



**City of Phoenix**  
CITY CLERK DEPARTMENT

CITY CLERK DEPT  
ELECTIONS DIVISION

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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:

Kevin L. Robinson

Address (Home or Work Address):

200 W. Washington St. 11<sup>th</sup> flr.  
(Street address, City, State, Zip code) (Address may be subject to public disclosure.)

Public Office Held or Sought:

Phx City Council District # 6  
(if applicable)

Please check one:



I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 2025.



I have been **appointed** to fill a vacancy in a City of Phoenix 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 **candidate** for 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\_\_\_\_.

**VERIFICATION**

By signing, 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.

Kevin L. Robinson

Signature of Public Officer or Candidate

Friday, January 30, 2026  
Date

**When filling out this form:** If additional space is needed to report information on this Statement, please indicate the attachment in the applicable box and attach additional information as numbered exhibit(s). Do not leave any section blank. If a section is not applicable write in "N/A". **Please note:** This Statement is public information and not subject to redaction.

## SECTION 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:** List whether your spouse (if any) is a member of your household and the number of minor children (if any) who are members of your household. If none, mark "N/A". You are not required to disclose the names of your spouse or minor children, therefore, for the remaining questions in this Financial Disclosure Statement, you may identify them by using the terms "spouse", "minor child", "minor child 2", etc. in lieu of the names, as applicable.

*Please note that if you choose to identify your spouse or minor children by name, the information will not be redacted when posting this Statement on the internet or providing it in response to a public records request.*

If you are married, is your spouse a member of your household? ☒ Yes ☐ No ☐ N/A (not married/widowed)

Are any minor children<sup>1</sup> members of your household? ☐ Yes (if yes, how many \_\_\_\_\_) ☒ No ☐ N/A (none)

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.

<sup>1</sup> Minor children include children 18 years old and younger over whom you have joint or sole legal custody.



## 2. Sources of Personal Compensation

**What to disclose:** In subsection (2)(a), provide the name and address of any employer and/or other sources of compensation<sup>2</sup> who provided you or any member of your household more than \$1,000 (other than "gifts") during the period covered by this Statement. Describe the nature of each and the type of services for which you or a member of your household were compensated.

**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 BENEFITTED	NAME AND ADDRESS OF SOURCE WHO PROVIDED COMPENSATION OVER \$1,000	NATURE OF SOURCE OR EMPLOYER'S BUSINESS	NATURE OF SERVICES PROVIDED BY PUBLIC OFFICER OR HOUSEHOLD MEMBER
Kenn L. Robin	City of Phoenix 260 W. WASHINGTON ST	CITY GOVT.	Elected Official
Kenn L. Robin	Arizona State University 1151 So. Forest Ave Tempe, AZ 85281	Education	Lecture
Kenn L. Robin	AZ - Public Safety Retirement System 3100 E. Camelback Rd Phoenix AZ 85016	L.E. Retirement Pension	Pension

**What to disclose:** 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 during the period covered by this Statement. 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.

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER BENEFITTED	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			

<sup>2</sup> Compensation is defined as "anything of value or advantage, present or prospective, including the forgiveness of debt." A.R.S. § 38-541 (2).

### 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 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 below.

PUBLIC OFFICER OR HOUSEHOLD MEMBER	TYPE OF LICENSE	PERSON OR ENTITY HOLDING THE LICENSE	JURISDICTION OR ENTITY THAT ISSUED LICENSE
<i>Household Member</i>	<i>Medical License</i>	<i>DR. Michele V. Argyres</i>	<i>State of AZ.</i>

#### 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 Statement.

Additionally, if the qualifying personal debt was 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 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 members entered into.

PUBLIC OFFICER OR HOUSEHOLD MEMBER OWING THE DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	DATE INCURRED AND/OR DISCHARGED DURING THIS REPORTING PERIOD
N/A		Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> 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 Statement, and the approximate value of the debt by financial category, pursuant to A.R.S. §18-444(B) and Phoenix City Code Section 12-1401(F).

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 applicable box to indicate whether it was incurred or discharged. Otherwise, check "N/A" if the debt was not first incurred or fully discharged during the period covered by this Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	DATE INCURRED AND/OR DISCHARGED DURING THIS REPORTING PERIOD
N/A		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> 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;
- 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;
- Gifts received by parents, grandparents, siblings, children and grandchildren; or
- Political campaign contributions reported on campaign finance reports.

