COCHISE COUNTY
ELECTIONS DEPARTMENT
NOMINATION PAPER
AFFIDAVIT OF QUALIFICATION
CAMPAIGN FINANCE LAWS STATEMENT
[A.R.S §§ 16-311, 16-905 (I)(5)]

Date Received:

RECEIVED
2016 MAY -3 P 3:51
COCHISE COUNTY
ELECTIONS AND
SPECIAL DISTRICTS

ID #:

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of Cochise County Superior Court Judge: Division Four subject to the action of the Republican Party, at the **Primary Election** to be held on August 30, 2016, and at the **General Election** to be held November 8, 2016, should I be nominated.

I will have been a citizen of the United States for 62 years next preceding my election and will have been a citizen of Arizona for 62 years next preceding my election and will meet the age requirement for the office I seek and have resided in **Cochise County** for 48 years **and in precinct** _____ for _____ years before my election.

I do solemnly swear (or affirm) that at the time of filing, I am a resident of the county, district or precinct which I propose to represent, I have no final, outstanding judgments against me of more than an aggregate of $1,000 that arose from failure to comply with or enforcement of ARS Title 16, Chapter 6, and as to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

3120 E. Navajo Street — Sierra Vista — 85650

Actual residence address or description of place of residence — (City or Town) — (Zip)

_____

Post office address — (City or Town) — (Zip)

Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311(G).

Elledge	Karl	D.
LAST NAME	FIRST NAME	MIDDLE NAME or INITIAL *(or Nickname-if any)*

I have read all applicable laws relating to campaign financing and reporting.

Karl D. Elledge
CANDIDATE SIGNATURE

State of Arizona
County of Cochise

Subscribed and sworn to (or affirmed) before me this 3rd day of May, 2016.

(Seal)

OFFICIAL SEAL
ISABEL G. LUGO
NOTARY PUBLIC - STATE OF ARIZONA
COCHISE COUNTY
My Comm. Expires March 28, 2017

Isabel G. Lugo
Notary Signature

[illegible]

RECEIVED
2016 MAY -3 P 3:49
COCHISE COUNTY
ELECTIONS AND
SPECIAL DISTRICTS

FINANCIAL DISCLOSURE STATEMENT

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

Name of Public Officer or Candidate: Karl D. Elledge

Address: 3120 E. Navajo Street, Sierra Vista, AZ 85650

Public Office Held or Sought: Cochise County Superior Court Judge - Division Four District #_____

Please select the appropriate box that reflects your service for this filing year:

☐ I am a **public officer** filing this statement covering the 12 months of calendar year 20_____.

☐ I have been **appointed** to fill a vacancy in a public office within the last 60 days and am filing this Financial Disclosure Statement covering the 12 month period ending with the last full month prior to the date I took office.

☐ I am a **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 20_____. 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 January 20 16, to the month of May 20 16.

VERIFICATION

I do solemnly swear that the Financial Disclosure Statement filed herewith is in all things true and correct, and fully shows all information I am required to report pursuant to A.R.S. § 38-542.

Signature of Public Officer or Candidate

State of Arizona)
County of Cochise)

Subscribed and sworn to (or affirmed) before me this 3rd day of May, 20 16.

Notary Public

March 28, 2017
My Commission expires

(Seal)

OFFICIAL SEAL
ISABEL G. LUGO
NOTARY PUBLIC - STATE OF ARIZONA
COCHISE COUNTY
My Comm. Expires March 28, 2017

Secretary of State
Office Revision December 2013

SECTION A: PERSONAL DISCLOSURE

1. Names

What to disclose: Your and your spouse's names and the names of minor children of whom you have legal custody.

YOUR NAME	
YOUR SPOUSE'S NAME	
CHILDREN'S NAMES	

2. Sources of Personal Compensation

What to disclose: The name and address of each employer who paid you, your spouse, or any member of your household more than $1,000 in salary, wages, commissions, tips or other forms of compensation during the period covered by this report. Describe each employer's business and the services for which you or a member of your household were compensated.

Also, list anything of value that any other person, outside your household, received for your use or benefit of you or any member of your household. For example, if a person was paid by your employer to be your housekeeper, list that person's wages and the name of the employer.

You need not disclose: Any money you or any member of your household received that was gross income paid to a business you or your household member owned.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE OF COMPENSATION OVER $1,000	DESCRIPTION OF EMPLOYER'S BUSINESS AND SERVICES PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD

SECTION A: PERSONAL DISCLOSURE

1. Names

What to disclose: Your and your spouse's names and the names of minor children of whom you have legal custody.

YOUR NAME	Karl D. Elledge
YOUR SPOUSE'S NAME	Anita J. Elledge
CHILDREN'S NAMES	

2. Sources of Personal Compensation

What to disclose: The name and address of each employer who paid you, your spouse, or any member of your household more than $1,000 in salary, wages, commissions, tips or other forms of compensation during the period covered by this report. Describe each employer's business and the services for which you or a member of your household were compensated.

Also, list anything of value that any other person, outside your household, received for your use or benefit of you or any member of your household. For example, if a person was paid by your employer to be your housekeeper, list that person's wages and the name of the employer.

