Office is not only evaluating proposals for a new servicing bank through an RFP process, but simultaneously preparing to upgrade its internal IT system. That system, now 20 years old and operating on a deprecated framework, must be modernized to protect the integrity, efficiency, and long-term stability of the County's financial operations. Managing these two major transitions at once requires an intimate understanding of how our systems function, how our workflows interlock, and how decisions made today will affect thousands of stakeholders in the years ahead. With roughly 38,000 active bank accounts, each serving a distinct statutory or operational purpose, the technical and operational complexity is tremendous. This is a moment when continuity of knowledge, steady leadership, and operational experience are not only beneficial, but essential. My service as Chief Deputy Treasurer positions me uniquely to bring the office through these critical changes without disruption.

In addition to my operational knowledge of the Treasurer's Office, I have dedicated my entire adult life to public service. I have founded or co-founded two nonprofit organizations, serving as CEO of one for more than three years. In that role, I led the transformation of a student-led idea into a staffed organization offering four distinct programs supporting survivors of sexual assault and domestic violence throughout Southern Arizona. I also co-founded the Pima Family Advocacy Center, the county's first centralized location where adult survivors of interpersonal

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violence can access coordinated support from social services, law enforcement, and legal professionals. While my business acumen comes from years of running organizations, I also have formal financial training and am on track to join the small number of public financial professionals in Arizona who hold graduate-level finance degrees.

My career in public service has given me both the operational expertise and the leadership experience necessary to guide this office. My work in nonprofit leadership taught me how to support staff, manage complex organizations, and navigate sensitive issues. My service as Chief Deputy Treasurer has provided me with the technical and institutional knowledge required to lead the department through its current transition.

I appreciate your consideration and look forward to continuing my service to our community.

Thank you,

Jake Martin

# Jake Martin

## **Government Finance Professional | Business Founder**

Results-driven public finance professional with executive leadership experience directing treasury operations, safeguarding public assets, and leading organizations. As Chief Deputy Treasurer of Pima County, I oversee the daily administration of the Treasurer's Office, ensuring the lawful management, investment, and disbursement of billions of dollars in public funds while ensuring operational efficiency and exceptional public service.

## **PROFESSIONAL EXPERIENCE**

### **Pima County Treasurer's Office**

#### **Chief Deputy Treasurer | December 2024–Present**

- Direct the daily operations of one of Arizona's largest county treasury offices.
- Oversee the custody, investment, and disbursement of billions of dollars in taxpayer funds.
- Ensure compliance with Arizona statutes, county policies, and fiduciary best practices.
- Provide executive leadership for departmental operations, strategic initiatives, and continuous process improvement.
- Coordinate with school districts, fire districts, taxing jurisdictions, financial institutions, and county leadership.
- Represent the Treasurer's Office with professionalism, transparency, and accountability.

### **Pima Family Advocacy Center**

#### **Co-Founder & Board Member | September 2023–Present**

Provide strategic governance, organizational planning, grant development, and executive oversight supporting victims of interpersonal violence throughout Southern Arizona.

### **Survivor Shield Foundation**

#### **Founder & CEO | September 2021– December 2024**

Founded and led a nonprofit organization dedicated to providing direct emergency financial assistance to survivors of domestic violence and sexual assault. Led fundraising, budgeting, partnerships, staff management, and organizational strategy.

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## **EDUCATION**

**Grand Canyon University** — Master of Business Administration in Finance (Expected 2027)

**University of Arizona** — Bachelor of Science in Human Development, Minor in Spanish Language (2025)

## **CORE COMPETENCIES**

Public Treasury Management • Government Finance • Investment Oversight • Cash Management • Financial Stewardship • Strategic Leadership • Public Administration • Budget Management • Intergovernmental Relations • Organizational Development • Public Speaking

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

Jake Martin

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

4545 N. Mountain Quail Rd. Tucson AZ, 85750

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

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

- I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of June, 2025, to the month of June, 2026.

**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)

06/28/2026

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> 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
Jake Martin	Pima County, 115 N. Church Ave. 2nd	Pima County Government	Chief Deputy Treasurer

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

<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> OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
Jake Martin	Department of Education - MOHELA P.O. Box 790453 St. Louis, MO 63179	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

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

<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
Jake Martin	Pima Family Advocacy Center 2530 E. Broadway Blvd, Suite B, Tucson, AZ 85716	Co-Founder/ Board Member in various capacities.
Jake Martin	Democrats Of Greater Tucson P.O. Box 41573, Tucson, AZ 85717	Board Member in various capacities

<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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Jake Martin	QQQM, 3500 Lacey Rd. Suite 700, Downers Grove, IL 60515	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	VOO, 100 Vanguard Blvd, Malvern PA 19355	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	VTI, 100 Vanguard Blvd, Malvern PA 19355	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

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PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>11</sup> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Jake Martin	SWPPX, 3000 Schwab Wy. Westlake, TX 79998	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	Apple Inc, One Apple Park Wy, Cupertino, CA 95014	Stock Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	Amazon.com Inc, 410 Terry Ave North, Seattle, WA 98109	Stock Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

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**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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Jake Martin	The Coca-Cola Company, 1 Coca Cola Plaza, Atlanta, GA 30313	Stock Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	Microsoft, One Microsoft Way, Redmond, WA 98052	Stock Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	Nvidia, 2788 San Tomas Expwy, Santa Clara, CA 95051	Stock Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <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.

**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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Jake Martin	DJIA, 55 Water St. New York, NY 10041	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	QQQ, 3500 Lacey Rd. Suite 700, Downers Grove, IL 60515	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Jake Martin	SPY, One Congress St. Boston, MA 02114	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <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.

**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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Jake Martin	NASDX, 1401 Lawrence St, Suite 1550, Denver, CO 80202	Investment Fund Holding	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

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

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

<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 IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
Government Finance Officers Association- 119th Annual Conference	Walter E. Washington Convention Center, 801 Allen Y Lew PI NW, Washington, DC 20001	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
10th Annual Southwest Institutional Investment Forum	Four Seasons Rancho Encantado Conference Center, 198 NM-592, Santa Fe, NM 87506	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

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

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

<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.

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

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

**15. Real Property Owned by a Controlled or Dependent Business**

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

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

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

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

**16. Controlled or Dependent Business' Creditors**

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

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

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

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

**17. Controlled or Dependent Business' Debtors**

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



**Pima County Clerk of the Board**  
**Melissa Manriquez**

**Katrina Martinez**  
Deputy Clerk

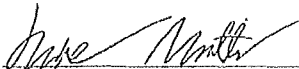
**Administration Division**  
130 W. Congress St., 1st Floor  
Tucson, AZ 85701  
Phone: (520)724-8449 • Fax: (520) 222-0448

**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

**Jake Martin**  
Name

**06/28/2026**  
Date

JUN 28 2026 10:53 AM P.C. KJF:BB  


Brian Bickel  
3732 E. Guthrie Mountain Place  
Tucson, AZ 85718

June 25, 2026

Supervisor Jennifer Allen, Chair, District Three  
Supervisor Matt Heinz, Vice-Chair, District Two  
Supervisor Rex Scott, District One  
Supervisor Steve Christy, District Four  
Supervisor Andrés Cano, District Five

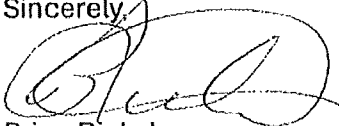
Members of the Board of Supervisors, please accept this letter as an expression of interest in being appointed to fill the position of Pima County Treasurer.

I was a candidate for this position in 2020. I have served for several years as treasurer for three political and nonprofit organizations, where I was responsible for financial reporting, budgeting discipline, and careful stewardship of organizational funds. Although the scale of Pima County's operations is much larger, the core responsibility is the same: to manage public resources prudently, maintain trust, and fulfill a fiduciary duty to the people of Pima County.

At this point in the term, I believe the County would be best served by an appointee focused on continuity, stability, and effective public service. Therefore, if chosen to fill the vacancy, I commit to not seeking election at the end of the term, allowing the office to move through this transition with minimal political distraction.

Thank you for your consideration; I would welcome the opportunity to answer any questions or meet with the Board at your convenience.

Sincerely,



Brian Bickel



Encl.: Conflict of Interest Receipt and Acknowledgement  
Public Officer and Candidate Financial Disclosure Statement  
Resumé

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**BRIAN EDWARD BICKEL**  
3732 E. Guthrie Mountain Place  
Tucson, Arizona 85718



**Education**

<b>MASTER OF SCIENCE, INTERDISCIPLINARY STUDIES</b> <i>Texas Tech University</i>	MAY 1979 <i>Lubbock, Texas</i>
<b>MEDICAL TECHNOLOGY INTERNSHIP</b> <i>Methodist Hospital</i>	JULY 1977 <i>Lubbock, Texas</i>
<b>BACHELOR OF SCIENCE, MICROBIOLOGY</b> <i>University of Arizona</i>	MAY 1976 <i>Tucson, Arizona</i>
<b>BACHELOR OF SCIENCE, MEDICAL TECHNOLOGY</b> <i>University of Arizona</i>	MAY 1976 <i>Tucson, Arizona</i>

**Employment**

<b>RETIRED</b>	NOVEMBER 2012 TO PRESENT
<b>CHIEF EXECUTIVE OFFICER</b> <i>Southeast Arizona Medical Center</i>	MAY 2009 – NOVEMBER 2012 <i>Douglas, Arizona</i>
<ul style="list-style-type: none"><li>• Responsible for day to day operations of 25-bed general acute care, critical access hospital.</li><li>• Implemented Electronic Health Record (EHR) and received in excess of \$500 thousand in state and federal stimulus funds in years one and two.</li><li>• Developed a Facility Master Plan.</li></ul>	
<b>CHIEF EXECUTIVE OFFICER</b> <i>Howard Memorial Hospital</i>	FEBRUARY 2005 – MARCH 2009 <i>Nashville, Arkansas</i>
<ul style="list-style-type: none"><li>• Responsible for day to day operations of 25-bed general acute care, critical access hospital.</li><li>• Developed a Facility Master Plan.<ul style="list-style-type: none"><li>▪ Secured funding to construct a 20-bed critical access replacement facility.</li><li>▪ Worked with architect, construction manager and project manager to ensure the timely completion of the construction and remain within budget.</li></ul></li><li>• Increased days cash on hand from four to fifty in an eighteen month period.</li><li>• Revised patient financial services and reduced days in accounts receivable from 104 to 47 in two years.</li><li>• Participated in the revision of the statewide Rural Health Plan with the Arkansas Office of Rural Health and Primary Care.</li><li>• Participated in the biennial HRSA workshop in Washington, DC at</li></ul>	

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- the invitation of the ADOH Office of Rural Health & Primary Care
- Developed a fund raising program for the Howard Memorial Hospital Foundation which produced donations of over \$200,000 in four years.

**COMMUNITY HEALTH SYSTEMS** **1991 – 2004**  
 VARIOUS POSITIONS THROUGHOUT THE COMPANY

- CHIEF EXECUTIVE OFFICER** SEPTEMBER 2002 – OCTOBER 2004  
*Plateau Medical Center* *Oak Hill, West Virginia*
- Responsible for day to day operations of 79-bed general acute care, for profit hospital. Initiated conversion to Critical Access Hospital.
  - Facility was a new acquisition (July 2002) that was returned to profitability after an annual operating loss of \$4.6M.
  - Recruited pulmonologist, cardiologist and general surgeon to community.
  - Facility received score of 96 on TJC survey in 2003 and full accreditation on TJC Critical Access Conversion survey.

