FINANCIAL DISCLOSURE STATEMENT

For use by Local Public Officers of the Town of Dewoy Humboldt

Date	1/12/10		For Calendar Year <i>⊋ &</i>	39
		-		
			(Or other applicable p	eriod, please specify)
1. GENI	ERAL INFOR	MATION		
unde	r which you a	nd members of your hou	of each member of your househole sehold did business. Include conf ether a business is controlled or de	trolled and dependent
(a)	Name of Lo	ocal Public Officer	200 12011/20	
	Address	20. 130x 30	Cery Counce Compan A	2 84523
(b)	Name of Lo	ocal Public Officer's Spous	se Judy Hellmich - F	Bayan
(c)		f Household	_	
(d)		er which you, your spous	e and members of your households.	I (those persons listed
Local Publi	in (a), (b) aı			Controlled and/or Dependent Business
Local Publi	in (a), (b) an	Business Name	Business Address	Controlled and/or Dependent
Local Publi	in (a), (b) an	nd (c) above) did busines	Business Address	Controlled and/or Dependent Business
Local Publi	in (a), (b) an	Business Name	Business Address	Controlled and/or Dependent Business
Local Publi	in (a), (b) an	Business Name	Business Address	Controlled and/or Dependent Business
Local Publi	in (a), (b) an	Business Name	Business Address	Controlled and/or Dependent Business
Local Publi	in (a), (b) an	Business Name	Business Address	Controlled and/or Dependent Business
Local Publi	in (a), (b) an	Business Name	Business Address	Controlled and/or Dependent Business

2. SOURCES OF COMPENSATION

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household Description of Employer's Name & Address of Employer or Other Source of Compensation over \$1,000

Business <u>and</u> Individual's Services for Which Compensation Was Received

Gre	y Bryss	Source	MOTOR IN	ns, inc	HOTEL	Mesmi
	•	Fo.B	or 130	C.C., Az		
Jude	Helmick.				a Divis	sion Chief Mant
		j.	BBOX	129	Sugar	overcay Fank Raws
		6	M. AZ	86023	•	,
			•			_
					,	
						·

3. INFORMATION ON CONTROLLED BUSINESS

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is abusiness in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

The identity of any customer or client.

The amount of income from any customer or client.

The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business
Craw Drayer for Forth	MANTINA ANTON	aini oz	quagrant
(Use additional sheet if the	re is more than one such majo	r customer or client of a co	ontrolled business.)
4. INFORMATION ON D	DEPENDENT BUSINESS		<u>-</u>
customer or client. A members of his hou dependent business is Describe the goods of	ss" is so-called because over dependent business may also sehold also own more than s listed as a controlled busines or services provided by the be ent and the business activity if	be a controlled business a fifty percent interest is ss under Item 3, it need no usiness, the goods or se	s if the public officer or in the business. If a of be listed in this item. rvices provided to the
The amount of i	any customer or client. income from any customer or of f any customer or client which		·
(1)	(2)	(3)	(4)
Name of Dependent Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business
			-

Amenican Hotel & longing American I Common Theorem Theorem | Secretary | Person of Directors | Paramore Directors

6. REAL PROPERTY OWNERSHIP IN TOWN OF DEWEY HEMBOLDT

List all real property interests and real property improvements located in the Town of Humboldt, including location and approximate size in which you, any member of your household or a controlled or dependent business held legal title or a beneficial interest at any time during the preceding calendar year, and the value, by category, of the equity in any such property.

If you or any member of your household or a controlled or dependent business acquired or divested any such interest during the preceding calendar year, disclose the transaction made and date that it occurred. If the controlled or dependent business is in the business of dealing in real property or improvements, disclosure need not include individual parcels or transactions, but the aggregate value of all such parcels.

You Need Not List:

Your primary residence.

Property used for personal recreation by you.

