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FINANCIAL DISCLOSURE STATEMENT

(For use by Public Officers and Candidates of the City of Phoenix)

Name of Public Officer or Candidate Laura Pastor

Address (Home or Work Address) [redacted]

Public Office Held or Sought Phoenix City Council District # 4

Check one:

☐ I am a candidate for or have been appointed to fill a vacancy in a City of Phoenix public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of _____ 20____, through the month of _____ 20_____.

☒ I am a public officer filing this statement covering the 12 months of calendar year 20 18.

VERIFICATION

I verify under penalty of perjury that the information in this Financial Disclosure Statement is true and correct, and fully shows all information I am required to report pursuant to Phoenix City Code Section 12-1401.

Laura Pastor
Signature of Public Officer or Candidate

SECTION A: PERSONAL FINANCIAL INTEREST

1. Household Members' Names

What to disclose: List your name, whether your spouse is a member of your household and the number of minor children who are members of your household. If none, please write "N/A". For the remaining questions in this Financial Disclosure Statement, the terms "spouse" or "minor child" may be used in lieu of the names, as applicable.

YOUR NAME	Laura Pastor
IS THE PUBLIC OFFICER'S SPOUSE A MEMBER OF THE HOUSEHOLD?	Yes
WHAT IS THE NUMBER OF MINOR CHILDREN WHO ARE MEMBERS OF THE HOUSEHOLD?	2

2. Sources of Personal Compensation

What to disclose: In subsection (2)(a), 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 (other than gifts) during the period covered by this report. Describe the nature of each employer's business and the services for which you or a member of your household were compensated.

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: Any money you or any member of your household received that was gross income paid to a business you or your household member owned. This will be disclosed in Section 11 below.

Subsection (2)(a):

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER WHO PROVIDED COMPENSATION OVER $1,000	NATURE OF EMPLOYER'S BUSINESS	NATURE OF SERVICE PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD FOR EMPLOYER
Laura Pastor	Maricopa Community Colleges 2411 West 14th Street Tempe, AZ 85281	Education	Community Liaison
Laura Pastor	City of Phoenix 200 West Washington Street Phoenix, AZ 85003	Government	City Councilmember
Henry Cotto	Retired	Retired	Retired

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

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD 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			

3. Professional, Occupational and Business Licenses

What to disclose: List of licenses issued by the City of Phoenix or by any other governmental agency which requires for its issuance the consideration of the application for such license by the City Council of the City of Phoenix, to, held by, or in which, you or any member of your household had an interest at any time during the period covered by this 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 Section 12.

PUBLIC OFFICER OR HOUSEHOLD MEMBER AFFECTED	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE
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 B). Debts on personal residences or recreational property, on motor vehicles used primarily for personal purposes, on debts secured by cash values on life insurance, or debts owed to relatives, personal credit card transactions or retail installment contracts you or your household members entered into.

4. (Cont.)

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
N/A		Date: ☐ incurred ☐ discharged
		Date: ☐ incurred ☐ discharged
		Date: ☐ 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).

Additionally, if the debt was either incurred for the first time or completely discharged (paid in full) during the period, report the date and whether the debt was incurred or discharged. Otherwise, write "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 Statement.

DEBTS OVER $1,000 OWED TO YOU PERSONALLY			
NAME OF DEBTOR	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD TO WHOM THE DEBT IS OWED	APPROXIMATE VALUE OF DEBT BY CATEGORY	DATE INCURRED AND/OR DISCHARGED
N/A			Date: ☐ incurred ☐ discharged
			Date: ☐ incurred ☐ discharged
			Date: ☐ 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 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 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 o3utlined 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.

6. (cont.)

