SECRETARY OF STATE

2016 FEB -1 AM 10: 20

FINANCIAL DISCLOSURE STATEMENT

(For use by all Public Officers and Candidates in the State of Arizona)

Name of Public Officer or Candidate: Carlyle W. Begay

Business, Residential or Mailing Address: PO Box 1222 Window Rock Az 86515

Public Office Held or Sought: State Senate LD7

District / Division # (if applicable): 7

Please select the appropriate box that reflects your service for this filing year (double-click the box and change the default value to "checked"):

☑ I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 2015.

☐ I have been **appointed** to fill a vacancy in a 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 **public officer who has served in the last full year of my final term**, which expires less than thirty-one days into calendar year 2016. This is my final Financial Disclosure Statement covering the last 12 months plus the final days of my term for the current year.

☐ I am a **candidate** for a public office, and am filing this Financial Disclosure Statement covering the 12 months preceding the date of this statement, from the month of _____ 20____, to the month of _____ 20____.

VERIFICATION

I verify under penalty of perjury that the information provided in this Financial Disclosure Statement is true and correct.

Signature of Public Officer or Candidate
(Typewritten signatures accepted)

SECTION A: PERSONAL DISCLOSURE

1. Names

What to disclose: Your and your spouse's names and the names of minor children of whom you have legal custody.

YOUR NAME	Carlyle W. Begay
YOUR SPOUSE'S NAME	
CHILDREN'S NAMES	

2. Sources of Personal Compensation

What to disclose: 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 during the period covered by this report. Describe each employer's business and the services for which you or a member of your household were compensated.

Also, list anything of value that any other person, outside your household, received for your use or benefit of you or any member of your household. For example, if a person was paid by your employer to be your housekeeper, list that person's wages and the name of the employer.

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.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	NAME AND ADDRESS OF EMPLOYER OR OTHER SOURCE OF COMPENSATION OVER $1,000	DESCRIPTION OF EMPLOYER'S BUSINESS AND SERVICES PROVIDED BY PUBLIC OFFICER OR MEMBER OF HOUSEHOLD
Carlyle W. Begay	State of Arizona	Arizona State Senate LD-7
	1700 W Washington	
Carlyle W. Begay	AIHMP, Inc.	National American Indian Healthcare Consulting and Management Firm
	PO Box 42535 Phx, AZ	
Carlyle W. Begay	MiMedx Group Inc.	Healthcare Consultant for National Indian Healthcare Business Development
	60 Chastin Center Atl, GA	

3. Professional, Occupational and Business Licenses

What to disclose: List all licenses issued to or held by you or any member of your household at any time during the period covered by this Statement.

TYPE OF LICENSE OR PERMIT	NAME IN WHICH LICENSE IS ISSUED	PUBLIC OFFICER OR HOUSEHOLD MEMBER HOLDING LICENSE, IF NOT ISSUED IF OWN NAME	JURISDICTION(S) OF LICENSE	LOCATION OF BUSINESS
None				

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 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)	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWING THE DEBT	DATE INCURRED AND/OR DISCHARGED
Sallie Mae - Dept of Education PO Box 740351 ATL,GA 30374	Carlyle W. Begay	August 2003 ☐ Incurred ☐ Discharged
		☐ Incurred ☐ Discharged
		☐ 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 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	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD TO WHOM THE DEBT IS OWED	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
None			☐ Incurred ☐ Discharged
			☐ Incurred ☐ Discharged
			☐ 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 with a value over $500, if that gift does NOT fit into a category below.

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.

NAME OF DONOR OF GIFTS OVER $500	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD – RECIPIENT
None	

SECTION B: REPORTABLE INTERESTS

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

What to disclose: The name and address of each business, organization, trust or nonprofit 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 OF ORGANIZATION AND ADDRESS	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
See attachment		

8. Ownership or Financial Interest in Trusts, or Investment Funds

What to disclose: The name and address of each business, trust, investment or retirement fund in which you or any member of your household had an ownership or beneficial interest of over $1,000. This includes stocks, partnerships, joint ventures, sole proprietorships, annuities, mutual funds and retirement accounts. 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
None			

9. Bonds

What to disclose: Bonds issued by a single agency worth more than $1,000 that you or a member of your household hold, or held during the period covered by this Statement. If the bonds were acquired or divested during the period, report the date that occurred.

BONDS OVER $1,000	ISSUING AGENCY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	VALUE CATEGORY	DATE ACQUIRED AND/OR DIVESTED
None				☐ Acquired ☐ Divested
				☐ Acquired ☐ Divested
				☐ Acquired ☐ Divested

10. Real Property Ownership

What to disclose: Arizona real property and improvements 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.

