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BY: [illegible]
DATE: 1-4-2016

BUCKEYE, AZ

# POLITICAL COMMITTEE
# $500 THRESHOLD EXEMPTION STATEMENT
# (REGISTRATION OR TERMINATION)

| Election Cycle (year) | Election Cycle Dates | COMMITTEE ID # |
|---|---|---|
| FALL 2016 | * thru 11/28/2016 | D3-C-2016-001 |

| | | | | |
|---|---|---|---|---|
| Name of Committee: Michelle R Hess for council | | | | |
| Address: 25565 W. Pioneer St | | | | |
| City: Buckeye | State: AZ | Zip Code: 85326 | Phone Number: 623-826-4813 | E-Mail Address: michellerhess@yahoo.com |
| Chairman Name: Michelle Hess | | Chairman Phone Number: 623-826-4813 | | Chairman E-Mail Address: michellerhess@yahoo.com |
| Treasurer Name: Michelle Hess | | Treasurer Phone Number: 623-826-4813 | | Treasurer E-Mail Address: michellerhess@yahoo.com |
| ☑ Candidate Committee or Exploratory Committee | | Name of Candidate: Michelle R Hess | | Office Sought: Council member District 3 |
| ☐ Other Political Committee | | Committee Type | | |

☑ **COMMITTEE REGISTRATION** **Date:** 01-04-16

The above named committee hereby asserts the following:

- The committee has heretofore neither accepted any contributions nor made any expenditures.
- The committee intends to receive or expend less than $500.
- The committee will file a Statement of Organization within five business days after expending or receiving monies over the $500 limit pursuant to A.R.S. §§ 16-902.01 and 16-903(A).
- We, the undersigned, have read all of the applicable laws relating to campaign finance and reporting pursuant to A.R.S. §16-902.01(B)(6) and certify, to the best of our knowledge and belief, that the information contained in this $500 Threshold Exemption Statement is true, correct and complete.

Michelle R. Hess — Signature of Chairman

Michelle R. Hess — Signature of Treasurer

☑ **COMMITTEE TERMINATION** **Date:** June 6, 2016 for

This is to certify that all contributions received and all expenditures made on behalf of the political committee indicated above did not exceed $500 for the named election cycle, that the committee will no longer receive any contributions or make any disbursements, that the committee has no outstanding debts or obligations, and that any surplus monies have been disposed of pursuant to A.R.S. § 16-915.01. (Deadline to file termination 2/27/2017).

Michelle R. Hess — Signature of Chairman

Michelle R. Hess — Signature of Treasurer

City JUN 06 2016 Received

Charged to S&D for

*Beginning of election cycle is 21 days after your last election.

Rev. 6/15

BUCKEYE, AZ

CITY OF BUCKEYE
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION
Titles 16 & 19 Arizona Revised Statutes
Definitions, statutory references and important information on reverse.

City Clerk
JUN 06 2016
Received
Charged for $500

☑ Initial Registration ☐ Out of State Committee ☐ Amended Statement

ID# D3-C-2016-001

| NAME OF POLITICAL COMMITTEE | | | DATE |
|---|---|---|---|
| Michelle R. Hess for Council | | | 06-06-16 |
| ADDRESS (NUMBER & STREET) | CITY | STATE | ZIP |
| 25565 W. Pioneer St | Buckeye | AZ | 85326 |
| MAILING ADDRESS (If different from above) | CITY | STATE | ZIP |
| | | | |

| COMMITTEE TELEPHONE # | COMMITTEE FAX # | COMMITTEE E-MAIL ADDRESS |
|---|---|---|
| 623-826-4813 | | michelle@yes4hess.com |

DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? ☐ YES ☑ NO
If yes, please provide the following information:

| NAME OF SPONSORING ORGANIZATION | TYPE OF ORGANIZATION |
|---|---|
| ADDRESS OF SPONSORING ORGANIZATION | RELATIONSHIP TO POLITICAL COMMITTEE |

TYPE OF POLITICAL COMMITTEE - Please check only one box:

☑ CANDIDATE'S CAMPAIGN COMMITTEE (primary or general)

☐ SEPARATE SEGREGATED FUND (A.R.S. § 16-920 (A))

☐ AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATES PETITIONS IN SUPPORT OF THE QUALIFICATION OF A BALLOT MEASURE

Petition Serial Number ----------

☐ AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATE A RECALL PETITION

☐ POLITICAL PARTY (see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825)

☐ AN ASSOCIATION OR COMBINATION OF PERSONS THAT MEETS BOTH CRITERIA:

1. IS ORGANIZED, CONDUCTED OR COMBINED FOR THE PRIMARY PURPOSE OF INFLUENCING THE RESULTS OF ANY ELECTION; AND
2. KNOWINGLY RECEIVES CONTRIBUTIONS OR MAKES EXPENDITURES OF MORE THAN $500 IN CONNECTION WITH ANY ELECTION DURING A CALENDAR YEAR.