- CHIEF OPERATING OFFICER** JUNE 2000 – SEPTEMBER 2002  
*Eastern New Mexico Medical Center* *Roswell, New Mexico*
- Responsible for day to day operations of 165-bed general acute care, for profit hospital, with 13-bed transitional care unit and 25-bed behavioral health unit.
  - Personally supervised implementation of air ambulance service.
  - Responsible for complete renovation of behavioral health unit and development and construction of outpatient imaging center and medical office building.
  - Responsible for regulatory compliance. Hospital received score of 97 on their 2002 TJC survey.

**Military Service**

- 
- |  |                                |
|--|--------------------------------|
| UNITED STATES ARMY RESERVE                             | JUNE 1977 - JUNE 1998          |
| <b>Security Clearance</b>                              | <b>Top Secret</b>              |
| <i>Service in Former Republic of Yugoslavia</i>        | <i>Dec. 1996 - June 1997</i>   |
| <b>Joint Defense Commendation Medal</b>                |                                |
| <i>Service in Operation Desert Shield/Desert Storm</i> | <i>Dec. 1990 - April 1991</i>  |
| <b>Bronze Star Medal (Meritorious Service)</b>         |                                |
| <i>Service in Operation Promote Liberty (Panama)</i>   | <i>Feb. 1990 - July 1990</i>   |
| <b>Army Commendation Medal</b>                         |                                |
| REFORGER 1987  | September 1987                 |
| <b>Army Achievement Medal</b>                          |                                |
| <br>   |                                |
| UNITED STATES NAVAL RESERVE                            | JUNE 1972 - JUNE 1977          |
| <br>   |                                |
| UNITED STATES MARINE CORPS                             | MARCH 1968 - MARCH 1972        |
| <i>Service in Republic of Vietnam</i>                  | <i>March 1970 - March 1971</i> |

***Marine Corps Good Conduct Medal***

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**Community Activities**

PIMA COUNTY ELECTION INTEGRITY COMMISSION (CHAIR)  
VOTE COUNT VERIFICATION COMMITTEE  
ARIZONA TOWN HALL (PAST BOARD MEMBER)  
HOSPITAL COUNCIL OF SOUTHERN ARIZONA  
TREASURER LEGISLATIVE DISTRICT 9  
TREASURER FOOTHILLS CLUSTERS HOMEOWNERS ASSOCIATION  
TREASURER PIMA COUNTY DEMOCRATIC PARTY  
BOARD MEMBER, ORO VALLEY CHAMBER OF COMMERCE FOUNDATION  
BOARD MEMBER, CLINICA AMISTAD, A PROJECT OF AMISTAD Y SALUD  
CANDIDATE FOR PIMA COUNTY BOARD OF SUPERVISORS 2016  
CANDIDATE FOR PIMA COUNTY TREASURER 2020

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PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Brian Bickel

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

3732 E. Guthrie Mountain Pl, Tucson, AZ 85718

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

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

- I am a public officer filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_\_.
I have been appointed to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
I am a public officer who has served in the last full year of my final term, which expires less than thirty-one days into calendar year 20\_\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
I am a candidate for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of May 2025, to the month of May 2026.

VERIFICATION

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

ISI

Handwritten signature of Brian Bickel

Signature of Public Officer or Candidate (Electronic Signatures Accepted)

June 25, 2026

Date

## A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.<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 Bickel	Social Security		
Brian Bickel	DFAS		
Spouse	Social Security		

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

<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 1:2 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> OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

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

<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
Brian Bickel	Pima County Democratic Party, 2302 E. Speedway Blvd	Executive Board, Treasurer
Brian Bickel	Foothills Clusters HOA, PO Box 64569, Tucson, AZ 85728	Board Member, Treasurer
Brian Bickel	Clinica Amistad, 101 W. Irvington Rd. #3C, Tucson , AZ 85714	Board Member, 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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Brian Bickel	American Enterprise Investment Services 10 Ameriprise Financial Center Minneapolis, MN 55474	Investment Broker	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
Spouse	American Enterprise Investment Services 10 Ameriprise Financial Center Minneapolis, MN 55474	Investment Broker	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

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

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

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

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

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

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

<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.

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

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

**15. Real Property Owned by a Controlled or Dependent Business**

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

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

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

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

### 16. Controlled or Dependent Business' Creditors

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

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

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

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

**17. Controlled or Dependent Business' Debtors**

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



# 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 black ink, appearing to read "Brian Bickel".

Signature

Brian Bickel

Name

June 25, 2026

Date

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5/4

**DERIKA LOUK**

Tucson, AZ • [REDACTED]

July 02, 2026

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

Dear Ms. Manriquez:

Please accept this letter to express my enthusiastic interest in the position of Pima County Treasurer.

My lengthy career in public service began with working in the Treasurer's Office under the leadership of the Honorable Beth Ford. I understand the criticality of the role of the Treasurer and the impact the office's work has on the daily lives of Pima County residents and our taxing jurisdictions. My experience working in public finance for two of the County's offices of elected officials, the Treasurer and the County School Superintendent, has given me intimate knowledge of the work. My work demanded that I focus on everything from the daily minutiae of each office to the larger impacts that require responsible stewardship of public dollars on behalf of Pima County's taxpayers.

As I pursued other opportunities, my work continued to interact with the Treasurer's Office in a variety of ways. Throughout my public finance roles, I have gained in-depth experience in the budgeting process – both for our school districts and Pima County. My previous roles required that I have a strong experience in developing the property tax rates and levies for all 17 school districts across the County. This work demanded that I also have a strong relationship with the Pima County Assessor's Office, and the connection with the County's property valuation process as it affects the largest taxing jurisdictions in the County: our school districts.

In my current role as a Financial Analyst Supervisor, my job continues to intersect with the Treasurer's Office in examining property tax collections, tracking and understanding the County's debt issuance, and most importantly, oversight of the cash reconciliation process.

Furthermore, my public service career has placed me in the position to be involved with policy development, process improvement, and systems design, which includes participating in the implementation and development of procedures around new systems and structures. Throughout my tenure, my work has not been done alone. I take pride in mentoring and partnering with staff to help promote operational efficiency, while ensuring that transparency and accountability are at the forefront of my work.

I am looking forward to partnering with the Board of Supervisors, County leadership and our governmental partners to bring my experience into the technical aspects of the role. I am confident that my background in cash management, capital program financing, taxation, debt service oversight and staff development makes me a strong candidate for the role of Pima County Treasurer.

I look forward to the opportunity to continue serving my community in this leadership role of public trust.

Sincerely,



Derika Louk

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# DERIKA LOUK

Tucson, AZ • [REDACTED]

## CAREER HIGHLIGHTS

- 14+ years of treasury and public finance experience
- Progressive leadership
- Knowledgeable in budgeting, financial reporting, GAAP, and Arizona Revised Statutes
- Leadership in cash and debt management, and investment oversight
- Experienced in strengthening internal controls, improving processes and leading teams.

## EXPERIENCE

### PIMA COUNTY | Tucson, AZ

#### *Financial Analyst Supervisor*, Cash and Debt Management (Jan 2026-Present)

- Oversee the preparation of County cash flow forecasts, budget requests, and capital financing plans while supporting treasury operations, bank transactions, and balance sheet reconciliations.
- Lead cash and debt management team and manage performance
- Tracks County's debt issues and manages reporting requirements and coordination of payments and post-issuance compliance
- Manage and reconcile cash and fund capital programs

#### *Financial Analyst III*, Capital Improvement Program (Apr 2025 – Jan 2026)

- Forecasted revenues and expenditures, analyzed funding sources to determine capital program financing, and assisted in closing capital projects.
- Prepared, reviewed, and evaluated Countywide and departmental budget requests and assisted in the budget process.
- Assisted Cash and Debt Management team with tasks including balance sheet reconciliations and initiate bank account transfers and ad hoc transactions.

### SAN FERNANDO ELEMENTARY SCHOOL DISTRICT | Sasabe, AZ

#### *Business Manager* (Mar 2025 – Present)

- Provide district financial services, including cash flow reporting, financial oversight, grant funding, and governing board reporting.

### PIMA JOINT TECHNICAL AND EDUCATION DISTRICT | Tucson, AZ

#### *Business Manager* (Jan 2024 - Apr 2025)

- Directed accounts receivable, reconciled student cash accounts, performed vendor due diligence and contract oversight.
- Served on the Smartsheet committee to evaluate processes to assist in the design of automated information systems and develop procedures.

### PIMA COUNTY SUPERINTENDENT'S OFFICE | Tucson, AZ

- *Chief Financial Officer* (Mar 2020 – Sept 2023)
- Directed financial operations, including preparation and analysis of annual budgets, financial statements, statutory reports, and regulatory filings in compliance with Arizona and federal requirements.
- Oversaw accounting systems, financial reporting, reconciliations, cash flow, investments, debt management, and tax rate calculations in accordance with GAAP, USFR, and Arizona Revised Statutes.

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- Led finance team operations through recruitment, training, supervision, and performance management while ensuring accuracy, compliance, and effective internal controls.
- Managed procurement and contracts for key services, pursued grant opportunities, ensured grant compliance, and maintained collaborative relationships with auditors, state agencies, county offices, and external partners.
- Represented the organization in regional professional associations, fostering collaboration, sharing best practices, and supporting school finance initiatives across Southern Arizona.

***Administrative Services Manager*** (Jul 2018 – Mar 2020)

- Reconciled district cash and bank accounts and research discrepancies.
- Recommended operating policies for the accounting department and participated in development and implementation of new accounting systems.
- Monitored general fixed assets, maintained physical inventory and managed records for retention and destruction.
- Prepared statements of cash flows related to grants and special programs' activities in support of academic team's collective understanding of financial activities.

***Senior Accountant / Principal Finance Accountant*** (Feb 2015 – Jul 2018)

- Created contracts and monitored renewals for school elections.
- Processed accounts payable, payroll and generated reports for auditors.
- Reconciled monthly budget appropriations and resolved coding discrepancies.
- Reconciled district investment balances and cash ledger to county treasurer's ledger.

**PIMA COUNTY TREASURER'S OFFICE** | Tucson, AZ

***Accountant / Senior Accountant*** (Apr 2012 – Feb 2015)

- Reconciled monthly the Pima County's Local Government Investment Pools and ensured compliance with post-issuance requirements
- Improved productivity with reformatted MS Excel templates.
- Analyzed and resolved data discrepancies and assisted in research.
- Independently researched, maintained, and processed a wide variety of complex materials, such as reports, spreadsheets, correspondence, etc.
- Drafted instructional manuals for new and updated departmental procedures.
- Balanced and reconciled daily lockbox payments.

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**EDUCATION**

**MBA, Business Administration**, Ottawa University - Phoenix, Arizona (June 2020)

**BA, Finance**, University of Arizona - Tucson, Arizona (May 2010)

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**EXTRACURRICULAR ACTIVITIES**

**TUSD Audit Committee** (June 2024 - Present)

- Served as Committee Chair June for FY 2025-2026

**STEMAZING | BRAIDED STEM** (Nov 2024 – Present)

- Assist in various needs of the program to prepare materials for upcoming workshops

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Derika Louk

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

3222 W Speedway Blvd, Tucson, AZ 85745

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

[Empty box for District / Division Number]

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

- I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of July 2025, to the month of June 2026.