Individual parcels and transactions, if a controlled or dependent business is a dealer in real property.*

Location and Approximate Size of Realty in Town	Local Public Officer or Member of Household or Business from Items 3 or 4	Date Value of Acquired Equity by or Category #Divested

*Business dealers in real property---state only name of controlled or dependent business and aggregate value of equity interests, by category number, of all parcels held during the year.

Name of Controlled or Dependent Business Dealer in Real Property Aggregate Value of Equity Interests by Category #

7. DEBTS; EXCEPTIONS

List names and addresses of creditors for all debts in excess of \$1,000 owed by you or members of your household either in your own names or in the names of any other persons at any time during the preceding calendar year.

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than \$10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Debts resulting from the ordinary conduct of a business <u>other than</u> a controlled or dependent business.

Credit card transactions.

Debts on residences or recreational property exempt from disclosure.

Retail installment contracts.

Debts on motor vehicles not used for commercial purposes.

Debts secured by cash values on life insurance.

Debts owed to relatives.

Any amounts.

PERSONAL DEBTS OVER \$1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Local Public Officer or Member of Household Owing the Debt	Date Incurred and/or Discharged
Country-Wase Home Loons P.O. BER 10219 Van Wage, CA SUGIO-0213	Camen Sayan	115/29
BUSINESS DI	EBTS OVER \$10,000 AND 30%	
Name and Address of Creditor (or Person to Whom Payments Are Made)	Local Public Officer or Member of Household Owing the Debt	Date Incurred and/or Discharged

8. DEBTORS

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY

Date
Local Public Officer or Incurred
Member of Household to Amount by and/or
Name of Debtor Whom Debt is Owed Category # Discharged

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS

Name of Debtor	Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	Date Incurred and/or Discharged	
2				

9. GIFTS

List each source of any gift or accumulated gifts in excess of \$500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

Gifts received by will.

Gifts received by interstate succession.

Gifts received from intervivos (living) trusts established by a spouse or ancestor.

Gifts received from testamentary trusts established by a spouse or ancestor.

Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)

Political campaign contributions if publicly reported as political campaign contributions. Amounts.

Name of Dono	r of Gifts over \$500	_	ocal Public Offic louseholdRec	cer or Member of cipient
الله الله الله الله الله الله الله الله	and the Country			
List all b agency v Town Co	which requires for its issua nuncil of the Town of Dowe	y the Town of Dewey Humb nce the consideration of the y Humbeldt, to, held by or in ne during the preceding caler	application for which you or	such license by the
Type of License	Name in Which License is Issued	Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name B	Type of Business	Location of Business

11. LOCAL GOVERNMENT BONDS

List all bonds, together with their value, issued by the Town of Deway-Humbeldt any industrial development authority of such Town or any nonprofit corporation organized or authorized by such Town held at any time during the preceding calendar year by you or any member of your household, which bonds issued by a single entity had a value in excess of \$1,000.

If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date.

Date Acquired

Bonds Over \$1,000

Issuing Agency

Local Public Officer or Member of Household

Value by and/or Category #Divested

VERIFICATION

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me pursuant to Resolution No.

Signature of Affiant (

SUBSCRIBED and sworn to before me by <u>Greg Bryan</u> this <u>12</u> day of <u>April</u>, 2010.

Notary Public

My Commission Expires:

02/13/2014



FINANCIAL DISCLOSURE STATEMENT

	(For use by Lo	ocal Public Officers of the City/Town	of TUDAYAN)	
Date	10/11	Fo	or Calendar Year 7010	
		_	(Or other applicable period, ple	ease specify)
1. <u>GEN</u>	IERAL INFORMATION	Ŀ		
whic	th you and members of nitions) and indicate w	ss, and the name of each member of y f your household did business. Include hether a business is controlled or dep	de controlled and dependent bus bendent, or both.	inesses (see
(a)	Name of Local Publi	c Officer Grung Pony	7PN	
	Address	x 3,640)		
(b)	Name of Local Publi	c Officer's Spouse Juny	Hellmich-Ponyar	.)
(c)	Members of Househ	•	· ·	
, ,				
(d)	Names under which and (c) above) did b	you, your spouse and members of yousiness.	our household (those persons list	ed in (a), (b)
	ic Officer or Household	Business Name	Business Address	Controlled and/or Dependent Business
(2000)	Hayin	GREW LANGON SON	Per3645	Ballolle
	,	PAHK DO	TOPSAYAN, AZ 26023	