PUBLIC OFFICER OR HOUSEHOLD MEMBER RECIPIENT OF GIFTS OVER \$500	NAME OF GIFT DONOR
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 non-profit 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 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
Kenn L. Robinson DR. Michele Y. Maynard	Maynard - Robinson Family Foundation Phx. AZ. 85016	Principals / Board Members
DR. Michele Y. Maynard	Coalition of Blacks Against Cancer 4949 E. VAN BUREN Phx AZ 85026	Founding Member / Emeritus Board Member
DR. Michele Y. Maynard	Maynard Cochise Co. Consultants	C.E.O.



## 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 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 INTEREST	NAME AND ADDRESS OF BUSINESS, TRUST OR INVESTMENT FUND	DESCRIPTION OF THE BUSINESS, TRUST OR INVESTMENT FUND	APPROXIMATE EQUITY VALUE OF THE INTEREST (CHOOSE ONE)
	See Attached Forms		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
			<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

## 9. Ownership of Bonds

**What to disclose:** Bonds 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 held during the period covered by this 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 indicating 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 Statement.

PUBLIC OFFICER OR HOUSEHOLD MEMBER ISSUED BONDS	ISSUING GOVERNMENT AGENCY	APPROXIMATE VALUE OF BONDS (CHOOSE ONE)	DATE ACQUIRED FOR FIRST TIME AND/OR COMPLETELY DIVESTED DURING THIS REPORTING PERIOD
N/A		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A



## 10. Real Property Ownership

**What to disclose:** Real property (land and improvements) located in the City of Phoenix, which was owned by you or a member of your household during the period covered by this Statement, other than your primary residence or property you use for personal recreation. Describe the property's location and approximate size (acreage or square footage) and check the applicable 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 Statement.

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

PUBLIC OFFICER OR HOUSEHOLD MEMBER THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE OF PROPERTY LOCATED IN THE CITY OF PHOENIX	APPROXIMATE VALUE OF LAND (CHOOSE ONE)	DATE ACQUIRED FOR FIRST TIME AND/OR COMPLETELY DIVESTED DURING THIS REPORTING PERIOD
N/A		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

## 11. Travel Expenses

**What to disclose:** Each meeting, conference, or other event during the period covered in this 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 (CHOOSE ONE)
N/A		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +

## SECTION B: BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interest 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 Statement, including 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 classified as "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 the box to indicate whether it was controlled or dependent in the last column below. If the business was both controlled *and* dependent during the period covered by this Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

PUBLIC OFFICER OR HOUSEHOLD MEMBER OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CONTROLLED OR DEPENDENT BUSINESS (CHECK ALL THAT APPLY)
Household Member Michele Y. Maynard	Maynard Coaching & Consulting P.O. Box 85016	<input checked="" type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent
		<input type="checkbox"/> Controlled <input type="checkbox"/> Dependent

**Please Note:** If a business listed above (in Question 12) was neither "controlled" nor "dependent" during the period covered by this Statement, you do not need to complete the remainder of this Statement (Questions 13-17) with respect to that business. If *none* of the businesses listed above (in Question 12) were "controlled" or "dependent," you need not complete the remainder of this Statement. For all sections that are not applicable, write in "N/A".



### 13. Controlled Business Information (if applicable)

**What to disclose:** The name of each controlled business you listed in Question 12, and the goods or services provided by the business. If a single client or customer (whether a person or business) account for more than \$10,000 and 25% of your business' gross income during the period covered by this 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 below. Also, if the major client is a business, please describe the client's type of business activities in the final column below (but if the major client is an individual, write "N/A" for "not applicable" in the final column below). If the business does not have a major client, write "N/A" for "not applicable" in the last two columns below.

**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 write in "N/A" for "not applicable".

NAME OF YOUR OR YOUR HOUSEHOLD MEMBERS' 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)
Asymet Coaching & Consulting	Professional Coaching	Coaching & Consulting	Coaching & Consulting

### 14. Dependent Business Information (if applicable)

**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, 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 above and write "N/A" for "not applicable" for this question.