**VERIFICATION**

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

ISI

*Derika Louk*

Signature of Public Officer or Candidate  
(Electronic Signatures Accepted)

7/1/2026

Date

JUL 02 25 00:45 PC CLK OF PD *DL*

## 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> BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
Self	Pima County 130 W Congress	Government	Public finance
Self	San Fernando Elementary, 1 Schoolhouse Dr	Education	School finance
Minor 1	Social Security Administration	Survivor Benefits	Survivor 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> BENEFITTED	NAME AND ADDRESS OF PERSON WHO PROVIDED SERVICES VALUED OVER \$1,000 FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NATURE OF SERVICES PROVIDED BY PERSON FOR YOUR OR YOUR HOUSEHOLD MEMBER'S USE OR BENEFIT	NAME AND ADDRESS OF THIRD PARTY WHO PAID FOR PERSON'S SERVICES ON YOUR OR YOUR HOUSEHOLD MEMBER'S BEHALF
N/A			

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

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

<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
Self	Pima County, 130 W Congress	Financial Analyst Supervisor
Self	San Fernando Elementary, 1 Schoolhouse Drive	Business Manager
Self	TUSD Audit Committee, 1010 E 10th St	Committee Chair

<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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Self	HSA Bank: HSA Invest	HSA investment account	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Self	Nationwide	457 Retirement account	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Self	Arizona State Retirement System	Retirement account	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <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
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

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

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

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

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

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

<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.

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

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

**15. Real Property Owned by a Controlled or Dependent Business**

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

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

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

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

**16. Controlled or Dependent Business' Creditors**

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

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

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

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

### 17. Controlled or Dependent Business' Debtors

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
N/A		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



# Pima County Clerk of the Board

Melissa Manriquez

Katrina Martinez  
Deputy Clerk

Administration Division  
130 W. Congress St., 1st Floor  
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

Derika Louk  
Name

7/1/2026  
Date

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**CONFLICT OF INTEREST DISCLOSURE MEMORANDUM**

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

FROM: Derika Louk, Pima County  
(Name and position of employee or officer)

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

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

Any decision, action, or matter involving San Fernando Elementary School District in which the district's financial relationship with the Treasurer's Office could be directly affected while employed with the district


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

Because this employment is compensated, it could constitute financial interest in matters directly affecting the district. If appointed as County Treasurer, I will resign from this position prior to assuming the duties of the office, thereby eliminating any actual or potential conflict of interest.

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.

7/1/2026  
Date

  
Signature

JUL 02 2026 10:45 P.M. CLERK OF BOARD

# SAMI HAMED

July 2, 2026

Pima County Board of Supervisors  
c/o Melissa Manriquez, Clerk of the Board  
130 W. Congress St., 1st Floor  
Tucson, AZ 85701

Dear Honorable Chair and Members of the Pima County Board of Supervisors:

I am honored to submit my application for appointment as the next Pima County Treasurer. Although I sought the office in 2024 and was unsuccessful in the Democratic primary, my commitment to serving the residents of Pima County has never wavered. With the recent vacancy in the office, I welcome the opportunity to bring integrity, experienced, steady, and accountable leadership to this important role.

I offer more than 20 years of leadership experience spanning federal, state and county government, education, and the nonprofit sector. Throughout my career, I have managed public resources responsibly, developed and administered budgets, led diverse teams, and built collaborative partnerships to improve organizational performance and public service. These experiences have prepared me to effectively oversee the Treasurer's Office and responsibly manage the department's FY 2026–2027 budget.

If appointed, my priorities will be to maintain the highest standards of fiscal stewardship, recruit and retain talented employees, promote operational efficiency, and provide responsive, professional service to Pima County residents. I will work collaboratively with the Board of Supervisors, fellow elected officials, county departments, and community stakeholders to ensure the Treasurer's Office operates with integrity, transparency, and accountability.

I recognize that the office of the County Treasurer is governed by the Arizona Constitution, Board of Supervisors policies, and the duties and responsibilities established under Arizona Revised Statutes Titles 11, 35, and 42. I am fully committed to faithfully executing those statutory duties and ensuring the office operates in strict compliance with the law.

I previously served on the board of the Arizona State Schools for the Deaf and the Blind and currently serve as Vice President of the Primavera Foundation Board of Directors. In these roles, I have helped oversee multimillion-dollar budgets and provided fiduciary oversight of

JUL 02 2026 12:00 PM CVO:EBD

Hamed Letter of Interest  
July 2, 2026  
Page 2 of 2

investment assets that support the organization's employees and advance its mission of expanding affordable housing and helping individuals and families achieve economic stability. This experience has strengthened my financial stewardship, governance, and leadership skills and has prepared me to effectively serve as Pima County Treasurer.

Enclosed, please find my curriculum vitae, financial disclosure statement, and conflict of interest statement, as required.

I appreciate your consideration and look forward to the opportunity to discuss my qualifications during the public forum and interview process. It would be a privilege to serve the people of Pima County as their County Treasurer.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Sami Hamed". The signature is fluid and cursive, with a large initial "S" and "H".

Sami Hamed  
216 N Grande Ave  
Tucson, AZ 85745



# SAMI HAMED

216 N Grande Ave, Tucson, Arizona 85745 • [REDACTED]

## PERSONAL PROFILE

Public servant with more than 20 years of leadership experience in federal, county, state, and nonprofit organizations. Proven record of leading diverse teams, building collaborative partnerships, overseeing complex programs, and serving in executive governance roles. Recognized for integrity, accountability, and responsible stewardship of public and nonprofit resources. Committed to transparent government and delivering exceptional service to the residents of Pima County.

## CORE QUALIFICATIONS

- Public Administration
- Fiscal Stewardship
- Organizational Management
- Board Governance
- Government & Community Relations
- Grant Development
- Bilingual (English & Spanish)

## PROFESSIONAL EXPERIENCE

### AMISTADES, INC.

**Instructor** | July 2024–Present

- Developed and teach U.S. citizenship and naturalization and civics curriculum.
- Assist with grant research and proposal development to support organizational goals and growth.
- Represent the organization with community partners, stakeholders, and public agencies.
- Conduct community outreach and educational programming.

### LIVING UNITED FOR CHANGE IN ARIZONA (LUCHA)

**Regional Field Director** | 2022

- Directed regional operations across Pima, Santa Cruz, and Cochise Counties.
- Supervised more than 120 employees, including supervisors and field staff.
- Managed regional operations, staffing, organizational resources, and strategic objectives.
- Built partnerships with community leaders, elected officials, and organizational stakeholders.

### SAAVI SERVICES FOR THE BLIND

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**Development Coordinator | 2016–2020**

- Strengthened partnerships with donors, businesses, foundations, and community organizations.
- Supported fundraising strategy and responsible stewardship of charitable resources.
- Assisted with grant development and donor engagement initiatives.
- Coordinated donor recognition and community outreach events.

**PIMA COUNTY OFFICE OF EMERGENCY MANAGEMENT**

**Program Specialist | 2011–2014**

- Coordinated emergency preparedness initiatives with county departments, municipalities, and nonprofit organizations.
- Assisted in updating county emergency operations plans.
- Coordinated emergency preparedness training and exercises.
- Served as liaison for access and functional needs populations within Pima County.

**OFFICE OF U.S. REPRESENTATIVE RAÚL M. GRIJALVA**

**Congressional District Aide | 2003–2011**

- Represented the Congressman throughout Southern Arizona.
- Resolved complex constituent matters involving federal agencies.
- Developed collaborative relationships with local governments, nonprofit organizations, and community leaders.
- Prepared reports and policy briefings for the Congressman.
- Built a reputation for responsive constituent service and effective problem solving.

**COMMUNITY LEADERSHIP & GOVERNANCE**

**Primavera Foundation**

**Vice President, Board of Directors | 2018–Present**

Provides strategic governance and fiduciary oversight for one of Southern Arizona's leading nonprofit organizations addressing housing, workforce development, and economic opportunity.

**Arizona State Board of Optometry**

**Board Member | 2022–Present**

Provides regulatory oversight to protect Arizona consumers and uphold professional standards of optometrists.

**Pima County Merit Commission/System Law Enforcement Council**

**Commission Vice Chair | 2021–Present**

Hear county employee appeals and help ensure fairness, accountability, and integrity in county personnel disciplinary actions.

**Pima Community College Adult Education**

**Volunteer Citizenship Instructor | 2011–Present**

Helping lawful permanent residents prepare for United States citizenship exam and interview through civics and naturalization instruction.

**Arizona Center for Disability Law (now Disability Rights Arizona)**

**Board President | 2014–2020**

Provided governance, strategic direction, and organizational oversight for Arizona's federally designated Protection and Advocacy organization.

**Arizona State Schools for the Deaf and the Blind**

**Board Member | 2003–2009**

Served as Board President and Board Secretary, providing policy direction and fiduciary oversight for Arizona's statewide educational system serving deaf, hard-of-hearing, blind, and visually impaired students.

**EDUCATION**

**University of Arizona**

Political Science

Minor in Spanish

**LEADERSHIP HIGHLIGHTS**

- More than two decades of public service across federal, county, state, and nonprofit organizations.
- Extensive governance experience on state boards, city and county commissions and committees, and local/statewide nonprofit boards.
- Proven ability to build collaborative partnerships and lead diverse stakeholders.
- Committed to transparency, accountability, and responsible stewardship of public resources.

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

SAMI HAMED

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

216 N GRANDE AVE, TUCSON, AZ 85745

Public Office Held or Sought:

COUNTY TREASURER

District / Division Number (if applicable):

N/A

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

- I am a public officer filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_.
- I have been appointed to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- I am a public officer who has served in the last full year of my final term, which expires less than thirty-one days into calendar year 20\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a candidate for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of JULY, 2025, to the month of JUNE, 2026.

VERIFICATION

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

ISI

*Sam Hamed*

Signature of Public Officer or Candidate  
(Electronic Signatures Accepted)

JULY 2, 2026

Date

JUL 02 26 PM 12:50 PC CLK OF RD MFG

## 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
SAMI HAMED	AMISTADES, INC, TUCSON, AZ 85701	NON-PROFIT ORGANIZATION	INSTRUCTOR
SAMI HAMED	UNIVERSITY OF ARIZONA, TUCSON, AZ 85721	UNIVERSITY ATHLETICS DEPARTMENT	SPORTS EVENT ATTENDENT
SAMI HAMED	FIELDWORKS, WASHINGTON, DC	POLITICAL CONSULTING FIRM	CAMPAIGN NOTARY

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
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	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
SAMI HAMED	NOTARY PUBLIC COMMISSION	SAMI HAMED	ARIZONA SECRETARY OF STATE

<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> OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A	N/A	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
N/A	N/A	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
NA	N/A	Date: <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
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A

<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	N/A
N/A	N/A
N/A	N/A
N/A	N/A
N/A	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
SAMI HAMED	PRIMAVERA FOUNDATION, TUCSON, AZ	BOARD MEMBER/VICE PRESIDENT
SAMI HAMED	ARIZONA STATE BOARD OF OPTOMETRY, PHOENIX AZ 85007	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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
SAMI HAMED	J.P. MORGAN WEALTH MANAGEMENT, NEW YORK, NY	ROTH IRA INVESTMENT FUNDS	<input type="checkbox"/> \$1000 - \$25,000 <input checked="" type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
SAMI HAMED	ROBIN HOOD MARKETS, INC, MENLO PARK, CA 94025	STOCK MARKET INVESTMENT FUNDS	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
N/A	N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <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	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input 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
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input checked="" type="checkbox"/> N/A
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input 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 IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

**A. BUSINESS FINANCIAL INTERESTS**

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

**12. Business Names**

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

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

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

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

**14. Dependent Business Information**

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

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

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

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

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

**15. Real Property Owned by a Controlled or Dependent Business**

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

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

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

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

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



# Pima County Clerk of the Board

## Melissa Manriquez

Katrina Martinez  
Deputy Clerk

Administration Division  
130 W. Congress St., 1st Floor  
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.