You need not disclose the following, which do not qualify as "gifts": Gifts you received by will, gifts 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); gifts 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 or relatives to the second degree of consanguinity (parents, grandparents, siblings, children and grandchildren) or political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD RECIPIENT OF GIFTS OVER $500	NAME OF GIFT DONOR
N/A	

7. Offices, Position or Fiduciary Relationships in Businesses, Nonprofit Organizations or Trusts

What to disclose: The name and address of each business, organization, trust or non-profit 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 AND ADDRESS OF THE BUSINESS, ORGANIZATION, TRUST, OR NONPROFIT ORGANIZATION OR ASSOCIATION	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD HAVING THE REPORTABLE RELATIONSHIP	DESCRIPTION OF OFFICE, POSITION OR FIDUCIARY RELATIONSHIP HELD BY THE PUBLIC OFFICER OR MEMBER OF HOUSEHOLD
N/A		

8. Ownership or Financial Interest 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. 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. List the percentage of ownership or interest, and categorize the value of the equity. (See last page for value categories.)

8. (Cont.)

NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTED FUND	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD HAVING THE INTEREST	DESCRIPTION OF THE BUSINESS, TRUST OR FUND INVESTMENT	EQUITY BY VALUE CATEGORY
~~N/A~~ See Attached			

9. Ownership of Bonds

What to disclose: Bonds, together with their value category, issued by the City of Phoenix, any industrial development authority of the City of Phoenix or any nonprofit corporation organized or authorized by the City of Phoenix, worth more than $1,000 that you or a member of your household hold, or held during the period covered by this Statement.

Additionally, if the bonds were either acquired for the first time or completely divested (sold in full) during this statement, report the date that occurred. Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD ISSUED BONDS	ISSUING GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS BY CATEGORY	DATE ACQUIRED AND/OR DIVESTED
N/A			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested

10. Real Property Ownership

What to disclose: Real property and improvements located in the City of Phoenix 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.

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, write "NA" (for not applicable) after the word "Date" if the land was not first acquired or fully divested during the period covered by this Statement.

You need not disclose: Your primary residence or property you use for personal recreation.

10. (cont.)

Name of Public Officer or Member of Household That Owns Land	Location and Approximate Size of City of Phoenix Realty	Approximate Value of Land by Category	If the land was first acquired or completely discharged during this reporting period, provide date (MM/DD/YYY) and check the appropriate box
N/A			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested

11. Travel Expenses

What to disclose: The name of each meeting, conference, or other event where you participated in your official capacity as a public officer and you incurred $1,000 or more in travel-related expenses, which were not paid by you.

You need not to 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
N/A		

SECTION B: BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interest of a business owned by you or a member of the 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 during the period covered by this Statement. Include corporations, limited liability companies, partnerships, sole proprietorships and any other 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 to more than 10%; *and* (2) the business received more than $10,000 from a single source during the period covered by this 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 whether it was controlled or dependent in the last column below. If the business was both controlled and dependent during the period covered in this Statement, check both boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" OR "DEPENDENT" ON YOU OR A HOUSEHOLD MEMBER
N/A		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent

Please Note: If a business listed in the foregoing Section 12 was neither "controlled" nor "dependent" during the period covered by this Statement, you need not complete the remainder of this Statement with respect to that business. If none of the businesses listed in Section 12 were "controlled" or "dependent," you need not complete the remainder of this Statement.

13. 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 your business' gross income during the period covered by this Statement (a "major client"), describe what it is your business provides to the major client in the third column. Then, in column 4, describe what the major client/customer's business does [if your major client is a person, write "N/A" (for "not applicable") in the last column]. If you do not have a major client, write "N/A" for "not applicable" in the last two columns.

You need not disclose: The name of any major client, or the activities of any customer or client that is a person.

NAME OF YOUR OF YOUR HOUSEHOLD MEMBERS' CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY THE CONTROLLED BUSINESS	DESCRIBE WHAT YOUR BUSINESS PROVIDES TO ITS MAJOR CLIENT/CUSTOMER	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CLIENT/CUSTOMER (IF A BUSINESS)
N/A			

14. Dependent Business Information

What to disclose: The name of each dependent business, 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 business' gross income during the period covered by this Statement (a "major client"), describe what the business provided to the major client in the third column. Also, describe the major client's type of business activities in

the final column (but if the major client is an individual, write "N/A" for "not applicable" in the final column). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns.

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 household member's business is not a dependent business, you may leave this question blank.

