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COCHISE COUNTY
ELECTIONS AND
SPECIAL DISTRICTS



PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Ann English

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

6850 N. Brooks Rd McNeal 85617

Public Office Held or Sought:

Board of Supervisors

District / Division Number (if applicable):

2

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 2018.
- 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 2019. 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.


Signature of Public Officer or Candidate 1-15-19
(Digital and Typewritten signatures accepted)

2. (cont.)

Subsection (2)(a):

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ³ BENEFITTED | NAME AND ADDRESS OF EMPLOYER WHO PROVIDED COMPENSATION > \$1,000 | NATURE OF EMPLOYER'S BUSINESS | NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER FOR EMPLOYER |
|--|--|-------------------------------|--|
| Pat English | SSVEC | Electricity | Travel / Per Diem |
| Ann English | Cochise County | Government | Elected Official Salary |
| | | | |

Subsection (2)(b) (if applicable):

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ³ 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. 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.

³ 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. (cont.)

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁶ 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 |
|---|---|---|
| | <i>None</i> | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |
| | | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |
| | | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |

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 ⁶ 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 |
|---|----------------|--|---|
| | <i>None</i> | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |

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.

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 ⁷ 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 |
|---|---|--|
| Pat English | Southeast AZ. Fed Credit Union | Board |
| Ann English | BCAH - Bisbee | Board |
| | | |

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 ⁸ HAVING THE INTEREST | NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND | DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND | APPROXIMATE EQUITY VALUE OF THE INTEREST |
|--|---|--|--|
| | None | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| | | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| | | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |

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.

10. (cont.)

| PUBLIC OFFICER OR HOUSEHOLD MEMBER ⁹ 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 |
|--|-------------------------------|---|---|
| Pot & Ann | Cochise County | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A |
| | 300+ Acres | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A |

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 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 |
|---|----------|--|
| None | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + |

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.

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) |
|---|---|--|---|
| English Corriente Ranch | Sport Cattle | Roping Cattle Beef | |
| | | | |
| | | | |
| | | | |

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 |
|---|-------------------------------|--|---|
| None | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <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 ¹¹ 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 |
|--|----------------|--|---|
| None | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 + | Date: <input type="text"/> <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A |

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.



**Cochise County
Elections & Special Districts**

Public Programs...Personal Service
www.cochise.az.gov

Lisa Marra
Director

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COCHISE COUNTY
ELECTIONS AND
SPECIAL DISTRICTS

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)

No Known Conflicts

Please file the original as indicated to lmarra@cochise.az.gov and maintain a copy in your official files.

Jan 15, 2019
Date

Board of Supervisors
Elected Position

Ann English
Name (print)

Ann English
Signature

[Handwritten blue scribble]