*Sam Hamro*  
Signature

SAMI HAMRO  
Name

7/2/2026  
Date

JUL 02 2026 12:50 PM CLK OF BO

**CONFLICT OF INTEREST DISCLOSURE MEMORANDUM**

TO: Pima County  
(Name and position of Public Agency Supervisor)

FROM: Sami Hamed  
(Name and position of employee or officer)

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

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Disqualification

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

July 2, 2026  
Date

Sami Hamed  
Signature

James P Hannley  
900 N. Richey Blvd.  
Tucson, AZ 85716

Melissa Manriquez  
Pima County Clerk of the Board  
130 W. Congress St., 1<sup>st</sup> Floor  
Tucson, AZ 85701

July 2, 2026

Re: Application for Appointment as Pima County Treasurer

Dear Ms. Manriquez,

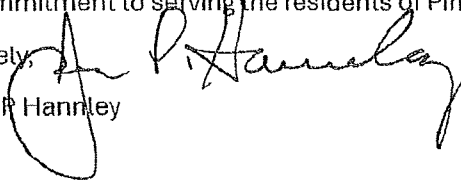
I am writing to formally express my interest in serving as the next Treasurer of Pima County. Throughout my adult life, I have consistently sought and accepted opportunities to serve my community, particularly when leadership, responsibility, and steady judgment were needed. My record of service began in 1983, when my wife and I learned that Cub Scout Pack 109 at Van Horne Elementary School might not continue because no volunteers were available to lead it. I stepped forward to help preserve that important opportunity for local children and families. I later did the same for the El Rio neighborhood when City of Tucson staff informed me that the neighborhood could lose a Back to Basics grant worth more than one million dollars because there was no functioning neighborhood association to accept the improvement plan. I became neighborhood president and helped ensure that the community did not lose that opportunity. I have also served as secretary for United Steelworkers of America Local 6705, contributed to the City of Tucson's Sign Code Advisory and Appeals Board, and represented Ward 3 on the Independent Audit and Performance Commission at the request of Councilmember Karin Uhlich. In each role, I worked to support responsible governance, effective oversight, and the long-term interests of the public. In addition, I served as treasurer for three election campaigns for my wife, Pamela, during her campaigns for the Arizona House of Representatives.

These experiences reflect a consistent pattern: when my community has needed capable, reliable service, I have stepped forward. I bring practical financial experience, a strong commitment to accountability, and a clear understanding of the trust placed in public officials.

I am prepared to bring that same sense of responsibility to the Office of the Pima County Treasurer. I have demonstrated the ability to manage significant financial responsibilities, including the discretionary management of millions of dollars in client life savings. I understand money management, I understand leadership, and I understand the importance of being a dependable member of a larger team.

Thank you for your consideration. I would welcome the opportunity to discuss my qualifications and my commitment to serving the residents of Pima County.

Sincerely,  
James P Hannley



JUL 02 2026 10:40 AM PIMA COUNTY CLERK OF BOARD



# James P. Hannley

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## Objective

Experienced financial advisor, fiduciary, and civic volunteer seeking appointment as Pima County Treasurer. Brings a strong record of responsible asset management, client trust, board governance, and public service.

## Public Finance Strengths

- Fiduciary experience managing client assets, providing financial planning, and maintaining trust through fee-only wealth management.
- Board governance experience as treasurer, secretary, and president for civic, professional, labor, and nonprofit organizations.
- Committed to accountability, clear communication, public service, and careful stewardship of financial and organizational responsibilities.

## Experience

2004–Present Jim Hannley, LLC

### Registered Investment Advisor

- Founded and operated an independent Registered Investment Advisor firm, building compliance, client service, and business systems for a fee-only practice.
- Provided fiduciary wealth management and financial planning services, managing approximately \$4.5 million in assets at the firm's peak.
- Built client trust through transparent advice, long-term planning, and disciplined stewardship of client resources.
- Sold the book of business and retired from active client wealth management in July 2022.

2003–2004 Stephen A. Kohn & Associates

### Investment Advisor Representative

- Advised high-net-worth clients during the transition to fee-only wealth management, emphasizing objective guidance, fiduciary responsibility, and long-term planning.

1993–2003 AXA Advisors, LLC, Tucson, AZ

### Financial Consultant

- Built and served a client base of more than 800 individuals and families.
- Earned the Investment Advisor Representative designation.

Grew assets under management to approximately \$4 million through client service, financial planning, and investment advisory work.

1990–1993 Arizona Center for Clinical Management, Tucson, AZ

### Psychiatric Case Manager

- Managed caseloads of 15–25 clients with serious mental illness while

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balancing documentation, coordination, and client advocacy.

- Collaborated with clinical teams to assess needs, coordinate treatment, and support accountable case management decisions.
- Prepared dozens of court reports for involuntary commitment proceedings, requiring accuracy, sound judgment, and clear writing.

1984–1990 Chicago Bureau of Mental Health, Chicago, IL

**Psychiatric Case Manager**

- Managed caseloads of 15–25 clients with serious mental illness, maintaining detailed records and coordinating services with a multidisciplinary team.
- Worked in a public health setting requiring confidentiality, accountability, and sound professional judgment.

1980–1984 Roadrunner Nursery, Tucson, AZ

**Operations Manager**

- Managed inventory to preserve plant health and stock quality.
- Advised customers on plant selection and plant pathology.
- Supervised sales and plant development staff.

1976–1980 ASARCO Mission Unit

**By-Products Plant Operator**

- Managed an approximately 100-step production process, producing up to 8,000 lbs. of molybdenum disulfide per shift at \$35 per lb.

**Education**

1970–1975 University of Arizona, Tucson, AZ

- Bachelor of Arts in Psychology and Sociology

**Community Service**

2024-present Member, Board of Directors, Tucson Peace Center

2023–present Arizona Representative, Coalition for a National Infrastructure Bank; serves on a national lobbying team encouraging Arizona congressional delegates to co-sponsor House legislation establishing a National Infrastructure Bank

2021-2022 Financial Literacy Workshop Presenter, Family Housing Resources, Inc. Tucson

2016–2021 Treasurer, Pamela Powers Hannley for Arizona House of Representatives, Legislative District 9; supported one initial campaign and two re-election campaigns

2015–present Founder and Director, Arizonans for a New Economy, an Arizona nonprofit corporation advocating for public banking

2015–2022 Secretary, CFA Society Tucson

2014–2018 Commissioner, City of Tucson Independent Audit and Performance Commission, representing Ward 3; Vice Chairman, 2017–2018

2013-2014 Vice President for Finance, Unitarian Universalist Church of Tucson

2012-2014 Member, City of Tucson Sign Code Advisory and Appeals Board

2010 Treasurer, Miguel Ortega for TUSD School Board

2007-2009 Treasurer, Democrats of Greater Tucson

2007–2008 Coordinating Council Member, "Don't Borrow Trouble"

2006–2010 President, El Rio Neighborhood Association

2005–2009 Member, Development Council, University of Arizona Poetry Center

2001–2003 Treasurer, KXCI Community Radio Board of Directors

1994-1999 Cubmaster, Pack 109 Catalina Council, Boy Scouts of America

1994–1998 Member, Community Advisory Board, Africana Studies Program, University of Arizona

1977–1980 Secretary, United Steelworkers of America Local 6705

**Licenses**

Current licenses: Series 7 and 65; Registered Investment Advisor

Member, Financial Industry Regulatory Authority (FINRA)

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

JAMES PATRICK HANNLEY

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

900 N RICHEY BLVD, TUCSON, AZ 85716

Public Office Held or Sought:

PIMA COUNTY TREASURER

District / Division Number (if applicable):

[Empty box for District / Division Number]

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

- I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of JUNE 2025, to the month of JUNE 2026.

**VERIFICATION**

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

**/s/**

JAMES P HANNLEY

06/30/2026

Signature of Public Officer or Candidate  
(Electronic Signatures Accepted)

Date

## A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your financial interests and/or the financial interests of the member(s) of your household.<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
JAMES P HANNLEY	LAZAROW WEALTH MANAGEMENT, 25 E UNIVERSITY BLVD, TUCSON, AZ 85705	ADVISOR FEES	compensation for sale of book of business
JAMES P HANNLEY	SOCIAL SECURITY ADMINISTRATION 6401 SECURITY BLVD, BALTIMORE, MD 21235	RETIREMENT BENEFITS	none

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
none			

<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
JAMES P HANNLEY	FINRA LICENSE CRD#130319	JIM HANNLEY LLC	FINANCIAL INDUSTRY REGULATING AUTHORITY

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

<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
no one		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input checked="" type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

<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	AZ
AZ	AZ
AZ	AZ
AZ	AZ
AZ	AZ
AZ	AZ

<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
JAMES P HANNLEY	JIM HANNLEY LLC 900 N RICHEY BLVD, TUCSON, AZ 85716	MANAGING MEMBER
JAMES P HANNLEY	ARIZONANS FOR A NEW ECONOMY 900 N RICHEY BLVD, TUCSON, AZ 85716	DIRECTOR
JAMES P HANNLEY	H3LR CORP 900 N RICHEY BLVD, TUCSON, AZ 85716	PRESIDENT

<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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
JAMES P HANNLEY	JIM HANNLEY LLC, 900 N RICHEY BLVD, TUCSON, AZ	EQUITY IN CLIENT ACCOUNTS OWED BY A SUCCESSOR WEALTH MANAGER	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
JAMES P HANNLEY	CHARLES SCHWAB CUSTODIAL ACCOUNTS, 3000 SCHWAB WAY, WESTLAKE, TX 76262	VARIOUS STOCKS AND MUTUAL FUNDS HELD IN SCHWAB BROKERAGE ACCOUNTS #2709-8189 AND #8212-6040	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

<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
<b>NONE</b>		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

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

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

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

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

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

<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.

