FINANCIAL DISCLOSURE STATEMENT

		(For use by Loca	al Public Officers of the City	Town of TUSAYAN,	<u>A2.</u>)
Date	5	10/2010	_	For Calendar Year _	201009/10
				(On the control is the	La consideration de la con
				(Or other applicab	le period, please specify)
1.	GEN	IERAL INFORMATION			
	whic	h you and members of yo		ber of your household. Als include controlled and ded or dependent, or both.	
	(a)	Name of Local Public (Officer <u>AListeo</u> (A	1) MONTOYA	
		Address PO Bo	~ `	D CANYON, AZ 8	6023
	(b)	Name of Local Public (01	use Montoya	
	(c)	Members of Household	-	0, 0	
	(0)	Wembers of Household	Da. Mertour	(12,4,41)	
		-	KHY J	(709000)	
	(d)	Names under which yo and (c) above) did bus		ers of your household (those	Controlled
		ic Officer or Household	Business Name	Business Addres	and/or Dependent s Business
71	Los	e - N/A			
		•			
			_		
			_		
			-		
			_		

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	Name & Address of Employer or Other Source of Compensation over \$1,000	Business <u>and</u> Individual's Services for Which Compensation Was Received
AL MONTOY	Papielon Helicopters	Photo LAB ngu
	80 Box 455	
	Gressio Conyer Az	
	·	
Cheryl Montoge	Papillon Helicycter	Retail associte
0	80 Box 455	
	GREAT D CANYOR AZYBOZ3	9
	_	

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)) Nore WA		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
(Use additional sh	neet if there is more	e than one such major custom	er or client of a controlled bus	iness.)
4. INFORMAT	TION ON DEPEND	ENT BUSINESS		
client. A de household controlled to Describe the or client an	ependent business also own more tha business under Iter te goods or service d the business act	may also be a controlled bus n a fifty percent interest in the m 3, it need not be listed in the es provided by the business, t ivity if the major customer or	he goods or services provided	embers of his siness is listed as a
The	amount of income	from any customer or client. stomer or client which is not	a business.	
('	1)	(2)	(3)	(4)
Name of Dependo Business (from Item 1 (d))	ent	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
None /	NA			**** ********************************
	•			

(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.

Name and Address of Business or Trust	Local Public Officer or Member of Household	Description of Interest	Value of Equity by Category #
None			
,			
5B. OFFICES OR FIDUCIA	ARY RELATIONSHIPS IN BUSINE		
any office or had a fidu description of the office Regardless of any final	dresses of all businesses and trusts ciary relationship at any time during e or relationship. ncial interest, you should list all bus ident, treasurer, secretary or truste	g the preceding calendar year sinesses and trusts of which	ar, together with a you or any member of
Name and Address of Business or Trust	Local Public Officer or Member of Household	Description or Relations	
none			

6.	REAL PROPERTY OWNERSHIP	N IN CITY/TOWN OF						
	List all real property interests and real property improvements located in the City/Town of TUSAY AND, 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.							
	interest during the preceding cale controlled or dependent business	sehold or a controlled or dependent endar year, disclose the transaction s is in the business of dealing in real lls or transactions, but the aggregate	made and date that it oc property or improvemen	curred. If the its, disclosure				
	You Need Not List:							
	Your primary residence. Property used for personal Individual parcels and tran a dealer in real property.	sactions, if a controlled or depender	nt business is					
App	ation and roximate Size ealty in City/Town	Local Public Officer or Member of Household or Business from Items 3 or 4	Value of Equity by Category	Date Acquired or #Divested				
	one		,					
				_				
				_				
		· 		_				
				_				
	siness dealers in real propertysta ity interests, by category number, o	te only name of controlled or depen f all parcels held during the year.	dent business and aggre	gate value of				
	ne of Controlled or Dependent iness Dealer in Real Property		Aggregate Value of Equity Interests by Category #					
7	rol		, , ,					
7.	DEBTS; EXCEPTIONS							
		ditors for all debts in excess of \$1,0 nes or in the names of any other per						
		ditors to whom a controlled or deper an 30 percent of the total business ir						

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
none		
	BUSINESS DEBTS OVER \$10,000 AND	<u> 30%</u>
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
none		
		
	<u> </u>	

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 #	Date Incurred and/or Discharged	
none				
			_	
		_	_	
			_	
			-	
			_	
<u>DE</u>	BTS OVER \$10,000 AND 30% OWED TO YOU	JR BUSINESS		
	Name of Controlled or Dependent Business to	A construction	Date Incurred	
Name of Debtor	Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	and/or Discharged	
none				
			_	
				
			-	

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.