☐ POLITICAL ORGANIZATION (see A.R.S. § 16-823)

☐ EXPLORATORY COMMITTEE

☐ OTHER TYPE OF COMMITTEE (please describe)

☐ CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01. (You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. §16-902(A).

| NAME OF COMMITTEE CHAIRMAN | CHAIRMAN'S TELEPHONE # | CHAIRMAN'S FAX # | |
|---|---|---|---|
| Michelle R. Hess | 623-826-4813 | | |
| CHAIRMAN'S ADDRESS | CITY | STATE | ZIP |
| 25565 W. Pioneer St | Buckeye | AZ | 85326 |
| CHAIRMAN'S OCCUPATION | CHAIRMAN'S EMPLOYER | CHAIRMAN'S E-MAIL ADDRESS | |
| Councilmember | City of Buckeye | michellerhess@yahoo.com | |
| NAME OF COMMITTEE TREASURER | TREASURER'S TELEPHONE # | TREASURER'S FAX # | |
| Michelle R. Hess | 623-826-4813 | | |
| TREASURER'S ADDRESS | CITY | STATE | ZIP |
| 25565 W. Pioner St | Buckeye | AZ | 85326 |
| TREASURER'S OCCUPATION | TREASURER'S EMPLOYER | TREASURER'S E-MAIL ADDRESS | |
| Councilmember | City of Buckeye | Michellerhess@yahoo.com | |

A POLITICAL COMMITTEE THAT ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION (A.R.S. § 16-902(C)). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

1 US Bank 2. 3.

FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Office sought is optional for an Exploratory Committee.)

| NAME OF DESIGNATING INDIVIDUAL (DI) OR CANDIDATE | CANDIDATE'S OR DESIGNATING INDIVIDUAL'S E-MAIL ADDRESS | | |
|---|---|---|---|
| Michelle R. Hess | michellerhess@yahoo.com | | |
| OFFICE SOUGHT | | | |
| Councilmember District 3 for Buckeye, AZ | | | |
| DI's OR CANDIDATE'S ADDRESS | CITY | STATE | ZIP |
| 25565 W. Pioneer St | Buckeye | AZ | 85326 |

CANDIDATE'S (or DESIGNATING INDIVIDUAL'S) STATEMENT: I authorize the above-named political committee as my political committee to receive contr butions and make expenditures on my behalf for the election in 2016.

Date: 06/02/2016 Candidate's or D/I's signature: Michelle R. Hess

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, pursuant to A.R.S. § 16-902.01(86) have read all the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 06/02/16 Chairman's signature: Michelle R. Hess

Date: 06/02/16 Treasurer's signature: Michelle R. Hess

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19) "Political committee" means any of the following:

a) A candidate or a candidate's campaign committee.
b) A separate, segregated fund established pursuant to section 16-920, subsection A, paragraph 3.
c) An association or combination of persons that circulates petitions in support of the qualification of a ballot measure, question or proposition.
d) An association or combination of persons that circulates a petition to recall a public officer.
e) A political party.
f) An association or combination of persons that meets both of the following requirements:
   i. Is organized, conducted or combined for the primary purpose of influencing the result of any election in this state or in any county, city, town or other political subdivision in this state, including a judicial retention election.
   ii. Knowingly receives contributions or makes expenditures of more than five hundred dollars in connection with any election during a calendar year, including a judicial retention election.
g) A political organization.
h) An exploratory committee.

The types of political committees are listed on the front of this form.

NOTE FOR INDIVIDUALS INVOLVED IN POLITICAL ACTIVITIES: An individual acting alone, unless that individual is a candidate, is not a political committee under Arizona law and need not file a statement of organization. If any additional person or persons join the effort begun by an individual and meets the definition of a "political committee" in A.R.S. § 16-901(19) under Arizona law, the committee must register pursuant to A.R.S. § 16-902.01(A).

NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS: Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort to circulate petitions in support of the effort, the association of persons must register as a political committee.

City Clerk

BUCKEYE, AZ

MAY 02 2016
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Received

**FINANCIAL DISCLOSURE STATEMENT**

(For use by Local Public Officers of the City of Buckeye)

Date 05/02/16

For Calendar Year May 2nd, 2015 through May 2nd, 2016.
(Or other applicable period, please specify)

1. **GENERAL INFORMATION**

List your name and address, and the name of each member of your household. Also, list all names under which you and members of your household did business. Include controlled and dependent businesses (see definitions) and indicate whether a business is controlled or dependent, or both.