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
None			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested

SECTION C: BUSINESS INTERESTS

11. Business Names

What to disclose: The name of any business under which you or any member of your household did business during the period covered by this Statement. Include corporations, limited liability companies, partnerships and trade names. Using the definitions provided in statute, disclose if the business named is controlled or dependent. If the business is both controlled and dependent, mark both boxes.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	BUSINESS NAME	BUSINESS ADDRESS	CONTROLLED AND/OR DEPENDENT BUSINESS
Carlyle W. Begay	AIHMP, Inc.	PO Box 42535 Phx, AZ	☐ Controlled ☐ Dependent
Carlyle W. Begay	MiMedx Group Inc.	60 Chastin Center	☐ Controlled ☐ Dependent
Carlyle W. Begay	Shire Regenative	10933 N Torrey Pines	☐ Controlled ☐ Dependent
			☐ Controlled ☐ Dependent

IMPORTANT: IF A BUSINESS LISTED ABOVE DID NOT GROSS MORE THAN $10,000 OR PROVIDE MORE THAN 10% OF YOUR PERSONAL COMPENSATION DURING THE PERIOD COVERED BY THIS STATEMENT, YOU DO NOT NEED TO COMPLETE THE REST 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 the gross income, describe what it is your business provides to that customer or client. Then, in column 4, describe what the client/customer's business does (if your major client is a person, leave the last column blank). If you do not have a major client, leave the last two columns blank.

You need not disclose: The name of any customer or client, or the activities of any customer or client who is an individual rather than a business.

NAME OF YOUR CONTROLLED BUSINESS	GOODS OR SERVICES PROVIDED BY YOUR BUSINESS	WHAT YOUR BUSINESS PROVIDES TO YOUR MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF MAJOR CUSTOMER OR CLIENT
None			

13. Dependent Business Information

What to disclose: The name of each dependent business, the goods or services provided by the dependent 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. If the dependent business is also a controlled business, disclose it only in response to #12, above.

You need not disclose: The name or identity of the customer or client, or the amount of income from the customer or client. If the customer or client is an individual (rather than a business), you are not required to disclose that person's activities.

NAME OF DEPENDENT BUSINESS	GOODS OR SERVICES PROVIDED BY THE BUSINESS	GOODS OR SERVICES PROVIDED TO THE MAJOR CUSTOMER OR CLIENT	BUSINESS ACTIVITY OF THE MAJOR CUSTOMER OR CLIENT, IF A BUSINESS
None			

14. Real Property Owned by Business

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

LOCATION AND APPROXIMATE SIZE OF ARIZONA REALTY	PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OR BUSINESS	EQUITY BY VALUE CATEGORY	DATE ACQUIRED OR DIVESTED
None			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested
			☐ Acquired ☐ Divested

15. 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% 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.

You need not disclose: Debts resulting from 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 (FROM ITEM 3 OR 4)	DATE INCURRED AND/OR DISCHARGED
None		
		☐ Incurred ☐ Discharged
		☐ Incurred ☐ Discharged
		☐ Incurred ☐ Discharged

16. 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% of the total indebtedness to the business which was owed at any time during the preceding calendar year. If the debt was incurred or discharged during the year, list that and the date. List value category.

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	AMOUNT BY VALUE CATEGORY	DATE INCURRED AND/OR DISCHARGED
None			☐ Incurred ☐ Discharged
			☐ Incurred ☐ Discharged

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

Financial Disclosure Statement – Carlyle W Begay

Section B: Reportable Interest

Present	**2nd Vice Chair Native American Caucus, Arizona Democratic Party, Phoenix, AZ** The Native American Democratic Caucus of Arizona – through education, voice and advocacy and the strategic use of our collective power – is committed to increasing the political participation of Native American individuals and allies in the Democratic Party and to ensuring that the Party, its officers, candidates, public officials and members respect and support the political status of tribal nations and issues of concern to Native American peoples and our communities.
Present	**Chair, Community Advisory Board, Partnership for the Center for American Indian Resiliency (CAIR), University of Arizona/Northern Arizona University** The Partnership for the Center of American Indian Resiliency (CAIR) is an NIH P20 center grant that focuses on resiliency research among local Native American communities. The project integrates comprehensive research, training and outreach to decrease health disparities found in Native American populations. The five-year project will create partnerships among health researchers and tribal communities to identify, research and teach approaches that take advantage of long-standing Native American cultural practices that promote health.
Present	**Board of Director, American Indian Chamber of Commerce of Arizona, Phoenix, AZ** The American Indian Chamber of Commerce of Arizona (AICCAz) was founded in 1995 and incorporated as a non-profit organization in 1996. The focus of the Chamber is to provide a format for American Indian entrepreneurs to promote their business, for corporations to connect with American Indian businesses, to act as a liaison on tribal economic development issues and to offer the best in resources, training and networking for the American Indian business. AICCAz offers our members the opportunity to exchange ideas and information with business owners throughout the state.
Present	**VP, Business Development, American Indian Health Management & Policy, Inc., Phoenix, AZ** AIHMP is our principal consulting and healthcare management organization specializing in American Indian Healthcare and Health Policy. AIHMP is a 100% American Indian owned and operated company formed in 2004 and based in Phoenix, Arizona. AIHMP principals have a broad range of knowledge and understanding of the Indian health delivery system and the complexities of American Indian health policy. As a leading consulting firm for many tribes across the country, we have been regarded as the thought leaders in American Indian healthcare nationally. Our consulting and management services are broad in scope, but we offer solutions and services in almost all facets of Indian healthcare.