Name of Donor o	of Gifts over \$500		ocal Public Officer or NouseholdRecipient	Member of
-vone	_			
				1a
10. BUSINES	S LICENSES			
which requ of the	uires for its issuance the consi	City/Town of TucAyA or deration of the application for seld by or in which you or any medical calendar year.	uch license by the	council
		Local Public Officer		
	Name in Which	or Member of Household Holding		
Type of	License is	Interest, if Not	Type of	Location of
License	Issued	Issued in Own Name	Business	Business
none		_		
•				
	_			
	_	_	_	
11. LOCAL G	OVERNMENT BONDS			
authority o any time d	of such city or town or any non	issued by the City/Town of Topprofit corporation organized or year by you or any member of you	authorized by such ci	
If the bond date.	ds were acquired or divested d	uring the year, list whether the	y were acquired or div	ested and the
				Date
Bonds Over		Local Public Officer or	Value by	Acquired and/or
\$1,000	Issuing Agency	Member of Household		# Divested
Tione				
				_

VERIFICATION

ure Statement filed herewith is in all things true
me pursuant to Resolution No.
Se M. S
Garia
Eucly T. Harris
"OFFICIAL SEAL" Evelyn T. Garcia vary Public-Arizona Geconino County Ammission Expires 8/8/2010

FINANCIAL DISCLOSURE STATEMENT

	_	For use by Loca	al Public Officers of the City/1	Town of TUSAYAN)		
Date	3	15/2011	-	For Calendar Year			
				(Or other applicable period	, please specify)		
1.	GEN	IERAL INFORMATION					
	whic	h you and members of yo		er of your household. Also, list all Include controlled and dependent or dependent, or both.			
	(a)	Name of Local Public (Officer <u>AL</u> Mo	utoya			
		Address PO T	30×3183	U			
	(b)	Name of Local Public (Officer's Spouse	ul Montage			
	(c)	Members of Household					
	(0)	Tam of	B MONTOY				
			B 1/2/18/19				
	(d)	Names under which yo and (c) above) did bus		s of your household (those persons	s listed in (a), (b)		
		ic Officer or Household	Business Name	Business Address	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
AL MONTON		
AL MONTOJE	CANYON Flight Trafing	Complayee Pegional Pholips Mgr. Compaign Bonus
Ar Montage	Grand Conyon Exchange	e Compaign Bonus
Cheryl Montoya	CANYON Flight TRADING	Co Employee Retail mys,

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
		_	_
			_
(Use additional sheet if there i	s more than one such major cust	comer or client of a controlled b	ousiness.)
4. INFORMATION ON DE	PENDENT BUSINESS		
client. A dependent but household also own mo controlled business und Describe the goods or s	" is so-called because over half of siness may also be a controlled ore than a fifty percent interest in der Item 3, it need not be listed in services provided by the busines activity if the major customer	business if the public officer on the business. If a dependent in this item. Is, the goods or services provi	r members of his business is listed as a
You Need Not List:			
The amount of in	ly customer or client. come from any customer or clier any customer or client which is n		
(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
		-	
			<u> </u>

(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

Name and Address of Business or Trust	Local Public Officer or Member of Household	Description of Interest	Value of Equity by Category #
List the names and add any office or had a fiduo description of the office Regardless of any finan	resses of all businesses and trusts ciary relationship at any time during or relationship. In the control of t	s in which you or any members the preceding calendar yes	ar, together with a
Name and Address of Business or Trust	Local Public Officer or Member of Household	Description or Relations	

a c If ir c	including controlled or dependent busing alendar year, and the value, to you or any member of your hoterest during the preceding controlled or dependent busing the preceding of	and real property improvements located location and approximate size in white iness held legal title or a beneficial into by category, of the equity in any such cousehold or a controlled or dependent calendar year, disclose the transactioness is in the business of dealing in recreels or transactions, but the aggregations	nich you, any member of y terest at any time during t property. nt business acquired or di n made and date that it of al property or improveme	the preceding vested any such courred. If the nts, disclosure
Υ	ou Need Not List:			
	Your primary residence. Property used for person Individual parcels and tr a dealer in real proper	nal recreation by you. ransactions, if a controlled or depende	ent business is	
	n and imate Size ty in City/Town	Local Public Officer or Member of Household or Business from Items 3 or 4	Value of Equity by Category	Date Acquired or #Divested
*Busine	ess dealers in real property	state only name of controlled or depe	endent business and aggr	egate value of
equity i	nterests, by category number	, of all parcels held during the year.		- g
	of Controlled or Dependent ss Dealer in Real Property		Aggregate Value of Equity Interests by Category #	
			-	
L h c	ousehold either in your own ralendar year. ist names and addresses of o	creditors for all debts in excess of \$1, names or in the names of any other p	ersons at any time during endent business owed a	the preceding
\$		than 30 percent of the total business		

6.