(a) Name of Local Public Officer Michelle R. Hess

Address 25565 W. Pioneer st Buckeye, AZ 85326

(b) Name of Local Public Officer's Spouse McKenzie Hess

(c) Members of Household Lauren Hess, Jeremiah Hess, Samuel Hess

(d) Names under which you, your spouse and members of your household (those persons listed in (a), (b) and (c) above) did business.

| Local Public Officer or Member of Household | Business Name | Business Address | Controlled and/or Dependent Business |
|---|---|---|---|
| Michelle Hess | City of Buckeye, IWN, Plexus | Buckeye | NO, No, NO |
| McKenzie D Hess | City of Buckeye | Buckeye | No |
| | | | |
| | | | |
| | | | |

2. **SOURCES OF COMPENSATION**

List names and addresses of all employers and all other sources of compensation in excess of $1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

**You Need Not List:**

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

| Local Public Officer or Member of Household | Description of Employer's Name & Address of Employer or Other Source of Compensation over $1,000 | Business and Individual's Services for Which Compensation Was Received |
|---|---|---|
| Michelle R. Hess | City of Buckeye | Councilmember |
| | IWN - Contracted EE | Musician |
| | Plexus | Ambassador |
| Mckenzie Hess | City of Buckeye | Fire Captain |
| | | |
| | | |
| | | |

3. **INFORMATION ON CONTROLLED BUSINESS**

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than $10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

**You Need Not List:**

The identity of any customer or client.
The amount of income from any customer or client.
The activities of any customer or client which is not a business.

| (1) | (2) | (3) | (4) |
|---|---|---|---|
| Name of Controlled Business (from Item 1 (d)) | Goods or Services Provided by the Business | Goods or Services Provided to the Major Customer or Client (more than $10,000 and 25% of Gross) | Business Activity of the Major Customer or Client, if a Business |
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(Use additional sheet if there is more than one such major customer or client of a controlled business.)

4. **INFORMATION ON DEPENDENT BUSINESS**

A "dependent business" is so-called because over half of its income is dependent on one major customer or client. A dependent business may also be a controlled business if the public officer or members of his household also own more than a fifty percent interest in the business. If a dependent business is listed as a controlled business under Item 3, it need not be listed in this item.

Describe the goods or services provided by the 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.

**You Need Not List:**

The identity of any customer or client.
The amount of income from any customer or client.
The activities of any customer or client which is not a business.

| (1) | (2) | (3) | (4) |
|---|---|---|---|
| Name of Dependent Business (from Item 1 (d)) | Goods or Services Provided by the Business | Goods or Services Provided to the Major Customer or Client (more than $10,000 and 50% of Gross) | Business Activity of the Major Customer or Client, if a Business |
| N/A | | | |
| | | | |
| | | | |
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(Use additional sheet if there is more than one such major customer or client of a dependent business.)

5A. **OWNERSHIP/BENEFICIAL INTEREST IN BUSINESS OR TRUST; INVESTMENTS**

List the names and addresses of all businesses and trusts in which you or members of your household had an ownership or beneficial interest of over $1,000 at any time during the preceding calendar year, together with a description of the interest and value of the equity interest by category number. You should list stocks, partnerships, joint ventures, sole proprietorships and other equity interests. Also, list beneficial interests in trusts.

| Name and Address of Business or Trust | Local Public Officer or Member of Household | Description of Interest | Value of Equity by Category # |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
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5B. **OFFICES OR FIDUCIARY RELATIONSHIPS IN BUSINESS OR TRUST**

List the names and addresses of all businesses and trusts in which you or any member of your household held any office or had a fiduciary relationship at any time during the preceding calendar year, together with a description of the office or relationship.

Regardless of any financial interest, you should list all businesses and trusts of which you or any member of your household is president, treasurer, secretary or trustee, etc. (Refer to the definition of "Business".)

| Name and Address of Business or Trust | Local Public Officer or Member of Household | Description of Office or Relationship |
|---|---|---|
| N/A | | |
| | | |
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| | | |

6. **REAL PROPERTY OWNERSHIP IN CITY OF BUCKEYE.**

List all real property interests and real property improvements located in the City of Buckeye, including location and approximate size in which you, any member of your household or a controlled or dependent business held legal title or a beneficial interest at any time during the preceding calendar year, and the value, by category, of the equity in any such property.

