



Town of Guadalupe

Where three cultures flourish ♦ Donde florecen tres culturas ♦ Haksá vahi weyeme hó'ak

February 9, 2024

Dear Candidate,

This candidate packet has been prepared to assist you in complying with election filings and requirements as a candidate in the 2024 Town of Guadalupe candidate elections. The Primary Election is Tuesday, August 6, 2024 and, the General Election is Tuesday, November 5, 2024. The Town Manager / Clerk will assist with procedural questions; however, this candidate packet is provided with the understanding that Town staff cannot render legal, financial, campaign, or other professional advice. Candidates who have provided contact information will be notified via email by the Town Manager / Clerk of any updated documents or information. Updates will also be posted to the Town Clerk's elections webpage, as they become available.

The candidate packet contains a checklist of filing requirements and information to assist you in preparing for your candidacy. The Guadalupe Town Manager / Clerk serves as the filing officer for all local election forms. All forms must be filed within the deadlines noted in the statutes, with the Guadalupe Town Manager / Clerk's Office.

Candidates are encouraged to refer to the Arizona State Constitution, the Arizona Revised Statutes, and the Guadalupe Town Code for legal requirements pertaining to candidates for elective office. Additional resources are included on the Town of Guadalupe's elections webpage. As state statutes and case law are subject to change and interpretation, it is recommended that you review them with your attorney to ensure compliance with current legal requirements.

To schedule an appointment, please contact Rocio Ruiz, Deputy Town Clerk at (480)505-5367 or via email at clerk@guadalupeaz.org. Appointments will be held at the Town Hall, 9241 South Avenida, Guadalupe, Arizona.

Cordially,

Jeff Kulaga
Town Manager / Clerk



February 9, 2024

Re: Candidate requirements and election process for the Primary Election – August 6, 2024 and the General Election – November 5, 2024

The Town of Guadalupe is a nonpartisan municipal jurisdiction with a Mayor and six Councilmembers elected at-large. The Town of Guadalupe participates in the consolidated fall election cycle during even numbered years per Arizona Revised Statute. Per the Guadalupe Town Code of Ordinances, candidates who receive the majority of votes cast for an open seat will win the Primary Election and be seated on the Council. Candidates will only run in the General Election if all of the seats are not filled at the Primary Election.

For candidates interested in running for Council, an individual must be 18 years of age, lived in the Town of Guadalupe for one year preceding the election, and be a qualified elector in the State of Arizona. A person convicted of a felony cannot serve as a councilmember until their civil rights have been restored. ([A.R.S. § 9-232](#))

In Arizona, persons are nominated to run for office in the Primary Election by a petition process for nomination. The process is as follows:

- All candidates must file a Statement of Interest with the Clerk's Office before collecting signatures.
- Any signatures collected before the Statement of Interest is filed will not be valid.
 - The nomination petition filing period begins 8 a.m. on Monday, March 11, 2024, and ends no later than 5 p.m. Monday, April 8, 2024.
- The Nomination Paper is a formal notification to the Town Clerk that the individual intends to seek municipal office.
- Three forms must be completed:
 - The Nomination Paper which includes a candidate declaration (no longer an affidavit that requires notarization),
 - a Financial Disclosure Statement,
 - and Nomination Petitions with the requisite number of signatures (at least 26 and not more than 51 of the total votes cast for mayor in the last preceding election at which a mayor was elected).

Candidate packets will be available February 9, 2024.



CANDIDATE CHECKLIST – AUGUST 6, 2024, PRIMARY ELECTION

- A. As a candidate, you must file a Statement of Interest prior to collecting any nomination petition signatures. Any nomination petition signatures collected before the date you submit the Statement of Interest are invalid and may be subject to challenge pursuant to A.R.S. § 16-351.
- B. You must file a Statement of Organization to form a Candidate Committee within ten days of meeting the committee criteria. (For additional requirements and restrictions refer to A.R.S. § 16-905.)
- C. Petitions have been furnished for the signatures required. Refer to A.R.S. § 16-321, for completion of petitions.
- D. The election will be held on Tuesday, August 6, 2024. Pursuant to A.R.S. § 16-311, the following properly executed forms must be submitted to the town clerk for the official filing of your candidacy no more than 150 days before the primary election (no earlier than Monday, March 11, 2024) and not less than 120 days before the primary election (no later than Monday, April 8, 2024):
1. Petitions containing no less than 26 signatures, and no more than 51 signatures.
 2. The Nomination Paper, Declaration of Qualification, and a Campaign Finance Statement included in the Declaration that states you have no final, outstanding judgments against you of more than an aggregate of \$1,000 due to your failure to comply with or enforcement of Title 16, Chapter 6, Arizona Revised Statutes (signed under penalty of perjury).
 3. The Financial Disclosure Statement (prescribed by the Secretary of State).

