



CANDIDATE CHECKLIST 2018

NAME:

Roland Winters

POSITION SOUGHT:

Council Dist. 1

DATE & TIME OF FILING ALL REQUIRED DOCUMENTATION AS LISTED BELOW:

5-24-18 2 p.m.

A. As a candidate, you filed a Statement of Organization for a Political Committee with the City Clerk (Per ARS 16-903). What date: 1-3-2018

B. Petitions have been furnished for the signatures required in your Candidate's Packet that was distributed to you upon picking up your candidate's packet.

C. The following properly executed forms must be submitted to the City Clerk for the official filing of your candidacy no earlier than **Monday, April 30, 2018** and no later than **Wednesday, May 30, 2018 – 5:00 p.m.** .

1. Petitions containing no less than 250 unverified signatures. The amount of *unverified* signatures you are turning in today: 436

2. Amount of unverified petition pages = 45

3. A Nomination Paper/Affidavit of Qualification, and a signed statement that you have read the campaign finance and reporting statutes (Bottom of the Nomination Paper/Affidavit of Qualification form: 5-24-18

4. Financial Disclosure Statement (Signed and Notarized): 5-24-18

Sherry Ann Aguilar, City Clerk *or*
Linda Stevens, Deputy Clerk

[Signature] 5-24-18
2:37 p.m.



STATE OF ARIZONA

Nonpartisan
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. § 16-311

FOR OFFICE USE ONLY
DIST 1-2018-01
5-24-18
2:38 P.M.

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of
COUNCIL DISTRICT ONE at the election to be held on AUGUST 28, 2018.

I will have been a citizen of the United States for 75 years before my election and will have been
a citizen of Arizona for 10 years before my election and will meet the age requirement for the office I seek
and have resided in MARICOPA County for 10 years and in precinct
ONE for 10 years before my election.

18261 W. WEATHERBY SURPRISE 85374
Actual residence address City or Town Zip
or description of place of residence (required)

Post office address (if applicable) City or town Zip

Print or type your name on the following line in the exact manner you
wish it to appear on the ballot, last name first.

WINTERS JR
LAST NAME

ROLAND F.
FIRST NAME

I declare, under penalty of perjury, that the information in this Nomination Paper and Declaration of
Qualification is true and correct, and that at the time of filing I am a resident of the county, district or precinct
which I propose to represent, that I have no final, outstanding judgments against me of an aggregate of
\$1,000 or more that arose from failure to comply with or enforcement of campaign finance law, and as to all
other qualifications, I will be qualified at the time of election to hold the office that I seek.

Roland F. Winters Jr
CANDIDATE SIGNATURE

5-24-18
DATE



DES 2018-02
5-24-18
2:39 p.m.

STATE FINANCIAL DISCLOSURE STATEMENT

(For use by all Public Officers and Candidates in the State of Arizona)

Name of Public Officer or Candidate:

ROLAND F. WINTERS, JR

Address:

18261 W. WEATHERBY DRIVE

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

SURPRISE, AZ. 85374

Public Office Held or Sought:

SURPRISE CITY COUNSEL

District / Division # (if applicable):

ONE

Please select the appropriate box that reflects your service for this filing year (double-click the box and change the default value to "checked"):

- 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 2018. 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 2017, to the month of MAY 2018.

VERIFICATION

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

(Typewritten signatures accepted)

Roland F. Winters, Jr.
Signature of Public Officer or Candidate

A. PERSONAL FINANCIAL INTERESTS

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

1. Identification of Household Members and Business Interests

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

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

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

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

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), provide the name and address of each employer who paid you or any member of your household more than \$1,000 in salary, wages, commissions, tips or other forms of compensation (other than "gifts") during the period covered by this report. Describe the nature of each employer's business and the type of services for which you or a member of your household were compensated.

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 11 below.

¹ If additional space is needed to report information on this Financial Disclosure Statement, select the appropriate reporting area and add additional rows to the form. For example, to report an additional employer's name in Section 2, right-click in any row, click "Insert," and click "Insert Rows Above" or "Insert Rows Below" as needed.

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

2. (cont.)