Name of Your or Your Household Members' Dependent Business	Goods or Services Provided by the Dependent Business	Describe What Your Business Provides to its Major Customer	Type of Business Activities of the Major Customer
N/A			

15. Real Property Owned by a Controlled or Dependent Business

What to disclose: City of Phoenix real property and improvements the titles to which were held by a controlled or dependent business listed above during the period covered by this Statement. 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 your business' equity. If the property was acquired or divested during the period covered by this Statement, list that and the date.

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, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

You need not to disclose: If you or your household member does not own a business, or if your household member's business is not a dependent business, you may leave this question blank.

Location and Approximate Size of City of Phoenix Realty	Name of Controlled or Dependent Business that Owns Land	Approximate Value of Land by Category	Date Acquired or Divested
N/A			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested

16. Controlled or Dependent Business' Creditors

What to disclose: The name and address of each creditor to which your business owed more than $10,000, if 1that amount was also more than 30 percent 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 ("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 whether it was incurred or discharged. Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column on the following page.

You need not disclose: Debts owned by a business other than a controlled or dependent business.

BUSINESS DEBTS OVER $10,000 AND 30%		
NAME OF CONTROLLED OR DEPENDENT BUSINESS OWNING THE QUALIFYING 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
N/A		Date: ☐ incurred ☐ discharged
		Date: ☐ incurred ☐ discharged
		Date: ☐ incurred ☐ discharged

17. Controlled or Dependent 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 percent of the total indebtedness to the business which was owed at any time during the period covered in this Statement ("qualifying business debt"). 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 whether it was incurred or discharged. Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

You need not disclose: Debts owed to a business other than a controlled or dependent business.

DEBTS OVER $10,000 AND 30% OWED TO YOUR BUSINESS			
NAME OF CONTROLLED OR DEPENDENT BUSINESS OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT BY CATEGORY	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
N/A			Date: ☐ incurred ☐ discharged
			Date: ☐ incurred ☐ discharged
			Date: ☐ incurred ☐ discharged

Value Categories: (From ARS §18-444(B) and Phoenix City Code Section 12-1401(F))
Category 1 - $1,000 to $25,000
Category 2 – More than $25,000 to $100,000
Category 3 – More than $100,000

8. OWNERSHIP OR FINANCIAL INTEREST IN TRUSTS OR INVESTMENT FUNDS

NAME AND ADDRESS OF BUSINESS OR TRUST	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
TRANSAMERICA 4333 Edgewood Rd., NE Cedar Rapids, IA 52449	Laura A. Pastor	Owner 100%	Whole Life Ins. Category1
ANNUITY INVESTORS P.O BOX 5423 Cincinnati, OH 45201	Laura A. Pastor	Owner 100%	Retirement /Annuity Category 1
ARIZONA STATE RETIREMENT 3300 N Central Avenue Phoenix AZ 85012	Laura A. Pastor	Owner 100%	Retirement /Annuity Category 1
MEA ANNUITY 221 N Lasalle St., #500 Chicago, IL 60601	Laura A. Pastor	Owner 100%	Retirement /Annuity Category 1
RIGVALIC P.O. BOX 4598 Houston, TX 77210	Laura A. Pastor	Owner 100%	Retirement /Annuity Category 1
MAJOR LEAGUE BASEBALL BENEFIT PLAN 200 Public Square, Suite 900, Cleveland, OH 44114	Henry Cotto	Owner 100%	Retirement Category 2
AMERICAN FUNDS SERVICE CTR. P.O. BOX 173764 Denver, CO 80217	Henry Cotto	Owner 100%	Retirement Annuity
NUPPS 245 Park Avenue New York, NY 10167	Henry Cotto	Owner 100%	Retirement Category 2
ING 1 South Orange Street Wilmington, DE 19801	Henry Cotto	Owner 100%	Retirement Category 2
NATIONWIDE RETIREMENT SOLUTIONS 4747 N Seventh St., Suite 416 Phoenix, AZ 85014	Laura A. Pastor	Owner 100%	Retirement