City of Phoenix

CITY CLERK DEPT
ELECTIONS DIVISION
18 JAN 31 PM 4:47

FINANCIAL DISCLOSURE STATEMENT

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

Name of Public Officer or Candidate: Daniel Valenzuela

Address (Home or Work Address): [redacted]

Public Office Held or Sought: Phoenix City Council District # 5

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____, thru the month of _____ 20_____.

☑ I am a public officer filing this statement covering the 12 months of calendar year 20 17.

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.

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	Daniel Valenzuela
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
Daniel Valenzuela	City of Glendale 5850 W. Glendale Avenue Glendale, AZ 85301	Fire Fighter	Fire Services
Daniel Valenzuela	City of Phoenix 200 W. Washington Street, 11th Floor Phoenix, AZ 85003	City Councilmember	Elected Official District 5

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 11 below.

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.

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: 2 ☐ 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). If the debt was first incurred or completely 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	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, if that gift does NOT fit into a category below. 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 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: Gifts you or a household member received by will, intestate succession, *inter vivos* (living) trusts, or 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) or political 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
See Attached		

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.).

NAME AND ADDRESS OF BUSINESS OR TRUST	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	DESCRIPTION OF INTEREST	EQUITY BY VALUE CATEGORY
Nationalwide Retirement Solutions 5900 Parkwood Place Dublin, OH 43016	Daniel Valenzuela	Retirement Account	2

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. 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.

NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	LOCATION AND APPROXIMATE SIZE OF CITY OF PHOENIX REALTY	APPROXIMATE VALUE OF LAND BY CATEGORY	DATE ACQUIRED OR DIVESTED
N/A			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested
			Date: ☐ acquired ☐ divested

SECTION B: BUSINESS FINANCIAL INTERESTS

11. 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.

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	CONTROLLED BY OR DEPENDENT BUSINESS
N/A		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent

IMPORTANT: If a business listed in the foregoing Section 11 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 11 were "controlled" or "dependent," you need not complete the remainder of this Statement.

12. 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 blank). 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 CUSTOMER	TYPE OF BUSINESS ACTIVITIES OF THE MAJOR CUSTOMER
N/A			

13. 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 a person.

NAME OF YOUR OF 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			

14. 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.

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

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

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

BUSINESS DEBTS OVER $10,000 AND 30%		
NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	NAME OF CONTROLLED OR DEPENDENT BUSINESS OWNING THE QUALIFYING DEBT	DATE INCURRED AND/OR DISCHARGED
N/A		Date: ☐ incurred ☐ discharged
		Date: ☐ incurred ☐ discharged
		Date: ☐ incurred ☐ discharged

16. 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 DEBTOR	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWED THE DEBT	APPROXIMATE VALUE OF DEBT BY CATEGORY	DATE INCURRED AND/OR DISCHARGED
N/A			Date: ☐ incurred ☐ discharged
			Date: ☐ incurred ☐ discharged
			Date: ☐ incurred ☐ discharged

17. Travel-Related Expenses

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

MEETING CONFERENCE/OTHER EVENTS	AMOUNT INCURRED	NAME OF PERSON/ENTITY WHO PAID EXPENSE
NLC Conference	$2,079.77	District 5 Council Office
GPCC Benchmarking Conference	$1,899.95	District 5 Council Office
NALEO Conference	$1,548.88	District 5 Council Office
Phoenix Sister Cities Delegation to Himenji, Japan	$4,971.00	Phoenix Sister Cities

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

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

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
Western Maricopa County Coalition (WESTMARC), 14100 N. 83rd Ave., #150, Peoria, AZ 85381	Daniel Valenzuela	Executive Board Member
ASU West, 4701 W. Thunderbird Ave., Glendale, AZ 85306	Daniel Valenzuela	ASU West Community Leaders Board
Arizona Medical Emergency Systems, P.O. Box 28442, Scottsdale, AZ 85255	Daniel Valenzuela	Executive Board Member
BUILD Arizona, 1515 East Osborn Road, Phoenix, AZ 85014	Daniel Valenzuela	BUILD Steering Committee
Project ALWAYS (Arizona Legal Women and Youth Services), 5025 N. Central Ave., #335, Phoenix, AZ 85014	Daniel Valenzuela	Board Member
Phoenix Center for the Arts, 1202 North 3rd Street, Phoenix, AZ 85004	Daniel Valenzuela	Board Member
Release the Fear, 302 W. Monroe, Phoenix, AZ 85003	Daniel Valenzuela	Board Member
Big Brothers Big Sisters of Central Arizona, 1010 E. McDowell Road Phoenix, AZ 85012	Daniel Valenzuela	Board Member
Co+Hoots Foundation, 221 E Indianola Ave. Phoenix, AZ 85012	Daniel Valenzuela	Board Member