2. SOURCES OF COMPENSATION

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household	Description of Employer's Name & Address of Employer or Other Source of Compensation over \$1,000	Business <u>and</u> Individual's Services for Which Compensation Was Received
Grog Payon	FOX 120 BC, AZ	<u>Lletel maint</u>
Jory Hellmich- Payan		DIVIDION CHIEF MAMT Supervisory Conte Parager
<u></u>	G.C., AZ 85023	

3. INFORMATION ON CONTROLLED BUSINESS

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

The identity of any customer or client.

The amount of income from any customer or client.

The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business
GAMPHAYON SOO BALK DO	MANTIAL ARTS O LLAGERSKAP TRAINING		
	1MHININ DI	<u> </u>	
(Use additional sheet if there is mor	e than one such major custo	omer or client of a controlled b	usiness.)
4. INFORMATION ON DEPEND	ENT BUSINESS		
client. A dependent business household also own more that controlled business under Ite	s may also be a controlled be in a fifty percent interest in m 3, it need not be listed in es provided by the business	s, the goods or services provide	r members of his business is listed as a
	tomer or client. from any customer or clien stomer or client which is no		
(1)	(2)	(3)	(4)
Name of Dependent Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business
		\$200 A \$400 A \$4	

(Use additional sheet if there is more than one such major customer or client of a dependent business.)

5A. OWNERSHIP/BENEFICIAL INTEREST IN BUSINESS OR TRUST; INVESTMENTS

List the names and addresses of all businesses <u>and trusts</u> in which you or members of your household had an ownership or beneficial interest of over \$1,000 at any time during the preceding calendar year, together with a description of the interest and value of the equity interest by category number. You should list stocks, partnerships, joint ventures, sole proprietorships and other equity interests. Also, list beneficial interests in trusts.

of Business or	Local Public Officer or	Description of	Equity by
Trust	Member of Household	Interest	Category #
BayAn Family TRUST	Greg Bry m	33%	
2734 HACKETT AND.	/		
Long Beach, CA 9081	5		
	— RELATIONSHIPS IN BUSINESS	OR TRUST	
BB. OFFICES OR FIDUCIARY			
List the names and address	ses of all businesses and trusts in	n which you or any member	
List the names and address any office or had a fiduciary description of the office or Regardless of any financial	ses of all businesses and trusts in	n which you or any member the preceding calendar yea nesses and trusts of which y	r, together with a
List the names and address any office or had a fiduciary description of the office or Regardless of any financial your household is presiden Name and Address of	ses of all businesses and trusts in y relationship at any time during to relationship.	n which you or any member the preceding calendar yea nesses and trusts of which y	r, together with a you or any member of n of "Business".) f Office
List the names and address any office or had a fiduciary description of the office or Regardless of any financial your household is presiden Name and Address of Business or Trust	ses of all businesses and trusts in y relationship at any time during t relationship. I interest, you should list all busin t, treasurer, secretary or trustee, Local Public Officer or Member of Household	n which you or any member the preceding calendar yea nesses and trusts of which y etc. (Refer to the definitio	r, together with a you or any member of n of "Business".) f Office nip
List the names and address any office or had a fiduciary description of the office or Regardless of any financial your household is presiden Name and Address of Business or Trust	ses of all businesses and trusts in y relationship at any time during the relationship. I interest, you should list all busing the treasurer, secretary or trustee, Local Public Officer or Member of Household	n which you or any member the preceding calendar yea nesses and trusts of which y etc. (Refer to the definitio Description o or Relationsh	r, together with a you or any member of n of "Business".) f Office nip
List the names and address any office or had a fiduciary description of the office or Regardless of any financial your household is presiden Name and Address of Business or Trust L.S. Sou BANK TO MOD DE KWAN SERVAATOR	ses of all businesses and trusts in y relationship at any time during the relationship. I interest, you should list all busing the treasurer, secretary or trustee, Local Public Officer or Member of Household Amagical	n which you or any member the preceding calendar yea nesses and trusts of which y etc. (Refer to the definitio Description o or Relationsh	r, together with a you or any member of n of "Business".) f Office nip
List the names and address any office or had a fiduciary description of the office or a Regardless of any financial your household is president Name and Address of Business or Trust 1.5. South Name 2005 Kwan Ferrant Trun	ses of all businesses and trusts in y relationship at any time during the relationship. I interest, you should list all busing the treasurer, secretary or trustee, Local Public Officer or Member of Household The Cong Page 11	n which you or any member the preceding calendar year nesses and trusts of which yetc. (Refer to the definition or Relationsh	r, together with a you or any member of n of "Business".) f Office nip