You need not disclose: Any money you or any member of your household received that was gross income paid to a business you or your household member owned.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE OF COMPENSATION OVER $1,000	DESCRIPTION OF EMPLOYER'S BUSINESS AND SERVICES PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD
Karl D. Elledge	State of Arizona 100 N. 15th Avenue - Suite 302, Phoenix, AZ 85007	Cochise County Superior Court Judge
	Cochise County 1415 Melody Lane, Bisbee, AZ 85603	Cochise County Superior Court Judge
Anita J. Elledge	RegionalCare Hospital Partners 75 Colonia De Salud, Sierra Vista, AZ 85635	Blood Bank Supervisor

3. Professional, Occupational and Business Licenses

What to disclose: List all licenses issued to or held by you or any member of your household at any time during the period covered by this Statement.

Type of License or Permit	Name in Which License is Issued	Public Officer or Household Member Holding License, if Not Issued if Own Name	Jurisdiction(s) of License	Location of Business
Judicial - State of Arizona	Karl D. Elledge		Arizona	Sierra Vista, AZ
Medical Technologist	Anita J. Elledge		Arizona	Sierra Vista, AZ

4. Personal Creditors

What to disclose: The name and address of each creditor to whom you, or a member of your household owed a personal debt over $1,000 during the period covered by this Statement. If the debt was incurred or discharged during this period, list the date and whether it was incurred or discharged.

You need not disclose: Debts resulting from the ordinary conduct of a business (disclose those in Section C). Debts on residences or recreational property, on motor vehicles not used for commercial purposes, on debts secured by cash values on life insurance, or debts you owe to relatives, personal credit card transactions or installment contracts.

PERSONAL DEBTS OVER $1,000		
Name and Address of Creditor (or Person to Whom Payments are Made)	Public Officer or Member of Household Owing the Debt	Date Incurred and/or Discharged
None		
		☐ Incurred ☐ Discharged
		☐ Incurred ☐ Discharged
		☐ Incurred ☐ Discharged

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 Statement, and the approximate value of the debt (See last page of value categories). If the debt was incurred or discharged during the period covered by this Statement, report the date and whether the debt was incurred or discharged.

DEBTS OVER $1,000 OWED TO YOU PERSONALLY			
NAME OF DEBTOR	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
None			☐ Incurred ☐ Discharged
			☐ Incurred ☐ Discharged
			☐ Incurred ☐ Discharged

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 with a value over $500, if that gift does NOT fit into a category below.

You need not disclose: Gifts you or a household member received by will, intestate succession, *inter vivos* (living) trusts, or 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) or political contributions reported on campaign finance reports.

NAME OF DONOR OF GIFTS OVER $500	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD – RECIPIENT
None	

SECTION B: REPORTABLE INTERESTS

7. Offices or Fiduciary Relationships 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 OR had a fiduciary relationship during the period covered by this Statement. Describe the office or relationship.

NAME OF ORGANIZATION AND ADDRESS	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
Kiwanis - Just Kids, Inc. P.O. Box 2062, Sierra Vista, AZ 85636	Anita J. Elledge	Treasurer

8. Ownership or Financial Interest in Trusts, or Investment Funds

What to disclose: The name and address of each business, trust, investment or retirement fund in which you or any member of your household had an ownership or beneficial interest of over $1,000. This includes stocks, partnerships, joint ventures, sole proprietorships, annuities, mutual funds and retirement accounts. List the percentage of ownership or interest, and categorize the value of the equity. (See last page for value categories.)

NAME AND ADDRESS OF BUSINESS OR TRUST	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
Wells Fargo IRA 1 North Jefferson Avenue, St. Louis, MO 63103	Karl D. Elledge	100%	3
Wells Fargo Roth IRA 1 North Jefferson Avenue, St. Louis, MO 63103	Karl D. Elledge	100%	2
Cochise County 457(B) Retirement Plan P.O. Box 182797, Columbus, OH 43218-2797	Karl D. Elledge	100%	2 Also, see attached for additional investment funds

9. Bonds

What to disclose: Bonds issued by a single agency worth more than $1,000 that you or a member of your household hold, or held during the period covered by this Statement. If the bonds were acquired or divested during the period, report the date that occurred.

Bonds Over $1,000	Issuing Agency	Public Officer or Member of Household	Value Category	Date Acquired and/or Divested
None				☐ Acquired ☐ Divested
				☐ Acquired ☐ Divested
				☐ Acquired ☐ Divested

10. Real Property Ownership

What to disclose: Arizona real property and improvements to which you or a member of your household hold, or held title during the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of your equity. If that property was acquired or divested during the period covered by this Statement, list the date and what occurred.

You need not disclose: Your primary residence or property you use for personal recreation.

