FINANCIAL DISCLOSURE STATEMENT

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

Name of Public Officer or Candidate: MARK FINCHEM

Business, Residential or Mailing Address: [redacted]

Public Office Held or Sought: STATE REPRESENTATIVE

District / Division # (if applicable): LD-11

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)

A. PERSONAL FINANCIAL INTERESTS

This section requires disclosure of your and/or a member of your household's personal financial interests.[1]

1. Household Members' Names

What to disclose: If they reside in your household, disclose your spouse's name and the names of any minor children of whom you have legal custody. If none, please write "N/A". For the remaining questions in this Financial Disclosure Statement, the term "member of your household" will be defined as the persons listed below.

YOUR SPOUSE'S NAME	[redacted]
CHILDREN'S NAMES	

2. Sources of Personal Compensation

What to disclose: The name and address of each employer who paid you 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 type of 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 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 constitutes gross income paid to a business that you or your household member owns or does business as. This will be disclosed in Section 11 below.

1 If additional space is needed to report information on this Financial Disclosure Statement, select the appropriate reporting area and add additional rows to the form. For example, to report an additional child's name in Section 1, right-click in any row, click "Insert," click "Insert Rows Above." (The user should add rows "above" or "below" based on the resulting effect on formatting in the Financial Disclosure Statement).

Name of Public Officer or Household Member Benefitted	Name and Address of Employer Who Provided Compensation > $1,000	Nature of Employer's Business	Nature of Services Provided by Public Officer or Household Member for Employer
MARK FINCHEM	LONG REALTY COMPANY 900 E. RIVER RD TUCSON AZ	REAL ESTATE SALES	ASSIST BUYER & SELLERS WITH REAL ESTATE TRANSACTIONS
[redacted]	VENTANA MEDICAL SYS. ROCHE 1900 N. INNOVATION PARK, OV AZ	MEDICAL TEST & REAGENT MFG.	SUPPORT TO CANCER & TISSUE DIAGNOSTICS LABS

Continued, if applicable:

Name of Public Officer or Member of Household Benefitted	Name and Address of Person Who Provided Services Valued Over $1,000 For Your or Member of Your Household's Use or Benefit	Nature of Services Provided by Person For Your or Member of Your Household's Use or Benefit	Name and Address of Third Party Who Paid For Person's Services on Your Behalf

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 Financial Disclosure 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.

Name of Public Officer or Household Member Affected	Type of License	Person or Entity Holding the License	Jurisdiction or Entity that Issued License
MARK FINCHEM	ASSOCIATE BROKER	MARK FINCHEM	AZ DEPT. OF REAL ESTATE

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 Financial Disclosure Statement.

Additionally, if the qualifying personal 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 (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

You need <u>not</u> disclose the following, which <u>do not</u> qualify as "personal debt":

- Debts resulting from the ordinary conduct of a business (these will be disclosed elsewhere in this Statement, in Section C below);
- 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 member entered into.

Name of Public Officer or Member of Household Owing the 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
NONE		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 Financial Disclosure Statement, along with the approximate value of the debt by financial category (double-click the applicable box and change the default value to "checked").

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 whether it was incurred or discharged (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
None		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Incurred ☐ Discharged
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Incurred ☐ Discharged
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	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 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;
- Gift 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);
- Gift 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.

NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD WHO RECEIVED GIFT(S) OVER $500	NAME OF GIFT DONOR
NONE	

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 nonprofit 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 Financial Disclosure Statement, including a description of the office, position or relationship.

PUBLIC OFFICER OR MEMBER OF HOUSEHOLD 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 MEMBER OF HOUSEHOLD
MARK FINCHER	ROAD RUNNER-COM, LLC [redacted]	MEMBER

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 Financial Disclosure 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 put a check mark to indicate the value of the debt (double-click the applicable box and change the default value to "checked").

Name of Public Officer or Member of Household Having the Interest	Name and Address of Business, Trust or Investment Fund	Description of the Business, Trust or Investment Fund	Approximate Equity Value of the Interest
MARK FINCHEM	ROAD RUNNER-CON, LLC [redacted]	MARKETING CONSULTING AND SUPPLY	☒ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +
			☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +
			☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +

9. Ownership of Bonds

What to disclose: Bonds issued by a state or local government agency worth more than $1,000 that you or a member of your household held during the period covered by this Financial Disclosure Statement. Also put a check mark to indicate the value of the bonds (double-click the applicable box and change the default value to "checked").

