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

Date Received:

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COCHISE COUNTY ELECTIONS AND SPECIAL DISTRICTS

ID #: 20660

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of Cochise County School Superintendent subject to the action of the Democratic 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 33 years next preceding my election and will meet the age requirement for the office I seek and have resided in **Cochise County** for 33 years and in precinct SV Estates for 9 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.

4464 Big Bend Street Sierra Vista 85650
Actual residence address ~~or~~ description of place of residence (City or Town) (Zip)

4464 Big Bend Street Sierra Vista 85650
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).

Mims, Joy, R.
LAST NAME, FIRST NAME, MIDDLE NAME or INITIAL *(or Nickname-if any)*

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

Joy R Mims
CANDIDATE SIGNATURE

State of Arizona
County of Cochise

Subscribed and sworn to (or affirmed) before me this 19th day of May, 2016.

(Seal)

SUSANA STINSON
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 15, 2020

Susana Stinson
Notary Signature

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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 Joy R. Mims

Address 4464 Big Bend St. SV, Az 85650

Public Office Held or Sought Cochise County School Superintendent 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 May 2015, to the month of May 2016.

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.

Joy R Mims
Signature of Public Officer or Candidate

State of Arizona)
)
County of Cochise)

Subscribed and sworn to (or affirmed) before me this 19th day of May, 2016.

Susana Stinson
Notary Public

March 15, 2020
My Commission expires

(Seal)

SUSANA STINSON
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires
March 15, 2020

Secretary of State
Office Revision December 2013

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
Principal Certification	Joy C. Mims		Az. Dept of Ed	Phoenix, Az
Standard Elem. Ed, 1-8	Joy C. Mims		Az. Dept. of Ed	Phoenix, 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
Honda Financial Services	Joy R. Mims	Feb. 2014 ☒ Incurred ☐ Discharged
Chase	Joy R. Mims	2008 ☒ Incurred ☐ Discharged
Bank of America	Joy R. Mims	1990 ☒ Incurred ☐ Discharged

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

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
Horace Mann Life Insurance Co. 1 Horace Mann Plaza Springfield, IL 62715	Joy R. Mims	Annuity - Retirement General Fixed Acct.	41,000.00

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
			☐ 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

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
		☐ 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
			☐ 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

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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)

NK

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

May 19, 2016
Date

Elected Position

Joy R. Mims
Name (print)

Joy R. Mims
Signature