Location and Approximate Size of Arizona Realty	Public Officer or Member of Household or Business	Equity by Value Category	Date Acquired or Divested
3120 E. Navaho Street, Sierra Vista, AZ 85650 1 acre - residence	Karl D. Elledge and Anita J. Elledge JTWROS	3	May 31, 1984 ☒ Acquired ☐ Divested
			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested

SECTION C: BUSINESS INTERESTS

11. Business Names

What to disclose: The name of any business under which you or any member of your household did business during the period covered by this Statement. Include corporations, limited liability companies, partnerships and trade names. Using the definitions provided in statute, disclose if the business named is controlled or dependent. If the business is both controlled and dependent, mark both boxes.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	BUSINESS NAME	BUSINESS ADDRESS	CONTROLLED AND/OR DEPENDENT BUSINESS
None			☐ Controlled ☐ Dependent
			☐ Controlled ☐ Dependent
			☐ Controlled ☐ Dependent
			☐ Controlled ☐ Dependent

IMPORTANT: IF A BUSINESS LISTED ABOVE DID NOT GROSS MORE THAN $10,000 OR PROVIDE MORE THAN 10% OF YOUR PERSONAL COMPENSATION DURING THE PERIOD COVERED BY THIS STATEMENT, YOU DO NOT NEED TO COMPLETE THE REST OF THIS STATEMENT.

12. Controlled Business Information

What to disclose: The name of each controlled business you listed above, and the goods or services provided by the business. If a single client or customer (person or business) accounts for more than $10,000 and 25% of the gross income, describe what it is your business provides to that customer or client. Then, in column 4, describe what the client/customer's business does (if your major client is a person, leave the last column blank). If you do not have a major client, leave the last two columns blank.

You need not disclose: The name of any customer or client, or the activities of any customer or client who is an individual rather than a business.

NAME OF YOUR CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY YOUR BUSINESS	WHAT YOUR BUSINESS PROVIDES TO YOUR MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF MAJOR CUSTOMER OR CLIENT
None			

13. Dependent Business Information

What to disclose: The name of each dependent business, the goods or services provided by the dependent business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business. If the dependent business is also a controlled business, disclose it only in response to #12, above.

You need not disclose: The name or identity of the customer or client, or the amount of income from the customer or client. If the customer or client is an individual (rather than a business), you are not required to disclose that person's activities.

NAME OF DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE BUSINESS	GOODS OR SERVICES PROVIDED TO THE MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF THE MAJOR CUSTOMER OR CLIENT, IF A BUSINESS
None			

14. Real Property Owned by Business

What to disclose: Arizona real property and improvements the titles to which were held by a controlled or dependent business listed above. If the business is one that deals in real property and improvements, list the aggregate value of all parcels held in the period covered by this Statement. Describe the property's location and approximate size. Using the value categories (see last page) report the value of equity in your business. If the property was acquired or divested during the period covered by this Statement, list that and the date.

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
None			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested

15. Business' Creditors

What to disclose: The name and address of each creditor to which your business owed more than $10,000, if that amount was also more than 30% of your total business indebtedness at any time during the period covered by this Statement. If the debt was incurred or discharged during the period covered by this Statement, report that and the date.

You need not disclose: Debts resulting from a business other than a controlled or dependent business.

BUSINESS DEBTS OVER $10,000 AND 30%		
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	NAME OF CONTROLLED OR DEPENDENT BUSINESS (FROM ITEM 3 OR 4)	DATE INCURRED AND/OR DISCHARGED
None		☐ Incurred ☐ Discharged
		☐ Incurred ☐ Discharged
		☐ Incurred ☐ Discharged

16. Business' Debtors

What to disclose: The name of the debtor for each debt exceeding $10,000 owed to a controlled or dependent business which was also more than 30% of the total indebtedness to the business which was owed at any time during the preceding calendar year. If the debt was incurred or discharged during the year, list that and the date. List value category.

DEBTS OVER $10,000 AND 30% OWED TO YOUR BUSINESS			
NAME OF DEBTOR	NAME OF CONTROLLED OR DEPENDENT BUSINESS TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
None			☐ Incurred ☐ Discharged
			☐ Incurred ☐ Discharged

Value Categories: (from ARS § 38-542(B))
Category 1 - $1,000 to $25,000
Category 2 – More than $25,000 to $100,000
Category 3 - More than $100,000

Section 8 – Investment Funds continued:

Wells Fargo IRA 1 North Jefferson Avenue, St. Louis, MO 63103	Anita J. Elledge	100%	2
Wells Fargo Roth IRA 1 North Jefferson Avenue, St. Louis, MO 63103	Anita J. Elledge	100%	2
RegionalCare Hospital Partners Retirement Plan 5205 Maryland Way, Suite 300, Brentwood, TN 37027	Anita J. Elledge	100%	2

RECEIVED

2016 MAY -3 P 3:49

COCHISE COUNTY
ELECTIONS AND
SPECIAL DISTRICTS

COCHISE COUNTY
ELECTIONS DEPARTMENT
CONFLICT OF INTEREST STATEMENT

Pursuant to A.R.S. §38-503 through §38-505, I am stating a conflict of interest as follows: (Please list company name and interest)

N/A

Please file the original as indicated in the attached letter and maintain a copy in your official files.

May 3, 2016
Date

Cochise County Superior Court Judge - Division Four
Elected Position

Karl D. Elledge
Name (print)

Karl D. Elledge
Signature