

# PUBLIC OFFICER AND CANDIDATE FINANCIAL DISCLOSURE STATEMENT

Name of Public Officer or Candidate:

Tyler Pace

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

7227 E Baseline Rd Suite 126 Mesa AZ 85209

Public Office Held or Sought:

State Senator - District No. 9

District / Division Number (if applicable):

Legislative District 9

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 2021, to the month of March 2022.

## **VERIFICATION**

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

**/S/ Tyler Pace 3/17/2022**

Signature of Public Officer or Candidate

## 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. 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 members of your household?  Yes (if yes, disclose how many)   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.

## 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\*. Describe the nature of each and the type of services for which you or a member of your household were compensated.

\* Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." [A.R.S. § 38-541\(2\)](#).

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)(a):

PUBLIC OFFICER OR HOUSEHOLD MEMBER BENEFITED	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
Tyler Pace	Century Care Inc 7227 E Baseline Rd Suite 126 Mesa AZ 85209	Medical Practice Staffing and Management	Employee and Shareholder
Tyler Pace	Aegis Health Care LLC 7227 E Baseline Rd Suite 126	Health Care Management	Employee and Shareholder
Tyler Pace	Aegis Management LLC 7227 E Baseline Rd Suite 126 Mesa, AZ 85209	Business Staffing and Management	Employee and Shareholder

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER BENEFITED	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	N/A	N/A	N/A

### 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.

PUBLIC OFFICER OR HOUSEHOLD MEMBER	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE
Spouse	AZ Cosmetology License	Spouse	Arizona State Board of Cosmetology

#### 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 not disclose the following, which do not qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed in Section B);
- 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.

<b>PUBLIC OFFICER OR HOUSEHOLD MEMBER OWING THE DEBT</b>	<b>NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)</b>	<b>DISCLOSE IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD</b>
N/A	N/A	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, select "N/A" (for "not applicable") if the debt was not first incurred or fully discharged during the period covered by this Financial Disclosure Statement.

<b>PUBLIC OFFICER OR HOUSEHOLD MEMBER OWED THE DEBT</b>	<b>NAME OF DEBTOR</b>	<b>APPROXIMATE VALUE OF DEBT</b>	<b>DISCLOSE IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD</b>
N/A	N/A	N/A	N/A

## 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 from parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

<b>PUBLIC OFFICER OR HOUSEHOLD MEMBER WHO RECEIVED GIFT(S) OVER \$500</b>	<b>NAME OF GIFT DONOR</b>
N/A	N/A

## 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 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
Tyler Pace	Century Care Inc 7227 E Baseline Rd Suite 126 Mesa AZ 85209	Managing Officer, Board Member and Shareholder
Tyler Pace	Triton Supply LLC 1106 N Gilbert Rd Suite 2 Mesa, AZ 85203	Managing Officer, Board Member and Shareholder
Tyler Pace	Aegis Homecare 7227 E Baseline Rd Suite 129 Mesa AZ 85209	Managing Officer, Board Member and Shareholder
Tyler Pace	Aegis Hospice 7227 E Baseline Rd Suite 129 Mesa AZ 85209	Managing Officer, Board Member and Shareholder
Tyler Pace	Integrity Homehealth 64 S 100 W, Brigham City, UT 84302	Managing Officer, Board Member and Shareholder
Tyler Pace	Atlas Medical Utah 7227 E Baseline Rd Suite 126	Managing Officer, Board Member and Shareholder
Tyler Pace	Atlas Medical Idaho 7227 E Baseline Rd Suite 126	Managing Officer, Board Member and Shareholder
Tyler Pace	Integrity Hospice 64 S 100 W, Brigham City, UT 84302	Managing Officer, Board Member and Shareholder
Tyler Pace	Atlas Medical Alaska LLC 950 E Bogard Rd #228, Wasilla, AK 99654	Managing Officer, Board Member and Shareholder
Tyler Pace	Aptinuity LLC 1663 E Huber St Mesa, AZ 85203	Managing Officer, Board Member and Shareholder
Tyler Pace	ORB Holdings LLC 1663 E Huber St Mesa AZ 85203	Managing Officer, Board Member and Shareholder
Tyler Pace	Aegis Health Care LLC 7227 E Baseline Rd Suite 126 Mesa, AZ 85209	Managing Officer, Board Member and Shareholder
Tyler Pace	Ancora Home Health and Hospice 3831 E Blue Lupine Drive, Suite B, Wasilla, AK 99654	Manager



## 7. Office, Position or Fiduciary Relationship in Businesses, Nonprofit Organizations or Trusts

Tyler Pace	Code-it Consulting DBA Oracle Consulting 64 S 100 W, Brigham City, UT 84302	Managing Officer, Board Member and Shareholder
Tyler Pace	RLC Physical Therapy and Rehab 990 Medical Dr # U4, Brigham City, UT 84302	Managing Officer, Board Member and Shareholder
Tyler Pace	Aegis Management LLC 7227 E Baseline Rd Suite 126 Mesa, AZ 85209	Managing Officer, Board Member and Shareholder
Tyler Pace	ORB Capital LLC 1663 E Huber St Mesa AZ 85203	Managing Officer, Board Member and Shareholder
Tyler Pace	ORB Equity LLC 1663 E Huber St Mesa, AZ 85203	Managing Officer, Board Member and Shareholder
Tyler Pace	ORB Operations LLC 1663 E Huber St Mesa, AZ 85203	Managing Officer, Board Member and Shareholder
Tyler Pace	ORB Lending LLC 1663 E Huber St Mesa, AZ 85203	Managing Officer, Board Member and Shareholder
Tyler Pace	ORB Property 1653 LLC 1663 E Huber St Mesa, AZ 85203	Managing Officer, Board Member and Shareholder

