COCHISE COUNTY
NOMINATION PAPER
AFFIDAVIT OF QUALIFICATION
CAMPAIGN FINANCE LAWS STATEMENT
[A.R.S. §§ 16-311, 16-312, 16-905(I)(5)]

Candidate ID #: 2016-07
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2016 MAY 25 A 9:34
COCHISE COUNTY ELECTIONS AND SPECIAL DISTRICTS

Please check all that apply:

✓ PRIMARY ELECTION – August ~~26, 2014~~ 30, 2016
✓ GENERAL ELECTION – November ~~4, 2014~~ , 2016
____ DEMOCRAT
✓ REPUBLICAN
____ NON PARTISAN
____ WRITE-IN CANDIDATE

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for County Supervisor ~~[illegible]~~ in Cochise / District 3 County/District/Precinct for the Election to be held on Aug 30, 2014 2016 Primary

I will have been a citizen of the United States for 54 years next preceding my election and will have been a citizen of Arizona for 54 years next preceding my election and will meet the age requirement for the office I seek and have resided in ~~54~~ Cochise County for 54 years and in the 3rd District/Precinct for 54 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. I have read all applicable laws relating to campaign financing and reporting.

705 N Arizona Ave — Willcox — 85643
Actual residence address or description of place of residence — (City or Town) — (Zip)

N/A
Post Office Address — (City or Town) — (Zip)

Peggy Judd
CANDIDATE SIGNATURE

Print or type your name on the following line in the exact manner you wish it to appear on the ballot.

Judd — LAST NAME
Peggy — FIRST NAME

Subscribed AND SWORN to (or affirmed) before me this 26 day of MAY 2014

Martha L. Rodriguez
Notary Public

MARTHA L. RODRIQUEZ
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires Jan. 31, 2019

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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: Peggy Judd

Address: 705 N Arizona Ave

Public Office Held or Sought: County Supervisor District # 3

Check one:

☐ I am a **public officer** who is not in my final term, 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 whose final term 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 20 15, 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.

Peggy Judd
Signature of Public Officer or Candidate

State of ARIZONA)
County of COCHISE)

Subscribed and sworn to (or affirmed) before me this 25 day of MAY, 20 16.

Martha L. Rodriguez
Notary Public

JAN 31, 2019
My Commission expires

(Seal)
MARTHA L. RODRIQUEZ
Notary Public - State of Arizona
COCHISE COUNTY
My Commission Expires Jan. 31, 2019

Secretary of State
Office Revision November 2012

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	Peggy Judd
YOUR SPOUSE'S NAME	Kit Judd
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
Peggy Judd	Freeway Texaco 1203 W. Rex Allen Dr	Gas Station / mini mart
Peggy Judd	Lawrence Merchandising online business - Michigan	Store service & resets for BHN & Montana Silversmiths

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
N/A				

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
~~Dr tech~~ N/A		☐ 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
N/A			☐ 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
N/A	

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
N/A		

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
N/A			

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
N/A				☐ 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
705 N Arizona Willcox, AZ .7 acres w/ home	Owner with Kit Judd	$78,000	N/A ☒ 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
N/A			☐ 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
N/A			

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
N/A			

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
N/A			☐ 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
N/A		☐ 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
N/A			☐ 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)

N/A

Please maintain this in your official files.

5/25/2016
Date

Candidate
Elected Position

Peggy Judd
Name (print)

Peggy Judd
Signature