SECRETARY OF STATE
2014 JAN 31 AM 10: 02

FINANCIAL DISCLOSURE STATEMENT

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

Name of Public Officer or Candidate Kelli Ward

Address [redacted]

Public Office Held or Sought Senator District # 5

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 13.

☐ 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 31st day of January, 2014.

Notary Public

July 4 2015
My Commission expires

(Seal)

OFFICIAL SEAL
NANCY C. READ
NOTARY PUBLIC - State of Arizona
MARICOPA COUNTY
My Comm. Expires July 4, 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	Kelli Ward
YOUR SPOUSE'S NAME	Michael Ward
CHILDREN'S NAMES	[redacted]

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
Kelli Ward	Kelli M. Ward, D.O., LLC [redacted]	Healthcare
Kelli Ward	State of Arizona 1700 W. Jefferson Ave, Phoenix, AZ	Politician
See Attached		

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
D.O.	Kelli M. Ward		AZ	Arizona
D.O.	Michael P. Ward		AZ	Arizona

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
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
Arizona Emergency Medicine Specialists, P.C. [redacted]	Michael	President
Kelli M. Ward, DO, LLC [redacted]	Kelli	President
Mole Medical Services, P.C. [redacted]	Michael	President

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
American Funds	Kelli	Retirement Fund	2
American Funds	Michael	Retirement Fund	3
Warbyrd, LLC [redacted]	Michael and Kelli	Property	3

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
2090 N. Smoketree Ave Lake Havasu City, AZ 86403 7,000 sq ft	Michael and Kelli	3	☐ 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
Michael Ward	Arizona Emergency Medicine Specialists, P.C.	[redacted]	☐ Controlled ☒ Dependent
Kelli Ward	Kelli M. Ward, D.O., LLC	[redacted]	☒ Controlled ☒ Dependent
Michael and Kelli	Warbyrd, LLC	[redacted]	☒ Controlled ☒ Dependent
Michael Ward	Mole Medical Services, P.C.	[redacted]	☒ 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
Kelli M. Ward, D.O., LLC	Medical care	Same	
Mole Medical Services, P.C.	Medical care and consulting	Same	
Warbyrd, LLC	Property Management	Medical office Space	Medical Care
Synergy Medical Spa and Laser Center	Skin care	Same	

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
Arizona Emergency Medicine Specialists, P.C.	Emergency Medical Care Staffing	Physician and Physician assistants	Medical Care
Largebore Investment Group, LLC	Rental Property	Property	

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
2090 N. Smoketree Ave Lake Havasu City, AZ 86403	Michael and Kelli	3	☐ 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
Horizon Community Bank Lake Havasu City, AZ	Warbyrd, LLC	☐ 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

2. Sources of Personal Compensation

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
Kelli Ward	CSG West 1107 9th St, Suite 730 Sacremento, CA	Academy Scholarship
Michael Ward	Mole Medical Services, PC [redacted]	Medical Services
Michael Ward	Arizona Emergency Medicine Spec [redacted]	Medical Services
[redacted]	Mole Medical Services, PC [redacted]	Office work
[redacted]	Synergy Medical Spa 2090 N. Smoketree Ave, LHC AZ	Reception
Michael Ward	State of Arizona	Board membership
Michael Ward	Air National Guard	Military

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

NAME OF ORGANIZATION AND ADDRESS	NAME OF PUBLIC OFFICER OR MEMBER OF HOUSEHOLD	OFFICE OR FIDUCIARY RELATIONSHIP
Fusion Flight Management, LLC [redacted]	Michael	Manager/VP
Synergy Medical Spa 2090 N Smoketree Ave, LHC	Michael	President
Warbyrd, LLC	Michael and Kelli	Managers
Largebore Invest Group, LLC	Michael	Manager

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

Name and Address of Business or Trust	Public Officer or Member of Household	Description of Interest	Equity by Value Category
Fusion Flight Management	Michael	Shareholder	3
Arizona Emergency Specialists	Michael	Shareholder	3
Synergy Medical Spa	Michael	Shareholder	1
Largebore Investment Group	Michael	Shareholder	3

11. Business Names

Public Officer or Member of Household	BUSINESS NAME	Business Address	Controlled and/or Dependent Business
Michael	Fusion Flight Management	[redacted]	Dep and Cont
Michael	Synergy Medical Spa	2090 N. Smoketree Ave	Dep and Cont
Michael	Largebore Invest Group	[redacted]	Dep

12. Controlled Business Information

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
Fusion Flight Management	Aircraft Leasing	Aircraft	