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 Councilman for District ____ (if applicable), in the [City/Town] of Tusayan at the [regular/special] Election to be held on Tuesday, August, 2, 2022. I am seeking the nomination of the ____ Party (if applicable).

Candidate Information (Print your information.)

Name: Chavez (Last) David (First)

Residence Address: 279 memory ln (Street)

Tusayan (City) AZ (State) 86023 (Zip Code)

Mailing Address: PO Box 3087 (Street)

Tusayan (City) AZ (State) 86023 (Zip Code)

Primary Phone: (928) 380-2827 Type of Phone: Home ___ Work ___ Cell X

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

Primary Email: asambadpchavez@gmail.com

Alternate Email: dchavez@grandcanyonsquire.com

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

03/30/22
Date

RECEIVED
MAR 30 2022
BY:

09/29/2021

Town of Tusayan

845 Mustang Drive
P.O. Box 709
Tusayan, AZ 86023

Write-in Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. §§ 16-311, 16-312

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of Council for the _____ Party (if applicable), at the PRIMARY or GENERAL (circle one) Election to be held on the 2 day of August, 2022.

I will have been a citizen of the United States for 50 years before my election and will have been a citizen of Arizona for 13 years before my election. I am 49 years old and my date of birth is May 28 (Month & Day), 1972 (Year), and therefore I will meet the Constitutional and/or statutory age requirement for taking said office. I have resided in Coconino county for 7 years, and have resided in _____ precinct for 7 years.

279 memory ln — Tusayan, AZ — 86023
Actual residence address or description of place of residence (required) — City or Town — Zip

PO Box 3087 — Tusayan, AZ — 86023
Post office address (if applicable) — City or Town — Zip

Print or type your name on the following line in the exact manner you wish it to appear on the Notice of Official Write-In Candidates.

Chavez, David
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. If running in the General Election, I further certify that I am not disqualified from running as a write-in candidate pursuant to A.R.S. § 16-312(F).

CANDIDATE SIGNATURE

04/04/22
DATE

RECEIVED
APR 4 2022
BY:

Nonpartisan Nomination Petition

I, the undersigned, a qualified elector of the county of Coconino, state of Arizona, and of Tusayan hereby nominate David Chavez who resides at 279 Memory Ln in the county of Coconino for the office of Town Council to be voted at the Tusayan 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.

	Signature	Printed name	Actual residence address, description of place of residence or Arizona post office box address, city or town	Date of signing
1	K. Sheikh	JUNAID SHEIKH	Canyon Pine UNIT #13	4-4-2022
2	Nuzhat Sheikh	NUZHAT Sheikh	Canyon Pine unit # 13	4-4-2022
3		Jerman Valerio	Canyon Pines UNIT #21	4/4/2022
4	Ivan Cordero	Ivan Cordero	CANYON PINES #18	04/04/2022
5	Kathryn S Kendlahan	Kathryn S Kendlahan	Camper Village	4/4/22
6		Brads Harris	17 Canyon Pines, Tusoson, AZ 86023	4/4/2022
7				
8				
9				
10				

Petitioner/circulator remains solely responsible for ensuring this form complies with Arizona law.

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, PRINT NAME JUNAID SHEIKH 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 COUNTY COCONINO, 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.

J. Sheikh.

Signature of Circulator

JUNAID SHEIKH

Typed or Printed Name of Circulator

Canyon Pine Unit # 13

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

86023

City or Town and Zip Code

Town of Tusayan

845 Mustang Drive.
P.O. Box 709
Tusayan, AZ 86023

Petitioner/circulator remains solely responsible for ensuring this form complies with Arizona law.

PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

David P Chavez

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

279 Memory Ln Tusayan, AZ 86023

Public Office Held or Sought:

Town Council

District / Division Number (if applicable):

1

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 2021.

☐ 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 2022. 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 April, to the month of April.

VERIFICATION

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

/S/ _____ 04/04/22

Signature of Public Officer or Candidate (Electronic Signatures Accepted) Date 04-04-22

RECEIVED
APR - 4 2022
BY: _____

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 children[2] members of your household? ■**Yes** (If yes, disclose how many 2) ☐**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
David Chavez	Squire Inn 74 St Rt 64 Tusayan, AZ 86023	Hotel	GM of Hotel
[redacted]	Grand Canyon School PO Box 519 100 Boulder St	Elementary School	Teacher
[redacted]	225 Hancock Ave Williams, AZ 211 S. 2nd St Williams, AZ 86046	Airbnb	Host

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
N/A			

[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
[redacted]	AZ teaching	~~AZ~~ [redacted]	AZ state
David Chaurt	Business License	City of Williams & David	

[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 <u>not</u> disclose the following, which <u>do not</u> 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
N/A		Date: ☐Incurred ☐Discharged ☐N/A ~~04-04-22~~
		Date: ☐Incurred ☐Discharged ☐N/A ~~04-04-22~~
		Date: ☐Incurred ☐Discharged ☐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
N/A		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Incurred ☐Discharged ☐N/A 04-04-22
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Incurred ☐Discharged ☐N/A 04-04-22
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Incurred ☐Discharged ☐N/A 04-04-22

[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.