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

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

### 15. Real Property Owned by a Controlled or Dependent Business

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

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

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

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

**16. Controlled or Dependent Business' Creditors**

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

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

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

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

### 17. Controlled or Dependent Business' Debtors

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

ADDENDUM TO FINANCIAL DISCLOSURE FORM RELEVANT TO APPLICATION FOR PIMA COUNTY TREASURER

THE FOLLOWING SECURITIES ARE HELD IN SCHWAB BROKERAGE #2709-8189

<u>SECURITY</u>	<u>TICKER</u>	<u>TYPE</u>	<u>MARKET VALUE</u>
ACTINIUM PHARMA	ATNM	EQUITY	\$1,086
EUROPAC INTL. BOND FUND	EPIBX	MUTUAL FUND	\$2,314
KULR TECH GROUP	KULR	EQUITY	\$1,920
PIMCO EMERGING MARKETS LOCAL CURRENCY BOND	PEL BX	MUTUAL FUND	\$1,859

THE FOLLOWING SECURITIES ARE HELD IN SCHWAB BROKERAGE #8212-6040

PIMCO EMERGING MARKETS LOCAL CURRENCY BOND	PEL BX	MUTUAL FUND	\$5,826
VUZIX CORP	VUZI	EQUITY	\$1,865
GILDAN ACTIVE WEAR	GIL	EQUITY	\$2,270

I attest the above information to be true and complete as of July 1, 2026

James P Hannley



# Pima County Clerk of the Board

## Melissa Manriquez

**Katrina Martinez**  
Deputy Clerk

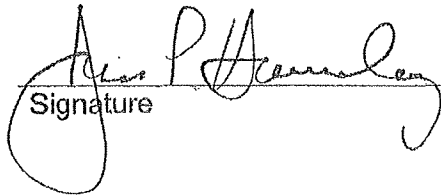
**Administration Division**  
130 W. Congress Street, 1st Floor  
Tucson, AZ 85701  
Phone: (520)724-8449 • Fax: (520) 222-0448

**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 ACKNOWLEDGEMENT

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.


James P. Hanuley
7/2/2026  
 Signature Name Date

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Derrick Espadas  
Tucson, AZ

[REDACTED]  
July 2, 2026

Dear Pima County Board of Supervisors,

I am writing to express my interest in serving as Treasurer for Pima County. As a Tucson-based professional with extensive experience in financial oversight, community engagement, and organizational leadership, I bring a commitment to transparency, fiscal responsibility, and public service aligning with the core responsibilities of this office.

My background spans a multitude of accounting practices including fund accounting, where I have overseen budgeting, financial reporting, compliance, and strategic planning. Through this work, I have developed a deep understanding of responsible financial stewardship, including managing public and private funds, ensuring regulatory compliance, and communicating financial information clearly to diverse stakeholders.

In addition to my technical experience, I have built strong relationships across Pima County through community organizing and advocacy. This work has reinforced my belief public finance should be accessible, accountable, and responsive to the needs of residents. I am particularly committed to improving transparency in financial processes, expanding community awareness of county financial services, and ensuring equitable access to resources.

As Treasurer, I would prioritize:

- Strengthening financial transparency and public trust through clear reporting and open communication
- Enhancing operational efficiency while maintaining strict compliance and accountability standards
- Leveraging technology to modernize services and improve accessibility for all residents
- Supporting fiscally responsible policies to reflect the long-term needs of Pima County communities

I am deeply invested in the future of Pima County and would be honored to contribute my skills and leadership to this role. Thank you for your consideration, and I welcome the opportunity to discuss how my experience and vision align with the goals of your office.

Sincerely,  
Derrick Espadas

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## EXPERIENCE

### **University of Louisville**

June 2023 – July 2023

#### *Adjunct Instructor*

- Franchising Fundamentals (Spanish)
- Buy and Grow a Franchise (Spanish)

### **FuelEd**

November 2021 – March 2026

#### *Trainer*

- Facilitated nationwide social & emotional training for educators

### **Laguardia Community College**

October 2021 – October 2022

#### *Adjunct Instructor- Business Writing*

- Developed curriculum aimed at application of communication styles to achieve goals
- Taught online classes teaching team-based and technology enhanced professional communication
- Mentored students in business writing, oral presentations, and professional development

### **Chloe Preparatory Academy**

June 2020 – March 2026

#### *Founder, Executive Director, Board Treasurer*

- Led marketing and development for both enrollment and funding
- Designed curriculum and established strategic vision
- Taught math and business classes

### **Spade Business Services, LLC**

February 2012 – August 2026

#### *Managing Partner*

- Analyzed data to create a business use case for increased stakeholder benefit
- Lead and mentored a culture of collaboration, excellence, and professional development
- Presented complex statistical analysis into digestible narratives
- Reviewed and presented proposals to increase accessibility in accordance with the ADA
- Consulted entrepreneurial ventures into revenue generating entities
- Created and implemented innovative Human Resource Management framework
- Provided financial technical writing for accounting Big Four firm
- Developed, wrote, and facilitated diversity curriculum for online educational platforms
- Oversaw accounting functions for financial reporting
- Prepared all necessary tax returns and related documents
- Designed organized business processes for compliance and optimization
- Managed implementation of data governance
- Designed marketing and development for client acquisition
- Filed 990s and Negotiated Indirect Cost Rate Agreement for federal grant organizations
- Spearheaded project management

## SKILLS

**License:** AZ Life and Health Insurance

**Certifications:** QuickBooks Online ProAdvisor, LEED- Green Classroom Professional, Predictive Index Talent Optimization- Consultant and Leadership, SEL Endorsement, QPR Gateway, U.S. Department of State- J1 Visa Liaison, ADA Coordinator, Six Sigma Black Belt, Google AdWords, HubSpot SEO, HubSpot Sales Hub software, Sandler Sales, Google Cybersecurity

**Software Knowledge-**R, Excel, Access, SQL, WordPress, Adobe Illustrator, Linux, HubSpot, CSS, Python, SaaS, SPSS

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

Derrick Espadas

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

1024 W. Los Alamos St.

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

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

- I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of July 2025, to the month of July 2026.

**VERIFICATION**

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

**ISI**

Derrick Espadas

July 2, 2026

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> 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
Spouse	Banner Health 2901 N Central Ave Ste 160 Phoenix, AZ 85012	Health	Wages- quality control
Spouse	TMC Health 5301 E. Grant Road Tucson, AZ 85712	Health	Wages-hospice

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

<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
Spouse	Licensed Masters Social Worker	Spouse	BBHE
Derrick Espadas	Life & Health Insurance	Derrick Espadas	DIFI

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

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

<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
Derrick Espadas	Spade Business Services, LLC, 1024 W. Los Alamos St. Tucson AZ 85704	Managing Partner
Derrick Espadas	Chloe Preparatory Academy, 1024 W. Los Alamos St. Tucson AZ 85704	Board Treasurer
Derrick Espadas	Differently Abled Entertainment, 2405 n Castro ave Unit 140 Tucson AZ 85705	Board 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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Derrick Espadas	Spade Business Services, LLC 1024 W. Los Alamos St Tucson AZ 85704	Accounting & Life Insurance	<input type="checkbox"/> \$1000 - \$25,000 <input checked="" type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Spouse	Spade Business Services, LLC 1024 W. Los Alamos St Tucson AZ 85704	Accounting & Life Insurance	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

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

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

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

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup> OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED” BY OR “DEPENDENT” ON YOU OR A HOUSEHOLD MEMBER
Derrick Espadas/Spouse	Spade Business Services, LLC 1024 W Los Alamos St Tucson AZ 85704	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent <b>Derrick Espadas</b>
Derrick Espadas	Spade Bookkeeping Services, 1024 W Los Alamos St, Tucson, AZ 85704	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent <b>Derrick Espadas</b>
Derrick Espadas	Chloe Preparatory Accademy, 1024 W Los Alamos St Tucson AZ 85704	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent <b>Derrick Espadas</b>

**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)
Spade Business Services, LLC	Accounting & Life Insurance	N/A	N/A
Spade Bookkeeping Services	Accounting	N/A	N/A
Chloe Preparatory Academy	Education	N/A	N/A

### 14. Dependent Business Information

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

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

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

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

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

### 15. Real Property Owned by a Controlled or Dependent Business

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

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

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

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

## 16. Controlled or Dependent Business' Creditors

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

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

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

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

### 17. Controlled or Dependent Business' Debtors

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

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

Derrick Espadas, Khelp! 1024 W. Los Alamos St. Tucson AZ 85704 CFO  
Spade Bookkeeping Services 1024 W. Los Alamos St Tucson AZ 85704 Managing Partner  
Spouse, Terrance Pickrell Heart Fund, 2826 W Magee Rd, Tucson, AZ 85742 Board Treasurer

12. Business Names

Derrick Espadas, Khelp! 1024 W. Los Alamos St. Tucson AZ 85704 Controlled Derrick Espadas

13. Controlled Business Information

Khelp! Technology Services N/A N/A



# Pima County Clerk of the Board

Melissa Manriquez

Katrina Martinez  
Deputy Clerk

Administration Division  
130 W. Congress St., 1st Floor  
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.

 Derrick Espadas 7-2-26  
 Signature Name Date

JUL 02 26 PM 03:08 P.C. CLERK OF BOARD

**CONFLICT OF INTEREST DISCLOSURE MEMORANDUM**

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

FROM: Derrick Espadas  
(Name and position of employee or officer)

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

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

n/a

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

n/a

Statement of Disqualification

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

7/12/26  
Date

[Signature]  
Signature

JUL 02 2026 09:08 AM CLK OF BR 98

Daniel Dempsey  
P.O. Box 41745  
Tucson, AZ 85717

July 2, 2026

Melissa Manriquez, Pima County Clerk of the Board  
130 W. Congress Street, 1st Floor  
Tucson, AZ 85701

REF: Letter of Interest for Pima County Treasurer  
Dear Board of Supervisors,

I am writing to express my interest in the Pima County Treasurer position. I fulfill the legal requirements for appointment and am willing to serve the remainder of the term.

I have extensive experience in trust accounting in publicly traded companies, including building a cash and accrual, dual-entry trust accounting platform from scratch that integrated with bank treasury management systems for daily reconciliations of millions of dollars in transactions. We would perform five-way tie outs to multiple systems hourly. Understanding how disparate systems and processes fit together (or are not fitting together) is a key to success in a leadership role.

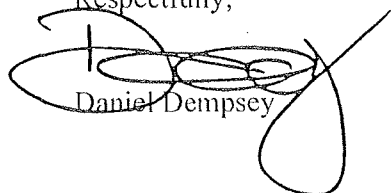
I would excel at performing the Treasurer's core statutory duties: safeguarding public monies, maintaining accurate accounts, and disbursing funds as required by A.R.S. § 11-493, while ensuring faithful collection and apportionment of property taxes under A.R.S. §§ 42-18001 et seq.

Whether professionally or for fun, I am a numbers and data analysis guy. I am drawn to simplifying complex systems to allow for better decision making. I helped form a non-profit that brings transparency to forced consumer and employee arbitration through data analysis. I am also a family guy. Work-life balance is important for an effective workplace.

Collaboration is important to me as well. I have managed and built teams from a few to over 50. I would not anticipate making significant changes internally in the first twelve months unless an immediate problem was identified. We need to figure out where we are excelling and where we have challenges in the department, between departments, with county finance, and with elected offices. From there, we will adjust.

Thank you for your consideration.