## 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 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
Tyler Pace	Century Care Inc 7227 E Baseline Rd Suite 126 Mesa AZ 85209	Integrated medical Staffing and Practice Management	\$100,001 +
Tyler Pace	Triton Supply LLC 1106 N Gilbert Rd Suite 2 Mesa, AZ 85203	Medical Supply Company	\$100,001 +
Tyler Pace	Edward Jones 3075 W Ray Rd #133, Chandler, AZ 85226	Investment Accounts Held with Edward Jones	\$100,001 +
Tyler Pace	Aegis Homecare 7227 E Baseline Rd Suite 129 Mesa AZ 85209	Home Health	\$100,001 +
Tyler Pace	Aegis Hospice 7227 E Baseline Rd Suite 129 Mesa AZ 85209	Hospice	\$100,001 +
Tyler Pace	Integrity Hospice 64 S 100 W, Brigham City, UT 84302	Hospice	\$100,001 +
Tyler Pace	Integrity Homehealth 64 S 100 W, Brigham City, UT 84302	Home Health	\$100,001 +
Tyler Pace	Atlas Medical Idaho 7227 E Baseline Rd Suite 126	Integrated medical Staffing and Practice Management	\$100,001 +
Tyler Pace	Atlas Medical Utah 7227 E Baseline Rd Suite 126	Integrated medical Staffing and Practice Management	\$100,001 +
Tyler Pace	Atlas Medical Alaska 950 E Bogard Rd Wasilla, AK 99654	Integrated medical Staffing and Practice Management	\$100,001 +
Tyler Pace	Aegis Health Care LLC 7227 E Baseline Rd Suite 126 Mesa, AZ 85209	Healthcare Business Management	\$100,001 +
Tyler Pace	ORB Holdings LLC 1663 E Huber St Mesa AZ 85203	Asset Management	\$100,001 +

## 8. Ownership or Financial Interests in Businesses, Trusts or Investment Funds

Tyler Pace	RLC Physical Therapy and Rehab 990 Medical Dr # U4, Brigham City, UT 84302	Physical Therapy Clinic	\$100,001 +
Tyler Pace	Code It Consulting DBA Oracle Consulting 64 S 100 W, Brigham City, UT 84302	Healthcare Billing	\$100,001 +
Tyler Pace	Aptinuity LLC 1663 E Huber St Mesa AZ 85203	Asset Management	\$100,001 +
Tyler Pace	Aegis Management LLC 1663 E Huber St Mesa AZ 85203	Staffing	\$100,001 +
Tyler Pace Spouse	Edward Jones 3075 W Ray Rd #133, Chandler, AZ 85226	Investment Accounts Held with Edward Jones	\$100,001 +
Minor Child 1 Minor Child 2 Minor Child 3	Edward Jones 3075 W Ray Rd #133, Chandler, AZ 85226	Investment Accounts Held with Edward Jones	\$100,001 +

## 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") if the bonds were not first acquired or fully divested during the period covered by this Financial Disclosure Statement.

<b>PUBLIC OFFICER OR HOUSEHOLD MEMBER ISSUED BONDS</b>	<b>ISSUING STATE OR LOCAL GOVERNMENT AGENCY</b>	<b>APPROXIMATE VALUE OF BONDS</b>	<b>DISCLOSE IF THE BONDS WERE FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD</b>
N/A	N/A	N/A	N/A

## 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.

<b>PUBLIC OFFICER OR HOUSEHOLD MEMBER THAT OWNS LAND</b>	<b>LOCATION AND APPROXIMATE SIZE</b>	<b>APPROXIMATE VALUE OF LAND</b>	<b>DISCLOSE IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD</b>
N/A	N/A	N/A	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 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
CSG Medicaid	Washington DC	\$1,000 - \$25,000

## B. 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. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes blank.

**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.

PUBLIC OFFICER OR HOUSEHOLD MEMBER OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	DISCLOSE IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
Tyler Pace	Aptinuity LLC 1663 E Huber St Mesa AZ 85203	Controlled
Tyler Pace	ORB Holdings LLC 1663 E Huber St Mesa AZ 85203	Controlled
Tyler Pace	ORB Operations LLC 1663 E Huber St Mesa AZ 85203	Controlled
Tyler Pace	ORB Property 1653 LLC 1663 E Huber St Mesa AZ 85203	Controlled
Tyler Pace	ORB Lending LLC 1663 E Huber St Mesa AZ 85203	Controlled
Tyler Pace	ORB Equity LLC 1663 E Huber St Mesa AZ 85203	Controlled

## **B. 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**



### 13. Controlled Business Information

**What to disclose:** The name of each controlled business listed in Question 12, 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. Also, if the major client is a business, please describe the client's type of business activities in the final column (but if the major client is an individual, write "N/A" for "not applicable"). If the business does not have a major client, write "N/A" for "not applicable."

**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)
Aptinuity LLC	Consulting	Consulting	Health Care
ORB Holdings LLC	None	N/A	N/A
ORB Operations LLC	Business Management	N/A	N/A
ORB Property 1653 LLC	None	N/A	N/A
ORB Lending LLC	Lending / Leasing Agreements	N/A	N/A
ORB Equity LLC	Consulting	N/A	N/A

## 14. Dependent Business Information

**What to disclose:** The name of each dependent business listed in Question 12, 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 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.

\* 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.

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)
N/A	N/A	N/A	N/A

## 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	DISCLOSE IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD
ORB Property 1653 LLC	0.33 Acre / Mesa AZ	\$100,001 +	Acquired 10/15/2021

## 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") 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)	DISCLOSE IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD
N/A	N/A	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.

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	DISCLOSE IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD
N/A	N/A	N/A	N/A