6. REAL PROPERTY OWNERSHIP IN CITY/TOWN OF					
		s and real property improvements located			
		ing location and approximate size in which isiness held legal title or a beneficial inter-			
		by category, of the equity in any such pro-		ne preceding	
		household or a controlled or dependent b			
		g calendar year, disclose the transaction miness is in the business of dealing in real p			
		arcels or transactions, but the aggregate			
	You Need Not List:				
	Your primary residenc	e .			
	Property used for pers	onal recreation by you. transactions, if a controlled or dependent	husiness is		
	a dealer in real prop		Dusiness is		
				Date	
	ation and	Local Public Officer or	Value of	Acquired	
	roximate Size Realty in City/Town	Member of Household or Business from Items 3 or 4	Equity by Category	or #Divested	
0	ioung in only rown	Business from Rome 5 of 4	Gulogory	"Bivoolog	
				_	
		state only name of controlled or dependen	ent business and aggre	egate value of	
equ	ity interests, by category numb	er, of all parcels held during the year.			
		,	Aggregate Value		
	ne of Controlled or Dependent iness Dealer in Real Property		of Equity Interests by Category #		
		•	y outogory "		
7.	DEBTS; EXCEPTIONS				
	List names and addresses of	f creditors for all debts in excess of \$1,000	owed by you or meml	bers of your	
		names or in the names of any other pers			

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than \$10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Debts resulting from the ordinary conduct of a business <u>other than</u> a controlled or dependent business.

Credit card transactions.

Debts on residences or recreational property exempt from disclosure.

Retail installment contracts.

Debts on motor vehicles not used for commercial purposes.

Debts secured by cash values on life insurance.

Debts owed to relatives.

Any amounts.

PERSONAL DEBTS OVER \$1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
Corning Wise Home Lomes	Coney Bayon	1/5/09
	BUSINESS DEBTS OVER \$10,000 AND 30%	4
Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
		

8. **DEBTORS**

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY

Name of Debtor	Local Public Officer or Member of Household to Whom Debt is Owned	Amount by Category #	Incurred and/or Discharged
		_	_
DEBTS	OVER \$10,000 AND 30% OWED TO YOU	F BUSINESS	_
	Name of Controlled or Dependent Business to		Date Incurred
Name of Debtor	Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	and/or Discharged
			_
			_

9. GIFTS

List each source of any gift or accumulated gifts in excess of \$500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

Gifts received by will.

Gifts received by intestate succession.

Gifts received from intervivos (living) trusts established by a spouse or ancestor.

Gifts received from testamentary trusts established by a spouse or ancestor.

Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)

Political campaign contributions if publicly reported as political campaign contributions.

Amounts.