REAL PROPERTY OWNERSHIP IN CITY/TOWN OF

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

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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 <u>other than</u> 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 #	Date Incurred and/or Discharged	
			_	
<u>DE</u>	BTS OVER \$10,000 AND 30% OWED TO YO	UR 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.

Name of Donor of	ame of Donor of Gifts over \$500		Local Public Officer or Member of Household-—Recipient	
0. <u>BUSINESS</u>	LICENSES			
of the	ness licenses issued, by the cres for its issuance the consider of, to, he any time during the preceding	City/Town of or deration of the application for seld by or in which you or any maked calendar year.	by any other governa such license by the ember of your house	nental agency counci nold had an
ype of icense	Name in Which License is Issued	Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name	Type of Businėss	Location of Business
			_	
				_
				-
	·	_		
1. LOCAL GO	VERNMENT BONDS			
authority of any time du	such city or town or any none	ssued by the City/Town of profit corporation organized or rear by you or any member of y 000.	authorized by such c	ity or town held at
if the bonds date.	s were acquired or divested d	uring the year, list whether the	y were acquired or di	vested and the
Bonds Over 1,000	Issuing Agency	Local Public Officer or Member of Household	Value by Category	Date Acquired and/or # Divested
		_		
		_		

VERIFICATION

i do solemnly swear that the foregoing and correct and fully shows all information required	Financial Disclosure Statement filed herewith is in all things true to be reported by me pursuant to Resolution No
Signature of Affiant	Almato
SUBSCRIBED and sworn to before me by A	Montoya
Notary Public	Laure M. Foote
My Commission Expires: Tel. 13, 2014	Notary Public State of Arizona Coconino County
	Laraine M Foote My Commission Expires 02/13/2014

LOCAL PUBLIC OFFICERS

FINANCIAL DISCLOSURE STATEMENT

GENERAL INFORMATION

- 1. Who should file a financial disclosure statement?
 - A. The Mayor and each member of the City/Town Council (hereafter referred to as local public officers).
 - B. Every candidate for mayor and councilmember.
- Where should a financial disclosure statement be filed?

City/Town Clerk		
Address		

- 3. When should a financial disclosure statement be filed?
 - A. By every incumbent local public officer on or before the 31st day of January of each year, covering the previous calendar year.
 - B. By every local public officer appointed to fill a vacancy within 60 days following the filling of such vacancy, covering as his annual period the twelve-month period ending with the last full month prior to the date of taking office and thereafter on or before the 31st day of January of each year.
 - C. By every candidate for local public officer at the time of filing of the candidate's nomination papers for the preceding twelve-month period.
- 4. Violations: Penalties A.R.S. § 38-544.

Any local public officer or candidate for local public office who knowingly fails to file a financial disclosure statement required by an ordinance, rule, resolution or regulation of the City/Town, required by A.R.S. § 38-545, or who knowingly files an incomplete financial disclosure statement, or who knowingly files a false financial disclosure statement is guilty of a class 1 misdemeanor.

Any public officer, local public officer or candidate who violates this chapter is subject to a civil penalty of fifty dollars for each day of noncompliance but not more than five hundred dollars may be imposed as prescribed in A.R.S. § 16-924.

- 5. Definitions: Section 1 of Resolution No.
 - A. "Business" includes any enterprise, organization, trade, occupation or profession, whether or not operated as a legal entity or for profit, including any business trust, corporation, partnership, joint venture or sole proprietorship.
 - B. "Compensation" means anything of value or advantage, present or prospective, including the forgiveness of debt.
 - C. "Controlled business" means any business in which the local public officer or any member of his household has an ownership or beneficial interest, individually or combined, amounting to more than a fifty percent interest.
 - D. "Dependent business" means any business in which the local public officer or any member of his household has an ownership or beneficial interest, individually or combined, amounting to more than a ten percent interest, and during the preceding calendar year the business received from a single source more than ten thousand dollars and more than fifty per cent of its gross income.

- E. "Gift" includes any gratuity, special discount, favor, hospitality, service, economic opportunity, loan or other benefit received without equivalent consideration and not provided to members of the public at large.
- F. "Local public officer" means a person holding an elective office of the City/Town of /usayar-
- G. "Member of household" means a local public officer's spouse and any minor child of whom the local public officer has legal custody.
- 6. Amount or Value Categories Section 2.

If an amount or value is required to be reported pursuant to this section, it is sufficient to report whether the amount or value of the <u>equity interest</u> falls within:

- A. CATEGORY 1 -One thousand dollars to twenty-five thousand dollars.
- B. CATEGORY 2 More than twenty-five thousand dollars to one hundred thousand dollars.
- C. CATEGORY 3 More than one hundred thousand dollars.
- 7. Information that is privileged or confidential by law need not be disclosed.