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 whether the bonds were acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

Name of Public Officer or Member of Household Issued Bonds	Issuing State or Local Government Agency	Approximate Value of Bonds	If the Bonds Were First Acquired or Completely Discharged During This Reporting Period, Provide the Date (MM/DD/YYYY) and Check the Appropriate Box
NONE		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested

10. Real Property Ownership

What to disclose: Arizona real property (land) and improvements which was owned by you or a member of your household during the period covered by this Financial Disclosure Statement, other than your primary residence or property you use for personal recreation. Also describe the property's location (city and state) and approximate size (acreage or square footage), and put a check mark to indicate the approximate value of the land (double-click the applicable box and change the default value to "checked").

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 (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

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

NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested

B. BUSINESS FINANCIAL INTERESTS

This section requires disclosure of any financial interests of a business owned by you or a member of your household.

11. 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, were self-employed) during the period covered by this Financial Disclosure Statement, which 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 50% or more. 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 10% or more; *and* (2) the business received at least $10,000 from a single source during the period covered by this Financial Disclosure Statement, which amounted to at least 50% of the business' gross income for the period.

If the business was either controlled or dependent, check whether it was controlled or dependent (double-click the appropriate box and change the default value to "checked") in the last column below. If the business was both controlled *and* dependent during the period covered by this Financial Disclosure Statement, check *both* boxes. Otherwise, leave the boxes in the last column below blank.

NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWNING THE BUSINESS	NAME AND ADDRESS OF BUSINESS	CHECK THE APPROPRIATE BOX IF THE BUSINESS IS "CONTROLLED" BY OR "DEPENDENT" ON YOU OR A MEMBER OF YOUR HOUSEHOLD
NONE		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent
		☐ Controlled ☐ Dependent

Please note: If a business listed in the foregoing Section 11 was neither "controlled" nor "dependent" during the period covered by this Financial Disclosure Statement, you need not complete the remainder of this Financial Disclosure Statement with respect to that business. If none of the businesses listed in Section 11 were "controlled" or "dependent," you need not complete the remained of this Financial Disclosure Statement.

12. Controlled Business Information

What to disclose: The name of each controlled business listed in Section 11 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 business' gross income during the period covered by this Financial Disclosure 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 MEMBER'S 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
NONE			

13. Dependent Business Information

What to disclose: The name of each dependent business listed in Section 11 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 business' gross income during the period covered by this Financial Disclosure 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. Likewise, if the dependent business is also a controlled business, disclose the business only in Section 12 above and leave this section blank.

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 MEMBER'S 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
NONE			

14. Real Property Owned by a Controlled or Dependent Business

What to disclose: Arizona real property (land) and improvements which was owned by a controlled or dependent business during the period covered by this Financial Disclosure Statement. Also describe the property's location (city and state) and approximate size (acreage or square footage), and put a check mark to indicate the approximate value of the land (double-click the applicable box and change the default value to "checked"). 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 Financial Disclosure 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 whether the land was acquired or divested (double-click the appropriate box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

NAME OF CONTROLLED OR DEPENDENT BUSINESS THAT OWNS LAND	LOCATION AND APPROXIMATE SIZE	APPROXIMATE VALUE OF LAND	IF THE LAND WAS FIRST ACQUIRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Acquired ☐ Divested

15. 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 business' total indebtedness at any time during the period covered by this Financial Disclosure 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 whether it was incurred or discharged (double-click the box and change the default value to "checked"). Otherwise, write "N/A" (for "not applicable") after the word "Date:" in the last column below.

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

NAME OF CONTROLLED OR DEPENDENT BUSINESS OWING 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
NONE		Date: ☐ Incurred ☐ Discharged
		Date: ☐ Incurred ☐ Discharged
		Date: ☐ Incurred ☐ Discharged

16. Controlled or Dependent Business' Debtors

What to disclose: The name of each debtor who owed at least $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 Financial Disclosure Statement ("qualifying business debt"). Also disclose the approximate value of the debt by financial category (double-click the applicable box and change the default value to "checked").

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 (double-click the box and change the default value to "checked"). 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.

NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD OWED THE DEBT	NAME OF DEBTOR	APPROXIMATE VALUE OF DEBT	IF THE DEBT WAS FIRST INCURRED OR COMPLETELY DISCHARGED DURING THIS REPORTING PERIOD, PROVIDE THE DATE (MM/DD/YYYY) AND CHECK THE APPROPRIATE BOX
NONE		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Incurred ☐ Discharged
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Incurred ☐ Discharged
		☐ $1,000 - $25,000 ☐ $25,001 - $100,000 ☐ $100,001 +	Date: ☐ Incurred ☐ Discharged