Business Busine	Name of Donor of Gifts over \$500			Local Public Officer or Member of HouseholdRecipient	
List all business licenses issued, by the City/Town of					
List all business licenses issued, by the City/Town of					
which requires for its issuance the consideration of the application for such license by the co of of). BUSINES	SS LICENSES			
Name in Which License is Interest, if Not Type of Location Issued in Own Name Business Name in Which License is Interest, if Not Type of Location Issued in Own Name Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location issued in Own Name Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest, if Not Type of Location Business Name in Which License is Interest. Name in Whic	which req of the	uires for its issuance the consideration of The system, to, he	deration of the application for eld by or in which you or any i	such license by the	Town council
1. LOCAL GOVERNMENT BONDS List all bonds, together with their value, issued by the City/Town of, any industrial develop authority of such city or town or any nonprofit corporation organized or authorized by such city or town he any time during the preceding calendar year by you or any member of your household, which bonds issue single entity had a value in excess of \$1,000. If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date. Date Acquired or divested Date Acquired Date Date Acquired Date Date Acquired Date Date Acquired Date Date Date Date Date Date Date Date		License is	or Member of Household Holding Interest, if Not		Location of Business
List all bonds, together with their value, issued by the City/Town of, any industrial develop authority of such city or town or any nonprofit corporation organized or authorized by such city or town he any time during the preceding calendar year by you or any member of your household, which bonds issue single entity had a value in excess of \$1,000. If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date. Date Acquired or Acquired or Date Acquired Over Local Public Officer or Value by and/or	191 NOS	Gman Dayer South	44DD CongRy	son MANTINIA	1 74 STERTE
List all bonds, together with their value, issued by the City/Town of, any industrial develop authority of such city or town or any nonprofit corporation organized or authorized by such city or town he any time during the preceding calendar year by you or any member of your household, which bonds issue single entity had a value in excess of \$1,000. If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date. Date Acquired or Acquired or Date Acquired or Acquired or Acquired or Date Acquired Order Corporation or Acquired Order Corporation Order Corporation or Acquired Order Corporation Order Corporation or Acquired Order Corporation Order Corpo		<u> </u>			<u> </u>
List all bonds, together with their value, issued by the City/Town of, any industrial develop authority of such city or town or any nonprofit corporation organized or authorized by such city or town he any time during the preceding calendar year by you or any member of your household, which bonds issue single entity had a value in excess of \$1,000. If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date. Date Acquired or Acquired or Date Acquired or Acquired or Acquired or Date Acquired Order Corporation or Acquired Order Corporation Order Corporation Order Corporation or Acquired Order Corporation					
List all bonds, together with their value, issued by the City/Town of, any industrial develop authority of such city or town or any nonprofit corporation organized or authorized by such city or town he any time during the preceding calendar year by you or any member of your household, which bonds issue single entity had a value in excess of \$1,000. If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date. Date Acquired or Acquired or Date Acquired or Acquired or Acquired or Date Acquired Order Corporation or Acquired Order Corporation Order Corporation Order Corporation or Acquired Order Corporation	I. LOCAL G	OVERNMENT BONDS			
date. Date Acquir onds Over Local Public Officer or Value by and/or	List all bo authority of any time of	nds, together with their value, i of such city or town or any non during the preceding calendar y	ear by you or any member of	, any indu r authorized by such c your household, which	strial development ity or town held at n bonds issued by a
Acquir onds Over Local Public Officer or Value by and/or		ds were acquired or divested d	uring the year, list whether th	ey were acquired or di	vested and the
		Issuing Agency			Acquired and/or
				***************************************	-
			_		

VERIFICATION

I do solemnly swear that the foregoing Financial Dis and correct and fully shows all information required to be reported	closure Statement filed herewith is in all things true by me pursuant to Resolution No.
Signature of Affiant	
SUBSCRIBED and sworn to before me by the Bryanthis D day of March . IL.	Laraine M. Foote
Notary Public	7.7.
My Commission Expires: 2/13/2014	Notary Public State of Arizona Coconino County Laraine M Foote My Commission Expires 02/13/2014