If you or any member of your household or a controlled or dependent business acquired or divested any such interest during the preceding calendar year, disclose the transaction made and date that it occurred. If the controlled or dependent business is in the business of dealing in real property or improvements, disclosure need not include individual parcels or transactions, but the aggregate value of all such parcels.

**You Need Not List:**

Your primary residence.
Property used for personal recreation by you.
Individual parcels and transactions, if a controlled or dependent business is a dealer in real property.*

| Location and Approximate Size of Realty in City | Local Public Officer or Member of Household or Business from Items 3 or 4 | Value of Equity by Category | Date Acquired or #Divested |
|---|---|---|---|
| None | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*Business dealers in real property---state only name of controlled or dependent business and aggregate value of equity interests, by category number, of all parcels held during the year.

| Name of Controlled or Dependent Business Dealer in Real Property | Aggregate Value of Equity Interests by Category # |
|---|---|
| None | |
| | |
| | |
| | |
| | |

7. **DEBTS; EXCEPTIONS**

List names and addresses of creditors for all debts in excess of $1,000 owed by you or members of your household either in your own names or in the names of any other persons at any time during the preceding calendar year.

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than $10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

**You Need Not List:**

Debts resulting from the ordinary conduct of a business other than a controlled or dependent business.
Credit card transactions.
Debts on residences or recreational property exempt from disclosure.
Retail installment contracts.
Debts on motor vehicles not used for commercial purposes.
Debts secured by cash values on life insurance.
Debts owed to relatives.
Any amounts.

PERSONAL DEBTS OVER $1,000

| Name and Address of Creditor (or Person to Whom Payments Are Made) | Date Local Public Officer or Member of Household Owing the Debt | Incurred and/or Discharged |
|---|---|---|
| Sunstate FCU | Feb 2015 | $ 25000 incurred |
| Direct Stafford loans | Oct 2008/15 | $ 13,000 incurred |
| Tayler Burcham | Aug 2015 | $300 monthly (for 13 years) incurred |
| | | |
| | | |

BUSINESS DEBTS OVER $10,000 AND 30%

| Name and Address of Creditor (or Person to Whom Payments Are Made) | Date Local Public Officer or Member of Household Owing the Debt | Incurred and/or Discharged |
|---|---|---|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

8. **DEBTORS**

List the name of the debtor for each debt in excess of $1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding $10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

**You Need Not List:**

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

DEBTS OVER $1,000 OWED TO YOU PERSONALLY

| Name of Debtor | Local Public Officer or Member of Household to Whom Debt is Owned | Amount by Category # | Date Incurred and/or Discharged |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 (Business from Item 3 or 4) | Amount by Category # | Date Incurred and/or Discharged |
|---|---|---|---|
| N/A | | | |
| | | | |
| | | | |
| | | | |
| | | | |

9. **GIFTS**

List each source of any gift or accumulated gifts in excess of $500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

**You Need Not List:**

Gifts received by will.
Gifts received by intestate succession.
Gifts received from intervivos (living) trusts established by a spouse or ancestor.
Gifts received from 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 of the recipient.)
Political campaign contributions if publicly reported as political campaign contributions.
Amounts.

| Name of Donor of Gifts over $500 | Local Public Officer or Member of Household---Recipient |
|---|---|
| None | |
| | |
| | |
| | |
| | |
| | |

10. **BUSINESS LICENSES**

List all business licenses issued, by the City of Buckeye or by any other governmental agency which requires for its issuance the consideration of the application for such license by the _____ council of the _____ of _____, to, held by or in which you or any member of your household had an interest at any time during the preceding calendar year.

| Type of License | Name in Which License is Issued | Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name | Type of Business | Location of Business |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
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11. **LOCAL GOVERNMENT BONDS**

List all bonds, together with their value, issued by the City of Buckeye, any industrial development authority of such city or town or any nonprofit corporation organized or authorized by such city or town held at any time during the preceding calendar year by you or any member of your household, which bonds issued by a single entity had a value in excess of $1,000.

If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date.

| Bonds Over $1,000 | Issuing Agency | Local Public Officer or Member of Household | Value by Category # | Date Acquired and/or Divested |
|---|---|---|---|---|
| N/A | | | | |
| | | | | |
| | | | | |
| | | | | |

**VERIFICATION**

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me.

Michelle R. Hess
Signature of Affiant

SUBSCRIBED and sworn to before me by Michelle R. Hess
this 2nd day of May, 2016.

Summer Stewart
Notary Public, State of Arizona
Maricopa County
My Comm. Expires May 11, 2018

Summer Stewart
Notary Public

My Commission Expires:

May 11, 2018