Subsection (2)(a):

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ³ BENEFITTED | NAME AND ADDRESS OF EMPLOYER WHO PROVIDED COMPENSATION > \$1,000 | NATURE OF EMPLOYER'S BUSINESS | NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER FOR EMPLOYER |
|--|--|------------------------------------|--|
| CITY of STAFFORD RICHARD E. WINNER | CITY of STAFFORD | Municipal Authority Council Member | Council Member |
| SOCIAL SECURITY | FEDERAL GOVERNMENT | | |
| CARROLL WINNER | Social Security | | |

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

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ³ 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 |
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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 11 below.

³ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.
Secretary of State Revision October 19, 2017

3. (cont.)

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁴ AFFECTED | TYPE OF LICENSE | PERSON OR ENTITY HOLDING THE LICENSE | JURISDICTION OR ENTITY THAT ISSUED LICENSE |
|--|-----------------|--------------------------------------|--|
| <i>(Handwritten diagonal line across the table)</i> | | | |
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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 debt⁵ 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 (double-click the box and change the default value to "checked"). Otherwise, write "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.

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.

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

⁵ A "qualifying" debt is a personal debt *other than* the types of debts in the bullet point list above.

(cont.)

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶ 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 |
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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 (double-click the applicable box and change the default value to "checked").

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 whether it was incurred or discharged (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶ OWING 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 |
|--|----------------|---------------------------|---|
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⁶ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc. Secretary of State Revision October 19, 2017

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 ⁷ WHO RECEIVED GIFT(S) OVER \$500 | NAME OF GIFT DONOR |
|---|--------------------|
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⁷ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.
 Secretary of State Revision October 19, 2017 6

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 ⁷ 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 | |
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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, put a check mark to indicate the value of the interest (double-click the applicable box and change the default value to "checked").

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁸ HAVING THE INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND | DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND | APPROXIMATE EQUITY VALUE OF THE INTEREST |
|---|--|---|--|
| | | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| | | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| | | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |

⁸ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc. Secretary of State Revision October 19, 2017

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, put a check mark to indicate the value of the bonds (double-click the applicable box and change the default value to "checked").

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 whether the bonds were acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "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 ⁸ 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"/> \$1,000 - \$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"/> \$1,000 - \$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"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested |

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 put a check mark to indicate the approximate value of the land (double-click the applicable box and change the default value to "checked").

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 (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" 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.

10. (cont.)

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ 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"/> \$1,000 - \$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"/> \$1,000 - \$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"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested |

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 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 |
|---|----------------|---|
| Arizona League of Cities CONFERENCE | Orno Valley AZ | <input checked="" type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| NATIONAL LEAGUE OF ARIZONA D.C. | D.C. | <input checked="" type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |

⁹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1", "minor child 2," etc.
 Secretary of State Revision October 19, 2017

B. 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 whether it was controlled or dependent (double-click the appropriate box and change the default value to "checked") 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 ¹⁰ 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 | | <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 11 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 11 were "controlled" or "dependent," you need not complete the remainder of this Financial Disclosure Statement.

¹⁰ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc.
Secretary of State Revision October 19, 2017

13. Controlled Business Information

What to disclose: The name of each controlled business listed in Question 11 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) |
|---|---|--|---|
| | | | |
| | | | |
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14. Dependent Business Information

What to disclose: The name of each dependent business listed in Question 11 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. Likewise, if the dependent business is also a controlled business, disclose the business only in Question 12 above and leave this question blank.

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 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 ITS MAJOR CUSTOMER | TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CUSTOMER (IF A BUSINESS) |
|--|--|--|---|
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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 put a check mark to indicate the approximate value of the land (double-click the applicable box and change the default value to "checked"). 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 (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date" 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 DIVESTED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX |
|---|-------------------------------|--|---|
| | | <input type="checkbox"/> \$1,000 - \$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"/> \$1,000 - \$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"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="checkbox"/> Acquired <input type="checkbox"/> Divested |

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 whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "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 OWNING 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 |
| | | Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged |
| | | Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged |

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 disclose the approximate value of the debt by financial category (double-click the applicable box and change the default value to "checked").

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 whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "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.

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ¹¹ 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"/> \$1,000 - \$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"/> \$1,000 - \$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"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged |

¹¹ You are not required to disclose the names of your spouse or minor children. Thus, you may identify your household members as "spouse," "minor child 1," "minor child 2," etc. Secretary of State Revision October 19, 2017