If you have questions, please feel free to call me at (480) 505-5367.

Jeff Kulaga, Town Manager / Clerk

February 9, 2024



LISTA DE VERIFICACIÓN PARA LOS CANDIDATOS – ELECCIÓN PRIMARIA DEL 6 DE AGOSTO DE 2024

- A. Como candidato, debe presentar una Declaración de Interés antes de recolectar cualquier firma para la petición de nominación. Cualquier firma recopilada antes de la presentación de la Declaración de Interés no será válida y podría estar sujeta a impugnación según lo dispuesto en A.R.S. § 16-351.
- B. Debe presentar una Declaración de Organización para formar un Comité de Candidato dentro de los diez días posteriores al cumplimiento de los criterios del comité. (Para conocer los requisitos y restricciones adicionales, consulte el estatuto A.R.S. § 16-905).
- C. Las peticiones para las firmas requeridas han sido presentadas. Consulte A.R.S. § 16-321 para obtener información sobre la finalización de las peticiones.
- D. La elección se llevará a cabo el 6 de Agosto de 2024. De acuerdo con A.R.S. § 16-311, los siguientes formularios debidamente cumplimentados deben presentarse al secretario del pueblo para la presentación oficial de su candidatura no más de 150 días antes de la elección primaria (no antes del Lunes 11 de Marzo de 2024,) y no menos de 120 días antes de la elección primaria (y no después del Lunes 8 de Abril de 2024):
 - 1. Peticiones que contengan no menos de 26 firmas y no más de 51 firmas.
 - 2. El Documento de Nominación, la Declaración de Aptitud y la Declaración de Financiamiento de la Campaña incluida en la Declaración que indique que usted no tiene fallos finales pendientes en contra por un monto no mayor a \$1,000 debido a su incumplimiento o cumplimiento del Título 16, Capítulo 6, Estatutos Revisados de Arizona (firmado bajo pena de perjurio).
 - 3. La Declaración de Divulgación Financiera (según por la Secretaría de Estado).

Si tiene preguntas, por favor no dude en llamarme al (480) 505-5367.

Jeff Kulaga, Gerente Municipal/Secretario

February 9, 2024

Candidate Statement of Interest
A.R.S. § 16-311; A.R.S. § 16-341(I)

You are hereby notified that I, the undersigned, hereby declare my interest to run as a candidate for the office of _____ for District _____ (if applicable), in the [City/Town] of _____ at the [regular/special] Election to be held on Tuesday, _____, _____, 20____. I am seeking the nomination of the _____ Party (if applicable).

Candidate Information (Print your information.)

Name: _____
Last First

Residence Address: _____
Street

City State Zip Code

Mailing Address: _____
Street

City State Zip Code

Primary Phone: () - Type of Phone: Home ____ Work ____ Cell ____

Alternate Phone: () - Type of Phone: Home ____ Work ____ Cell ____

Primary Email: _____

Alternate Email: _____

By submitting this document, I understand that any nomination petition signatures collected before the date of this Statement of Interest are invalid and may be subject to challenge pursuant to A.R.S. § 16-351. **I understand this Statement is not a formal declaration of candidacy and that filing of the nomination paper is the formal notification for seeking municipal office.**

Candidate Signature

Date

Declaración de Interés del Candidato
A.R.S. § 16-311; A.R.S. § 16-341(I)

Por la presente le notifico que yo, el abajo firmante, por la presente declaro mi interés en postularme como un candidato para el puesto de _____ para el Distrito _____ (si corresponde), en la/el [Ciudad/Pueblo] de _____ en la Elección regular/especial (ponga un círculo alrededor de uno) que se llevará a cabo el martes, _____, _____ de 20 _____. Busco la nominación del Partido _____ (si corresponde).

Información del Candidato (Imprima su información.)