Respectfully,

  
Daniel Dempsey

JUL 02 09:40:57 PCKVCF:BD



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## RELEVANT EDUCATION

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<b>Columbia University</b> , Graduate Cert. in Economics, Management & Finance of Environmental Conservation	2008
<b>New York University</b> , B.A. in Economics with Honors, <i>magna cum laude</i>	2006
<b>Pima Community College</b> , Associate's with Honors, Phi Theta Kappa	2003

## CURRENT COMMUNITY SERVICE

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**Board Member, Underground Arizona (501c3)** – Assist in energy research, analysis, and education.  
**Board Member, Level Playing Field (501c3)** – Assist in arbitration data analysis and database design/architecture.  
**Board Member, Friends of Ward 3 (501c3)** – Assist with development.  
**Coach soccer, basketball, and volunteer anywhere else as needed.**

## PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Daniel S. Dempsey

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

PO Box 41745, Tucson, AZ 85717

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

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

- I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of 06/2026, to the month of 06/2025.

### VERIFICATION

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

*ISI*

\_\_\_\_\_  
Signature of Public Officer or Candidate  
(Electronic Signatures Accepted)

\_\_\_\_\_  
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 <sup>1</sup>\_\_\_\_\_)    **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
Spouse	CBZ, Inc., 3055 Hackado Woods Boulevard North, Suite 600, Independence, OH 41131	Benefits/Insurance	Client Services
Self	Jennifer Dempsey, LLC., 2900 E Broadway Blvd, Suite 100, Tucson AZ 85716	Investment Consulting	Consulting Services
Self	Level Playing Field, PO Box 41745, Tucson, AZ 85717	Non-Profit	Consulting Services

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

<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
Self	Arizona Real Estate Broker	Self	State of Arizona
Spouse	Insurance Broker	CBiz, Inc.	State of Arizona

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

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

<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
Self	Underground Arizona, Inc., PO Box 41745, Tucson, AZ 85717	Board Member
Self	Friends of Ward 3, 405 East Wetmore Road, #117-178, Tucson, Arizona 85705	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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Self	Jennifer Dempsey, LLC., 2900 E Broadway Blvd, Suite 100, Tucson	Investment Consulting Services	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Self	Fidelity, PO Box 770001, Cincinnati, OH 45277-0037	Investment Fund	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
Spouse	Fidelity, PO Box 770001, Cincinnati, OH 45277-0037	Investment Fund	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

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

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

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <sup>14</sup> OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS “CONTROLLED” BY OR “DEPENDENT” ON YOU OR A HOUSEHOLD MEMBER
Self	Jennifer Dempsey, LLC., 2900 E Broadway Blvd, Suite 100, Tucson AZ 85716	<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

**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)

### 14. Dependent Business Information

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

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

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

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

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

### 15. Real Property Owned by a Controlled or Dependent Business

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

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

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

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

**16. Controlled or Dependent Business' Creditors**

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

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

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

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

**17. Controlled or Dependent Business' Debtors**

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



# Pima County Clerk of the Board

Melissa Manriquez

**Katrina Martinez**  
Deputy Clerk

Administration Division  
130 W. Congress St., 1st Floor  
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

Daniel Dempsey  
Name

7/2/2026  
Date

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Jorge Soto  
Tucson, AZ

July 2, 2026

Clerk of the Board  
Pima County Board of Supervisors  
130 W. Congress Street  
Tucson, AZ 85701

**RE: Letter of Interest for Appointment as Pima County Treasurer**

Dear Chair and Members of the Pima County Board of Supervisors,

I respectfully submit my letter of interest for appointment as Pima County Treasurer. I believe my combination of executive leadership, extensive people management experience, financial oversight, operational governance, and commitment to public service has prepared me to effectively lead the Treasurer's Office while safeguarding the public's trust.

During my 17-year career with Citi, I advanced through several leadership positions with progressively greater responsibility. Throughout my career, I directly led and developed teams of more than 20 employees while coaching managers and staff, driving performance, fostering accountability, and creating collaborative, high-performing work environments. In my most recent role as Supplier and Vendor Manager, I also managed strategic relationships with executive leadership and domestic and international business partners while overseeing vendor portfolios exceeding \$50 million.

My responsibilities included financial forecasting, budgeting, contract negotiations, operational risk management, compliance, internal controls, audit readiness, performance management, and strategic planning. I regularly partnered with senior executives to evaluate financial and operational risks, implement process improvements, and deliver measurable cost savings while maintaining strong governance and accountability.

Managing large financial portfolios taught me that leadership is about more than numbers. It is about earning trust, making thoughtful decisions, developing strong teams, and

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ensuring every dollar entrusted to your care is managed responsibly and transparently. Those same principles are fundamental to the mission of the Pima County Treasurer's Office.

Since leaving Citi, I have continued serving organizations as an independent consultant, providing operational strategy, financial analysis, vendor management, and business process improvement. This work has strengthened my ability to solve complex problems, build consensus among stakeholders, and adapt quickly to new challenges.

As a proud Tucson resident, I care deeply about our community and believe local government should be fiscally responsible, transparent, efficient, and accountable to the public. If appointed, I would lead with integrity, professionalism, and a servant's mindset while working collaboratively with the Board of Supervisors, county departments, employees, and residents to ensure the Treasurer's Office continues to operate at the highest standard.

Although I recognize there will be aspects of Arizona's statutory responsibilities that I will need to learn, my career has consistently required me to master complex regulatory environments, lead large teams through change, and quickly become a trusted leader in highly regulated financial organizations. I am confident I can bring those same leadership qualities and commitment to excellence to the Office of the Pima County Treasurer.

Thank you for your time and consideration. I would be honored to discuss my qualifications and the opportunity to serve the residents of Pima County.

Respectfully,

Jorge Soto

# JORGE SOTO

Tucson, AZ | [REDACTED]

## PROFESSIONAL SUMMARY

Operations and Financial Management Executive with 17 years of progressive leadership experience directing large-scale operations, leading and developing teams of 20+ employees, overseeing multimillion-dollar financial portfolios, budgeting, forecasting, governance, compliance, and operational strategy. Proven success partnering with executive leadership to strengthen financial oversight, mitigate risk, improve organizational performance, and deliver measurable business results. Recognized for integrity, accountability, servant leadership, and building high-performing teams through coaching, collaboration, and continuous improvement.

## CORE SKILLS

Executive Leadership • People Leadership & Team Development • Financial Oversight • Budget Management • Financial Forecasting • Operational Strategy • Governance • Risk Management • Regulatory Compliance • Internal Controls • Audit Readiness • Performance Management • Workforce Planning • Process Improvement (Lean) • Stakeholder Management • Vendor & Contract Management • Executive Communication • Public Accountability • Cross-Functional Leadership

## SYSTEMS & TOOLS

Microsoft Office Suite (Excel, PowerPoint, Word, Outlook) • Teams • SharePoint • Oracle • Workday • ServiceNow • QuickBooks • Reporting Dashboards • KPI Scorecards

## PROFESSIONAL EXPERIENCE

**Independent Consultant** | Nov 2025 – Present

*OC Events and Valle Verde Water (Co-Owner support)*

- Advised leadership on budgeting, financial planning, vendor management, operational strategy, and organizational decision-making.
- Provided financial analysis and compensation benchmarking during organizational restructuring and third-party operational oversight.
- Managed client relationships while supporting business development initiatives and organizational growth.
- Led operational improvements by streamlining workflows, coordinating vendors, and strengthening service delivery.
- Reviewed financial statements and provided recommendations to improve financial performance and operational efficiency.
- Managed budgeting, financial reporting, operational analysis, and financial planning using QuickBooks to support informed business decisions.
- Provided operational consulting, strategic planning, and business advisory services for small businesses and ownership stakeholders.

**Citigroup (Citi)** | October 2008 – November 2025

*Operations Manager/Supplier Manager – Location & Supplier Strategy (LSS)*

*Prior Roles in Operations & Management*

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- Managed and developed teams of 20+ employees in high-volume operational environments, overseeing staffing, performance management, employee development, and service delivery objectives
- Conducted performance evaluations, coached employees, and developed high-performing teams focused on operational excellence
- Held regular team meetings and one-on-one coaching sessions to communicate expectations, improve engagement, and support employee development
- Implemented corrective action plans to resolve operational issues, improve service delivery, and strengthen accountability across teams
- Developed and presented KPI dashboards, performance trends, and operational recommendations to executive leadership, driving accountability and continuous improvement
- Collaborated cross-functionally with Operations, Risk, Compliance, Finance, Workforce Management, and executive leadership to deliver strategic initiatives and improve operational performance
- Built trusted relationships with internal and external stakeholders by delivering consistent service, transparent communication, and operational excellence
- Partnered with executive leadership on budgeting, forecasting, workforce planning, capacity management, and operational strategy to achieve business and financial objectives
- Led Lean process improvement, quality assurance, and corrective action initiatives that improved operational efficiency, reduced risk, enhanced compliance, and increased customer satisfaction
- Supported end-to-end RFP activities including supplier evaluations, pricing analysis, vendor selection, and sourcing recommendations
- Served as a Subject Matter Expert for Risk Assessment and Control (RAC), leading supplier risk assessments while ensuring compliance with governance, internal controls, and regulatory standards
- Managed \$50M+ in global supplier spend across a portfolio of high-value strategic suppliers, ensuring performance, cost efficiency, and contract compliance
- Directed complex contract negotiations and renegotiations, achieving significant cost reductions, including reducing a vendor proposal by more than 35% from its initial RFP submission
- Led strategic initiatives to transition operations from the U.S. to offshore locations, improving scalability and cost efficiency
- Improved commercial terms by eliminating and restructuring vendor fees, generating additional cost savings beyond base contract pricing

## **LEADERSHIP & COMMUNITY INVOLVEMENT**

### **Treasurer – Citi Pride Network (Employee Resource Group)**

- Partnered with leadership to ensure responsible stewardship of allocated funds while supporting employee programming and community engagement.
- Managed budgeting and financial tracking for Pride Network activities and employee engagement initiatives.

## **EDUCATION**

### **University of Phoenix**

Bachelor of Science in Psychology

*Summa Cum Laude*

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Jorge Soto

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

1345 N. Wildcat Diers Road

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

Pima County

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

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

VERIFICATION

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

ISI

Jorge Soto

07/02/2026

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> 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
N/A	N/A	N/A	N/A

In subsection (2)(b), if applicable, list anything of value that any other person (outside your household) received for you, 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
N/A	N/A	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
N/A	N/A	N/A	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> OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
Self	Nelnet Inc. P.O. Box 82561, Lincoln, NE 68501-2561	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

<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
Self	Nelnet Inc.	<input type="checkbox"/> \$1000 - \$25,000 <input checked="" type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

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

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

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

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

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

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

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

<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	N/A	N/A	N/A

### 14. Dependent Business Information

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

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

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

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

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

### 15. Real Property Owned by a Controlled or Dependent Business

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

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

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

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

**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	N/A	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

### 17. Controlled or Dependent Business' Debtors

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
N/A	N/A	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input checked="" type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



**Katrina Martinez**  
Deputy Clerk

# Pima County Clerk of the Board

Melissa Manriquez

Administration Division  
130 W. Congress St., 1st Floor  
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.

*Jorge Soto*

Jorge Soto

07/02/2026

Signature

Name

Date

JUL 02 2026 10:45 AM PIMA COUNTY CLERK OF BOARD

**CONFLICT OF INTEREST DISCLOSURE MEMORANDUM**

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

FROM: Jorge Soto, Pima County Treasurer  
(Name and position of employee or officer)

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

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

n/a  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

n/a  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Disqualification

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

07/02/2026  
Date

Jorge Soto  
Signature

JUL 02 2026 04:56 PM CLK OF SO  
JP

**Katrina Martinez**

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**From:** [REDACTED]  
**Sent:** Tuesday, July 7, 2026 9:49 PM  
**To:** COB\_mail  
**Subject:** Re: Letter of interest Pima county Treasurer

You don't often get email from [REDACTED] [Learn why this is important](#)

**CAUTION:** This message and sender come from outside Pima County. If you did not expect this message, proceed with caution. Verify the sender's identity before performing any action, such as clicking on a link or opening an attachment.

