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5/31/10 SJA

**FINANCIAL DISCLOSURE STATEMENT**

(To Be Used By Candidates for Public Office in Maricopa County)

Name: Marro Gutierrez  
Address: 11423 N. 112th Ave. Youngtown, AZ 85363  
Office Sought: Town Council

I am a candidate for public office and am filing this **Financial Disclosure Statement** covering the 12 month period preceding the date of this statement, from JAN 2015 to the end of DEC 31, 2015.

**VERIFICATION STATEMENT**

I hereby verify that the information contained within this **Financial Disclosure Statement** is correct to the extent of my knowledge, and shows to the extent of my knowledge the information I am required to report pursuant to A. R. S. § 38-545.

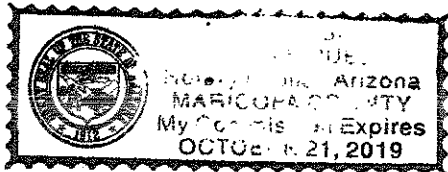
M. Gutierrez  
Signature

State of Arizona )  
County of Maricopa )

On this 31<sup>st</sup> day of May, 20 16, before me personally appeared Marro Gutierrez, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed this document.

Neske Dube  
Notary Public

October 21, 2019  
My Commission expires



(Seal)

**SECTION A: PERSONAL DISCLOSURE**

**1. Your Name**

Mario Gutierrez

**2. Sources of Personal Compensation**

**What to disclose:** The name and address of each employer, other than Maricopa County, who paid you 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 were compensated.

Also, list anything of value that your employer paid any other person for your direct use or benefit.

**You need not disclose:** Any money you received that was gross income paid to a business you owned.

Name and Address of Employer or Other Source of Compensation Over \$1000	Description of Employer's Business and Services and Services You Provided to the Employer
AZ Department of Child Safety	Child Safety Specialist
Phoenix Neurology and sleep medicine	Sleep Therapy Technician
Community Care Solutions	Respite and Habilitation Provider
Arizona State University	Education Stipend

**3. Professional, Occupational and Business Licenses**

**What to disclose:** List all such licenses issued to or held by you at any time during the period covered by this Statement.

Type of License or Permit	Name in Which License is Issued	Jurisdiction(s) of License	Location of Business
LMSW	Mario Gutierrez	AZ	Phoenix, AZ
RPSGT	Mario Gutierrez	AZ	Phoenix, AZ

**4. Personal Creditors**

**What to disclose:** The name and address of each creditor to whom you owed a personal debt over \$1000 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)	Date Incurred and/or Discharged
	<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
	<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
	<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
	<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

**5. Personal Debtors**

**What to disclose:** The name of each debtor who owed you 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 for 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	Amount by Value Category	Date Incurred and/or Discharged
		<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged
		<input type="checkbox"/> Incurred <input type="checkbox"/> Discharged

**6. Gifts**

**What to disclose:** The name of the donor who gave you 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 received by will, intestate succession, *intervivos* (living) trusts, or testamentary trusts established by a spouse or ancestor, and gifts you received from any relatives to the second degree of consanguinity (parents, grandparents, siblings, children and grandchildren) or **political contributions reported on campaign finance reports.**

NAME OF DONOR(S)	

**SECTION B: REPORTABLE INTERESTS**

**7. Offices or Fiduciary Relationships in Businesses, Non-Profit Organizations or Trusts**

**What to disclose:** The name and address of each business, corporation, partnership, organization, trust or non-profit organization or association in which you held any office OR had a fiduciary relationship during the period covered by this Statement. Describe the office or relationship.

Name and Address of Organization	Description of Office or Fiduciary Relationship

**8. Ownership or Financial Interest in Business Entities**

**What to disclose:** The name and address of each business, corporation, partnership, organization, or trust in which you had an ownership or beneficial interest of over \$1,000. This includes joint ventures and sole proprietorships. Describe your interest and categorize the value of the equity. (See last page for value categories.)

Names and Address of Entity	Description of Interest	Equity by Value Category

**9. Bonds**

**What to disclose:** Bonds you held anytime during the period covered by this Statement, provided the bonds were issued by the State of Arizona or a political subdivision of the State. If the bonds were either acquired or divested during the period, report the date that occurred.

**You need not disclose:** Bonds issued by a single entity, when your holding of these bonds does not exceed \$1000 face value.

Bonds Over \$1000	Issuing Entity	Value Category by Face Value	Date Acquired and/or Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
			<input type="checkbox"/> Acquired <input type="checkbox"/> Divested

**10. Real Property Ownership**

**What to disclose:** Arizona real property and improvements to which you 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	Equity by Value Category	Date Acquired and/or Divested
		<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> Acquired <input type="checkbox"/> Divested
		<input type="checkbox"/> Acquired <input type="checkbox"/> Divested

**SECTION C: BUSINESS INTERESTS**

**11. Business Names**

**What to disclose:** The name of any business under which you did business during the period covered by this Statement. Include corporations, limited liability companies, joint ventures, sole proprietorships, and partnerships.

Business Name	Business Address

**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