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
David Chavez	North Country Healthcare 2920 N 4th St Flagstaff, AZ 86004	BOD President

[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.

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
N/A	

[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.

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
[redacted] Chavez David	211 S Second St Bungalow 211 Williams, AZ 86046	Airbnb rental	☐$1000 - $25,000 ☑$25,001 - $100,000 ☐$100,001 +
[redacted] Chavez David	Hillside Hideaway 225 w Hancock AVE Williams, AZ 86046	Airbnb rental	☐$1000 - $25,000 ☑$25,001 - $100,000 ☐$100,001 +
			☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$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, PROVIDETHE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Acquired ☐Divested ☐N/A 04-04-22
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Acquired ☐Divested ☐N/A 04-04-22
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Acquired ☐Divested ☐N/A 04-04-22

[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.

11. Travel Expenses

What to disclose: Each meeting, conference or other event during the period covered in this Financial Disclosure Statement where you participated in your official capacity and travel-related expenses of $1,000 or more were paid on your behalf (or for which you were reimbursed) for that meeting, conference, or other event. "Travel-related expenses" include, but are not limited to, the value of transportation, meals, and lodging to attend the meeting, conference, or other event.

You need not disclose: Any meeting, conference, or other event where paid or reimbursed travel-related expenses were less than $1,000 or your personal monies were expended related to the travel.

NAME OF MEETING, CONFERENCE, OR EVENT ATTENDED IN OFFICIAL CAPACITY AS PUBLIC OFFICER	LOCATION	AMOUNT OR VALUE OF TRAVEL COSTS
N/A		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +

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
David [redacted] Chavez	211 S. 2nd St Williams, AZ 86046 ~1000~	☐$1000 - $25,000 ☐$25,001 - $100,000 ☒$100,001 +	Date: ☐Acquired ☐Divested ☐N/A 04-04-22
David [redacted] Chavez	225 W Hancock Ave Williams, AZ 86046 ~1800~	☐$1000 - $25,000 ☐$25,001 - $100,000 ☒$100,001 +	Date: ☐Acquired ☐Divested ☐N/A 04-04-22
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Acquired ☐Divested ☐N/A 04-04-22

[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.

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)
Bungalow 211	Airbnb	rental	rental
Hillside Hideaway	Airbnb	rental	rental

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
David [redacted] Chavez	Bungalow 211 211 S 2nd St Williams AZ 86046	☑ Controlled ☑ Dependent
David [redacted] Chavez	Hillside Hideaway 225 W Hancock Ave Williams AZ 86046	☑ Controlled ☑ Dependent
		☐ Controlled ☐ 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.

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)
Bungalow 211	Airbnb	rental	rental
Hillside Hideaway	Airbnb	rental	rental

* 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
Bungalow 211	Williams, AZ 4,000	☐$1000 - $25,000 ☐$25,001 - $100,000 ☑$100,001 +	Date: 06/06/18 ☑Acquired ☐Divested ☐N/A ~~04-04-22~~
Hillside Hideaway	Williams, AZ 7,100	☐$1000 - $25,000 ☐$25,001 - $100,000 ☑$100,001 +	Date: 03/09/20 ☑Acquired ☐Divested ☐N/A ~~04-04-22~~
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Acquired ☐Divested ☐N/A ~~04-04-22~~

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
Bungalow 211	Nova Financial & Invest PO Box 160078 Duluth, GA 30096	Date: 04-04-22 ☐Incurred ☐Discharged ☑N/A
Hillside Hideaway	Pennymac Loan Services PO Box 514387 LA, CA 90051	Date: 04-04-22 ☐Incurred ☐Discharged ☑N/A
		Date: 04-04-22 ☐Incurred ☐Discharged ☑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
N/A		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Incurred ☐Discharged ☐N/A 04-04-22
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Incurred ☐Discharged ☐N/A 04-04-22
		☐$1000 - $25,000 ☐$25,001 - $100,000 ☐$100,001 +	Date: ☐Incurred ☐Discharged ☐N/A 04-04-22

[15] 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.