SECRETARY OF STATE

2015 JAN 26 PM 5: 16

# FINANCIAL DISCLOSURE STATEMENT

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

Name of Public Officer or Candidate Jill Norgaard

Address [redacted]

Public Office Held or Sought State Representative District # 18

Please select the appropriate box that reflects your service for this filing year:

☒ I am a **public officer** filing this statement covering the 12 months of calendar year 20 14.

☐ 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 20_____. 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 do solemnly swear that the Financial Disclosure Statement filed herewith is in all things true and correct, and fully shows all information I am required to report pursuant to A.R.S. § 38-542.

Signature of Public Officer or Candidate

State of Arizona )
County of Maricopa )

Subscribed and sworn to (or affirmed) before me this 26th day of January, 20 15.

Noel Weldon
Notary Public

1-31-15
My Commission expires

Official Seal
Noel Weldon
Notary Public State of Arizona
Maricopa County
My Comm Expires January 31, 2015



Secretary of State
Office Revision December 2013

## 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 | Jill Norgaard |
| YOUR SPOUSE'S NAME | Clark Norgaard |
| 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 |
|---|---|---|
| Jill Norgaard | Manufacturer Support Assoc.<br>[redacted] | Engineer |
| Clark Norgaard | Medtronic<br>2343 Medtronic Way Tempe | Engineer |
| | | |

## 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 |
|---|---|---|---|---|
| Realtor | Jill Norgaard | | AZ | Inactive |
| Prof Engr | Clark Norgaard | | MN | MN |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## 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 |
| None | | |
| | | ☐ 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 |
|---|---|
| American Legislative Exchange Council | Jill Norgaard |
| | |
| | |
| | |
| | |

## 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 |
|---|---|---|
| MSA [redacted] | Jill Norgaard | Owner |
| | | |
| | | |
| | | |

### 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 |
|---|---|---|---|
| Medtronic-Vanguard<br>2343 Med Way Tempe, AZ | Clark and Jill Norgaard | Stock | 3 |
| Jackson Ntl Trust<br>1 Corp Way, Lansing MI | Clark and Jill Norgaard | Trust | 3 |
| Alerus<br>Grand Forks, ND | Clark Norgaard | Stock | 2 |

## 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 |
|---|---|---|---|
| Lot 1.3 acres Happy Jack, AZ | Clark and Jill Norgaard | 1 | ☐ 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 |
|---|---|---|---|
| Jill Norgaard | Manufacturer Support Associates | [redacted] | ☒ Controlled<br>☒ Dependent |
| | | | ☐ Controlled<br>☐ Dependent |
| | | | ☐ Controlled<br>☐ Dependent |
| | | | ☐ Controlled<br>☐ 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 |
|---|---|---|---|
| MSA | Engr Services | Engr Services | Aerospace |
| | | | |
| | | | |
| | | | |

## 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 |
|---|---|---|---|
| MSA | Engr Services | Engr Services | Aerospace |
| | | | |
| | | | |
| | | | |

## 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**