**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 write in "N/A".

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			

\*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.



## 15. Real Property Owned by a Controlled or Dependent Business

**What to disclose:** City of Phoenix real property (land and improvements), which was owned by a controlled or dependent business during the period covered by this Statement. Also describe the property's location 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 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 the applicable 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 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 write in "N/A" (for "not applicable").

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE OF PROPERTY LOCATED IN THE CITY OF PHOENIX	APPROXIMATE VALUE OF LAND (CHOOSE ONE)	DATE LAND ACQUIRED FOR FIRST TIME AND/OR COMPLETELY DIVESTED DURING THIS REPORTING PERIOD
N/A		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Acquired <input type="checkbox"/> Divested <input type="checkbox"/> N/A

## 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 total business indebtedness at any time during the period covered by this 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 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 write in "N/A".

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING THE QUALIFYING DEBT	NAME AND ADDRESS OF CREDITOR (OR PERSON TO WHOM PAYMENTS ARE MADE)	DATE INCURRED FOR FIRST TIME AND/OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD
N/A		Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> 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 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 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 write in "N/A".

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT (CHOOSE ONE)	DATE INCURRED FOR FIRST TIME AND/OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD
N/A		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A
		<input type="checkbox"/> \$1,000 - \$25,000 <input type="checkbox"/> \$25,001 - \$100,000 <input type="checkbox"/> \$100,001 +	Date (MM/DD/YYYY): <input type="checkbox"/> Incurred <input type="checkbox"/> Discharged <input type="checkbox"/> N/A

## 2. Sources of Personal Compensation

Dr. Michele Y. Halyard – Mayo Clinic – 13400 East Shea Blvd. Scottsdale, AZ. 85259

Medical/Health Care – Physician/Educator

Halyard Coaching & Consulting, LLC.

Executive Coach & Chief Consultant



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

Kevin L. Robinson – AssetMark Trust Company – P.O. Box 40018 – Lynchburg, VA. 24506-4018  
Personal Investment Fund/Account - \$100,001 +

Kevin L. Robinson – AssetMark Trust Company – P.O. Box 40018 – Lynchburg, VA. 24506-4018  
Personal IRA Investment Account - \$100,001 +

Michele Y. Halyard – AssetMark Trust Company – P.O. Box 40018 – Lynchburg, VA. 24506-4018  
Personal Investment Fund/Account - \$100,001 +

Michele Y. Halyard – AssetMark Trust Company – P.O. Box 40018 – Lynchburg, VA. 24506-4018  
Personal IRA Investment Account - \$100,001 +

Kevin L. Robinson & Michele Y. Halyard – AssetMark Trust Company – P.O. Box 40018 – Lynchburg, VA.  
24506-4018 – Joint Investment Account - \$100,001 +

Kevin L. Robinson – Arizona State Retirement System – Arizona State University – Office of Human  
Resources – 1151 South Forest Avenue – Tempe, AZ. 85281 – Individual Retirement Account - \$25,001 -  
\$100,000

Kevin L. Robinson - Principal Securities Inc – 711 High St – Des Moines, IA 50392  
Personal IRA Fund/Account - \$100,001 +

Michele Y. Halyard - Principal Securities Inc – 711 High St – Des Moines, IA 50392  
Personal IRA Fund/Account - \$100,001 +

Michele Y. Halyard - Principal Securities Inc – 711 High St – Des Moines, IA 50392  
Personal Investment Fund/Account - \$100,001 +

Kevin L. Robinson & Michele Y. Halyard – Osaic Wealth – 20 E Thomas Rd, Suite 2000 – Phoenix, AZ 85012  
Joint Investment Fund/Account - \$100,001 +

Kevin L. Robinson – Osaic Wealth – 20 E Thomas Rd, Suite 2000 – Phoenix, AZ 85012  
Personal Investment Fund/Account - \$10,001 +

Michele Y. Halyard – Osaic Wealth – 20 E Thomas Rd, Suite 2000 – Phoenix, AZ 85012  
Personal IRA Fund/Account - \$10,001 +

Michele Y. Halyard – Pacific Life – PO Box 9000 – Newport Beach, CA 92658  
Personal Investment Fund/Account - \$10,001 +