Hi,  
  
Did you receive my email with the subject "Letter of interest Pima County Treasurer appointment" at 4:55pm on Friday July 3rd, 2026?

--  
Best,

Don Womack  
(he/his/èl)

4828 E Baker St  
Tucson, AZ 85711

[REDACTED]

[REDACTED]

*"You must be the change you wish to see in the world."-Gandhi*

JUL 08 26 AM 09:57 PCLK OF ED

On Thu, Jul 2, 2026 at 4:55 PM [REDACTED] wrote:

Letter of Interest – Appointment as Pima County Treasurer

Dear Members of the Selection Committee,

I respectfully submit my letter of interest for appointment as the Pima County Treasurer. I am prepared to step into this position immediately and provide the steady, ethical, and collaborative leadership necessary to protect the public's trust and ensure the continued financial stability of Pima County.

Throughout my life, I have answered the call to serve. As a Marine Corps combat veteran, community leader, and longtime advocate for good government, I have built my career on

integrity, accountability, and bringing people together to solve problems. I understand that the Treasurer's Office is first and foremost a public trust. Every decision must reflect transparency, fiscal responsibility, and a commitment to safeguarding taxpayer dollars.

The Treasurer serves every resident of Pima County, regardless of political affiliation. I believe this office should remain professional, nonpartisan in its administration, and focused solely on serving the public interest. My leadership style is rooted in listening, building consensus, and working collaboratively with the Board of Supervisors, the County Assessor, the Superintendent of Schools, municipal leaders, fire districts, and other taxing jurisdictions to ensure efficient and effective financial operations.

Over many years of public service and civic engagement, I have worked alongside elected officials, business leaders, nonprofit organizations, and community members with diverse viewpoints. These experiences have reinforced my belief that the best solutions come from respectful collaboration, thoughtful leadership, and a shared commitment to the people we serve.

If appointed, I will immediately focus on maintaining continuity of operations while ensuring the highest standards of financial stewardship. My priorities will include protecting county investments, ensuring the timely collection and distribution of property taxes, strengthening transparency and public confidence, supporting the professional staff of the Treasurer's Office, and identifying opportunities to improve customer service and operational efficiency.

I recognize that this position demands not only financial oversight but also calm, decisive leadership. I am prepared to assume these responsibilities on day one, working closely with county staff and community partners to ensure a seamless transition and uninterrupted service to the residents of Pima County.

Public service has been the defining purpose of my life. I would be honored to continue that service as Pima County Treasurer and pledge to lead with integrity, fairness, accountability, and respect for every taxpayer.

Thank you for your consideration. I welcome the opportunity to discuss how my leadership experience, collaborative approach, and unwavering commitment to public service can benefit the people of Pima County.

--

Respectfully,

Don Womack  
(he/his/èl)

4828 E Baker St  
Tucson, AZ 85711



# DON WOMACK

4828 E Baker St ♦ Tucson, AZ 85711 ♦ Phone: [REDACTED]  
Personal Website: [REDACTED]

## COMMUNITY ORGANIZER CANDIDATE/FUNDRAISER

**Over 20 years of fundraising success in cultivating lucrative business relationships and expertise generating revenue and increasing support for expanding nonprofit and profit organizations. Experienced community organizer/activist with success in public and community relations with focus on nonprofit, charity and political campaigns.**

Persistent, assertive, and values-driven professional and decorated U.S. Marine with solid history of engaging C-suite executives, building business in international markets, and embracing change as opportunity for continuous performance improvement. Excels in the development of mission-based business strategies that drive growth, while maintaining client interests at forefront of all efforts. Always utilizes a consultative client goal/needs first sales approach. Hands-on leader skilled in clearly communicating objectives, fostering productive work environments, and collaborating with team members to attain peak performance levels. Consultative selling expert recognized for consistently delivering results and exceeding production goals. Mission oriented with desire to give back and serve the community.

- ✓ *Led a nonprofit with ~600 members, coordinated volunteers, fundraising, generated 40% increase in revenue and 130% increase in membership by orchestrating employee engagement in operational, financial, contractual, and administrative operations. Managed \$700K+ project budgets.*
- ✓ *Established and built two successful financial planning practices with one exceeding \$48M in assets under management and the other generating more than \$2.8M in commissions alone.*
- ✓ *Demonstrated dynamic leadership and public speaking abilities with more than 200 seminars and speeches successfully marketed and presented to audiences ranging from 5 to 1,000, and two successful Congressional candidacies resulting in \$200K+ in campaign contributions, 70K votes in one year, and two primary wins.*
- ✓ *Expanded influence of local PTA during tenure as PTA President by doubling membership, coordinating volunteers, enlarging Board from 16 to 26 members, and increasing income by 50%.*

### CORE COMPETENCIES

- ♦ Community Engagement
- ♦ High End Event Planning
- ♦ Fundraising
- ♦ Key Account Management
- ♦ Client, Employee & Public Relations
- ♦ Board Development
- ♦ Donor Development
- ♦ Volunteer Coordination
- ♦ Public Speaking

### PROFESSIONAL EXPERIENCE

Tucson Unified School District Magee Middle School ♦ Tucson, Arizona

|| 2017-2018

#### School Teacher

Taught 6<sup>th</sup> and 7<sup>th</sup> grade Social Studies. Known for having a good relationship with the students, parents, the principal and fellow teachers. Was honored to serve the community as a school teacher to 210 students. Member AEA Union.

Tucson Unified School District ♦ Tucson, Arizona

Substitute School Teacher

2025-Present

JUL 08 25 AM 10:00 PC CLK OF SD

U

Womack Wealth Management & Lincoln Financial Advisors ♦ Salt Lake City, Utah & Tucson, Arizona

**Fundraising Director & Wealth Advisor/Stockbroker**

Fundraising for nonprofits and political campaigns. Consult with high-net-worth individuals including business owners, retirees, and independently wealthy to provide sophisticated estate, business, and investment strategies. Sale stocks, bonds, mutual funds, insurance products, and alternative investments. Conduct seminars focused on tax savings, risk reduction, investment return improvements, and retirement income generation.

***Notable Accomplishments:***

- ♦ Negotiated and secured individual investment contracts representing \$48M+ in accrued assets by creating, marketing, and delivering more than 24 educational workshops/seminars each year in conjunction with Weber State University. Seminars delivered up to 4:1 ROI and led to recognition for ground-breaking success with appointment to President's Cabinet.
- ♦ Doubled personal production gross commissions from \$118K to \$256K annually within eight years by embracing full fee-based financial planning and generating revenue from managed money, stocks, bonds, mutual funds, financial planning, insurance products and alternative investments sales.

Womack Wealth Management ♦ Salt Lake City, UT and Frankfurt, Germany

**Owner & Producing General Agent**

Consulted with clients to develop custom financial plans and sell products including mutual funds and life insurance aligned with clients' financial goals and objectives. Led team of 30 advisors during 10-year tenure in Europe.

***Notable Accomplishments:***

- ♦ Built successful European practice to realize explosive 3,500% growth from \$63K in first-year personal production gross commissions to \$2.8M+ in personal and team production gross commissions from life insurance and mutual fund sales.
- ♦ Recruited and motivated team of 30 advisors located throughout competitive European market in countries including Germany, Italy, Spain, Holland, and England.
- ♦ Recognized for stellar performance with President's Cabinet honor 9 of 10 years in Europe.

Additional Experience:

Executive Director of Mobile Jaycees, a nonprofit in Mobile, AL

Executive Director of Friends of Santa Catalina Trails in Tucson, AZ

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**EDUCATION**

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UNIVERSITY OF SOUTH ALABAMA IN MOBILE, AL

**Bachelor of Science in Finance & Business Management**

Dean's List, President Scholar, "Who's Who in American Colleges and Universities"

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**MILITARY SERVICE**

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United States Marine Corps ♦ Sergeant

Cross of Gallantry with Palm Medal ♦ Meritorious Combat Promotion

---

**COMMUNITY SERVICE**

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Member TEA Union, PTA President-Morgan Elementary School ♦ Youth baseball coach for 10 years.

ARC nonprofit board-treasurer, Served on church board, Served on four nonprofit boards

Coach: Soccer and Special Olympics ♦ Democratic nominee, United States Congress

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Hugh Donald Womack

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

4828 E Baker St Tucson, AZ 85711

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

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

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

JUL 08 26AM 1000 PCC CLK OF BD

**VERIFICATION**

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

**/S/** Hugh Donald Womack 07/01/2026  
 \_\_\_\_\_  
 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> 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
Hugh Donald Womack	Tucson Unified School District 1010 E Tenth St Tucson, AZ 85719	public education	teacher
Hugh Donald Womack	Social Security 6401 Security Blvd Baltimore , Maryland 21235	social security	social security benefits
Hugh Donald Womack	Veterans Administration PO Box 4444 Janesville, WI 53547	VA Disability	Veterans 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> 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

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

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

<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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Hugh Donald Womack	Franklin Templeton 1000 Fountain Parkway St Petersburg, FL 33733	stocks	<input type="checkbox"/> \$1000 - \$25,000 <input checked="" type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Hugh Donald Womack	Allianz PO Box 59060 Minneapolis, MN 55459	Annuity	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
Hugh Donald Womack	Capital Group American Funds PO Box 6154 Indianapolis, IN 46206	Mutual Funds	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

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

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

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

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

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

<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.

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

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

### 15. Real Property Owned by a Controlled or Dependent Business

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

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

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

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

### 16. Controlled or Dependent Business' Creditors

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

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

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

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

### 17. Controlled or Dependent Business' Debtors

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



**Katrina Martinez**  
Deputy Clerk

# Pima County Clerk of the Board

Melissa Manriquez

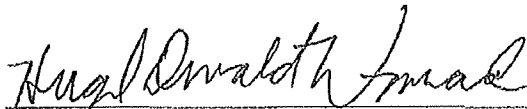
Administration Division  
33 N. Stone Avenue, Suite 100  
Tucson, AZ 85701  
Phone: (520)724-8449 • Fax: (520) 222-0448

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

## CONFLICT OF INTEREST RECEIPT AND ACKNOWLEDGMENT

By signing below, I acknowledge and understand the following:

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

 Hugh Donald Womack 07/01/2026  
Signature Name Date

JUL 05 09:10:00 POC CLK OF EB

## Melissa Manriquez

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**From:** Karla Morales [REDACTED]  
**Sent:** Tuesday, July 7, 2026 1:00 PM  
**To:** Melissa Manriquez  
**Subject:** Re: Pima County Treasurer Candidate Virtual Public Forum on Tuesday, July 7, 2026, 5:30 p.m. to 6:30 p.m.

**CAUTION:** This message and sender come from outside Pima County. If you did not expect this message, proceed with caution. Verify the sender's identity before performing any action, such as clicking on a link or opening an attachment.

Dear Ms. Manriquez,

I hope you are doing well.