Nombre: _____
Apellido Nombre

Dirección del domicilio: _____
Calle

Ciudad Estado Código postal

Dirección postal: _____
Calle

Ciudad Estado Código postal

Teléfono principal: (____) _____ - Tipo de teléfono: Hogar ____ Trabajo ____ Celular ____

Teléfono alterno: (____) _____ - Tipo de teléfono: Hogar ____ Trabajo ____ Celular ____

Correo electrónico principal: _____

Correo electrónico alterno: _____

Al presentar este documento, entiendo que cualquier firma de petición de nominación recolectada antes de la fecha de esta Declaración de Interés no es válida y puede estar sujeta a impugnación de conformidad con A.R.S. § 16-351. **Entiendo que esta Declaración no es una declaración formal de candidatura y que la presentación del documento de nominación es la notificación formal para la postulación de cargos municipales.**

Firma del candidato

Fecha

Nonpartisan Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. §§ 16-311, 16-341

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of _____ at the election to be held on the _____ day of _____, 20____.

I will have been a citizen of the United States for _____ years before my election and will have been a citizen of Arizona for _____ years before my election, and I will meet the Constitutional and/or statutory age requirement for taking said office. I have resided in _____ County for _____ years and in precinct _____ for _____ years before my election.

Actual residence address or description of place of residence (required)	City or Town	Zip
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Post office address (if applicable)	City or Town	Zip
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Print or type your name on the following line in the exact manner you wish it to appear on the ballot, last name first.

LAST NAME

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, 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.

CANDIDATE SIGNATURE

DATE

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

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

Public Office Held or Sought:

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 2023.
- ☐ I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12-month period ending with the last full month prior to the date I took office.
- ☐ I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 2023. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.
- ☐ I am a **candidate** for a public office and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of _____, to the month of _____.

VERIFICATION

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

/S/

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.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.**

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

² 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.³ 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 ⁴ 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

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 ⁵ 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

³ Compensation is defined as “anything of value or advantage, present or prospective, including the forgiveness of debt.” [A.R.S. § 38-541\(2\)](#).

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 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 ⁶	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE

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.

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 ⁷ 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

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.

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 ⁸ 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

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.

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 ⁹ WHO RECEIVED GIFTS OVER \$500	NAME OF GIFT DONOR

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.

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 ¹⁰ 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

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.

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 ¹¹ 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
			<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 +

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.

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 ¹² 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

¹² 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 ¹³ 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

¹³ 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 ¹⁴ 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.

¹⁴ 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 ¹⁵ 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

Nonpartisan Nomination Petition

I, the undersigned, a qualified elector of the county of , state of Arizona, and of hereby nominate who resides at in the county of for the office of to be voted at the election to be held , and I hereby declare that I am qualified to vote for this office and that I have not signed and will not sign any nomination petitions for more persons than the number of candidates necessary to fill such office at the next ensuing election. I further declare that if I choose to use a post office box address on this petition, my residence address has not changed since I last reported it to the county recorder for purposes of updating my voter registration file.

Put optional
photo here

	Signature	Printed name	Actual residence address, description of place of residence or Arizona post office box address, city or town	Date of signing
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Instructions for Circulators

1. All petitions shall be signed by circulator.
2. Circulator is not required to be a resident of this state but otherwise must be qualified to register to vote in this state and, if not a resident of this state, shall register as a circulator with the secretary of state.
3. Circulator's name shall be typed or printed under the circulator's signature.
4. Circulator's actual residence address or, if no street address, a description of residence location shall be included on the petition.

I, a person who is not required to be a resident of this state but who is otherwise qualified to register to vote in the county of , in the state of Arizona, hereby verify that each of the names on the petition was signed in my presence on the date indicated and that in my belief each signer was a qualified elector who resides at the address given as their residence on the date indicated.

Signature of Circulator

Typed or Printed Name of Circulator

Circulator's Actual Residence Address
(If no street address, a description of residence location shall be included on the petition)

City or Town and Zip Code



TOWN OF GUADALUPE

2024 CANDIDATE CONTACT INFORMATION

The information provided below will enable the Guadalupe Town Manager / Clerk to contact potential candidates should issues arise or if additional information needs to be disseminated. Thank you for providing the contact information outlined below.

Date packet picked up: _____

Candidate Information:

Name: _____

Mailing Address: _____

Contact Phone Number: _____

Email Address: _____

Political Sign Point of Contact:

Name: _____

Mailing Address: _____

Contact Phone Number: _____

Email Address: _____

Please note: Once an individual has been certified as a candidate for the 2024 election ballot, candidate contact information is considered a public record.