After careful consideration, I have decided to withdraw my Statement of Interest for the appointment to the Pima County Treasurer position. While I remain committed to serving our community, I believe this is the best decision for me at this time.

I sincerely appreciate the time, effort, and professionalism that you, the Clerk's Office, and the Board of Supervisors have dedicated to this appointment process. It has been an honor to be considered alongside such a strong group of applicants.

Please extend my best wishes to the Board of Supervisors as they complete the selection process. I have every confidence they will choose an outstanding individual to serve as the next Pima County Treasurer and I wish the successful appointee every success in the role.

Thank you again for your courtesy and assistance throughout the process.

Sincerely,

Karla Bernal Morales

On Mon, Jul 6, 2026 at 5:22 PM Melissa Manriquez <[Melissa.Manriquez@pima.gov](mailto:Melissa.Manriquez@pima.gov)> wrote:

Good afternoon Ms. Morales,

ITD staff has confirmed that the WebEx Webinar link for the virtual public forum has been sent to you, so that you can connect to the virtual public forum as a panelist. The League of Women Voters of Southern Arizona will conduct the virtual public forum on Tuesday, July 7, 2026, from 5:30 p.m. to

JUL 07 2026 01:02 PM  
#M

July 2, 2026

Pima County Board of Supervisors  
130 W. Congress Street  
Tucson, Arizona 85701

Dear Chair and Members of the Board of Supervisors,

Please accept this letter as my formal statement of interest for the appointment to serve as Pima County Treasurer.

I am honored to submit my name for consideration for this important public office. Throughout my career, I have been committed to public service, responsible leadership, community engagement, and building strong relationships across Southern Arizona. I believe the role of Pima County Treasurer requires more than administrative and financial experience. It requires public trust, transparency, accountability, accuracy, and a deep commitment to serving taxpayers with professionalism and care.

I bring more than 25 years of experience across public, nonprofit, education, and private-sector environments. My background includes organizational leadership, budget oversight, program management, policy implementation, business development, fundraising, government relations, and community service. In each of these roles, I have been responsible for managing relationships, strengthening systems, meeting goals, supporting financial and operational accountability, and serving diverse communities with integrity.

As a current Pima Community College Governing Board Member, I understand the responsibility that comes with public service and the importance of being accountable to taxpayers. Serving in an elected public position has strengthened my understanding of governance, fiduciary responsibility, transparency, and the need to make thoughtful decisions that serve the best interests of the community. I would bring that same sense of responsibility and care to the Pima County Treasurer's Office.

My professional experience has also prepared me to serve residents with fairness, accuracy, and accessibility. During my time with the State of Arizona Department of Economic Security, I worked directly with members of the public, interpreted state and federal policies, applied regulations, reviewed documentation, and helped individuals and families navigate important public programs. That experience gave me a strong foundation in compliance, public accountability, and the importance of treating every person with respect.

In my current role as Chief Partnerships Officer with The Chamber of Southern Arizona, and in my previous role as Vice President for Southern Arizona with the Arizona Technology Council, I have worked closely with business leaders, nonprofit partners, educational institutions, elected officials, public agencies, and community members throughout the region. These experiences have allowed me to build trusted relationships and better understand the needs of Pima County residents, employers, and taxpayers.

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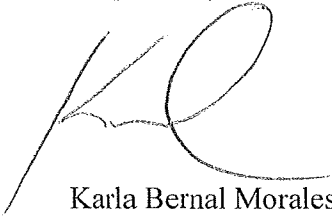
I am especially interested in this appointment because the Treasurer's Office plays a critical role in maintaining public confidence in county government. Taxpayers deserve an office that is accurate, responsive, transparent, and accessible. They deserve leadership that understands both the technical responsibility of safeguarding public funds and the human responsibility of serving residents with dignity and professionalism.

If appointed, I would approach this role with humility, integrity, and a strong commitment to responsible stewardship of public resources. I would work to support efficient operations, clear communication, strong internal accountability, and excellent service to the residents of Pima County. As a bilingual leader, I would also bring a commitment to ensuring that the office is accessible and responsive to the diverse communities we serve.

I also understand the importance of ethics and transparency in public office. I will fully comply with all financial disclosure, conflict-of-interest, and public accountability requirements, and I will approach every responsibility of the Treasurer's Office with the seriousness and respect it deserves.

Thank you for your consideration of my application. I would be honored to serve Pima County in this capacity and to continue contributing to the community that has shaped my personal and professional journey. I welcome the opportunity to meet with you and further discuss my qualifications, experience, and commitment to serving the residents of Pima County.

Respectfully,

A handwritten signature in black ink, appearing to read 'KB', with a long horizontal stroke extending to the left.

Karla Bernal Morales

# KARLA BERNAL MORALES

## SUMMARY

Public service leader with more than 30 years of experience in operations, financial oversight, community engagement, government relations, and organizational leadership. Proven record managing budgets, building accountable systems, and serving diverse communities across public, private, nonprofit, and educational sectors. Committed to transparency, responsible stewardship of public funds, and ensuring that county financial operations remain accessible, accurate, and trusted by the residents of Pima County.

## CORE COMPETENCIES

- Budget management, financial oversight, and fiscal accountability
- Government relations, public policy, and community engagement
- Coalition building, strategic partnerships, and stakeholder management
- Organizational leadership, program management, and staff supervision
- Marketing, communications, and event coordination
- Proficient in Microsoft Office, Adobe, and social media platforms
- Fluent in English and Spanish

## EDUCATION

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

## PROFESSIONAL EXPERIENCE

### Chief Partnerships Officer | *The Chamber of Southern Arizona*

Jan 2026 – Present

- Lead strategic partnerships across business, government, education, and community sectors.
- Support regional economic development, small business engagement, workforce priorities, and public policy initiatives.
- Serve as a senior representative of the Chamber with elected officials, public agencies, business leaders, and community partners.
- Manage high-level stakeholder relationships and support organizational goals tied to growth, engagement, and regional impact.

### Vice President, Southern Arizona | *Arizona Technology Council*

Mar 2020 – Jan 2026

- Spearheaded the Southern Arizona Expansion Plan, recruiting new members and strengthening regional operations.
- Achieved and maintained annual budget and revenue goals, consistently exceeding expectations.
- Managed membership operations, including customer service, renewals, and recruitment.
- Served as liaison to the Tucson Ambassadors and volunteer sub-committees.
- Provided advisory support across Council committees, including Optics & Photonics, Artificial Intelligence, Aerospace, Aviation, Defense, and Manufacturing.
- Represented the Council within the community and with partner organizations, including media plans and interviews.
- Built relationships with government officials to advance advocacy and policy priorities.

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2025

- Oversaw Tucson office staff, emphasizing growth and engagement.

**Director, Office of Multicultural Advancement** | *University of Arizona, Division of Equity, Inclusion & Title IX* Mar 2019 – Mar 2020

- Led initiatives promoting equity, inclusion, and social justice on campus.
- Partnered with the Office of Inclusion & Multicultural Engagement on diversity programming.
- Administered Diversity Community Councils and led fundraising efforts.
- Built relationships with private-sector influencers and community supporters, transitioning volunteers into institutional donors.
- Directed the annual workplace campaign and coordinated volunteer opportunities.
- Collaborated with nonprofits, businesses, and education leadership organizations.
- Supported lobbying efforts and maintained relationships with government officials.

**Senior Program Coordinator** | *University of Arizona, Office of Government & Community Relations* Oct 2017 – Mar 2019

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

**Coordinator of Desk & Summer Operations** | *University of Arizona Housing & Residential Life* Oct 2016 – Oct 2017

- Directed desk operations and summer conference/guest services.
- Supervised student staff, managing recruitment and training.
- Oversaw program budget, performance management, and assessment.
- Handled access management, programmatic initiatives, and conflict resolution.

**Executive Director** | *Rio Rico Health & Wellness*

Apr 2008 – Jul 2016

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

**Director of Resource Development** | *United Way of Tucson & Southern Arizona*

Nov 2010 – Apr 2013

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

**Program Service Evaluator I, II & III** | *State of Arizona, Department of Economic Security* Nov 1997 – Nov 2010

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

**LEADERSHIP EXPERIENCE**

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

**AWARDS & ACCOLADES**

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- Greater Tucson Leadership, Woman of the Year — 2025

- Girl Scouts of Southern Arizona, Women of Honor — 2025
- SHRM DEI Innovation Award — November 2022
- Women Leading the Region Award — August 2022
- Eller College of Management, DEI Award — May 2022
- Arizona Women of Influence — March 2021
- Eller College of Management, Women Who Shine Award — January 2020
- Tucson Hispanic Chamber, Rising Star — November 2019
- United Way Campaign Coordinator of the Year — May 2018
- United Way Top 25 Employee Campaign Coordinator — May 2018
- Governor's Award — January 2008 & January 2009
- YWCA Women on the Move Award — September 2008
- State of Arizona Employee of the Quarter — June 2007

**PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT**

Name of Public Officer or Candidate:

Karla Morales

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

3815 N Lloyd Bosh Drive Tucson AZ 85745

Public Office Held or Sought:

Pima County Treasurer

District / Division Number (if applicable):

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

- I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 20\_\_.
- I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20\_\_. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of 7/2025, to the month of 7/2026.

**VERIFICATION**

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

ISI

Signature of Public Officer or Candidate  
(Electronic Signatures Accepted)

Date

7/2/26

JUL 02 25 PM 03:13 PC CLK OF PD

## 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> BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION > \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
Karla Morales	Chamber of Southern Ar	Trade Association	Chief Partnership Officer
Richard Morales	City of Tucson	Police	Pilot

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

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

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

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

<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
Karla Morales	Campus Research Corporation	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> HAVING INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST
Karla Morales	Chamber of Southern AZ	401K	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +
Karla Morales	State of AZ ARS	Retirement	<input checked="" type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
Richard Morales	City of Tucson PRPSRS	Retirement	<input type="checkbox"/> \$1000 - \$25,000 <input checked="" type="checkbox"/> \$25,001 - \$100,000 <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 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

<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 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
Karla Morales	145 W. Arrow Way	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
	Tulson, AZ 85713	<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 +	Date: 6/29/2020 <input checked="" 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 IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

## A. BUSINESS FINANCIAL INTERESTS

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

### 12. Business Names

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

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

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

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

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

<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.

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

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

### 15. Real Property Owned by a Controlled or Dependent Business

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

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

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

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

**16. Controlled or Dependent Business' Creditors**

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

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

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

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

### 17. Controlled or Dependent Business' Debtors

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

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

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER <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 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A



# Pima County Clerk of the Board

## Melissa Manriquez

**Katrina Martinez**  
Deputy Clerk

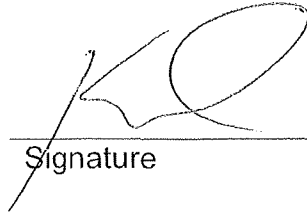
**Administration Division**  
130 W. Congress St., 1st Floor  
Tucson, AZ 85701  
Phone: (520)724-8449 • Fax: (520) 222-0448

**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.


Karlon Morales
7/2/26

Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

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**CONFLICT OF INTEREST DISCLOSURE MEMORANDUM**

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

FROM: Karla Bernal Morales  
(Name and position of employee or officer)

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

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

N/A

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

7/2/20  
Date

[Signature]  
Signature

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