



CITY CLERK DEPT  
ELECTIONS DIVISION

24 JUL -8 AM 10:03

**City of Phoenix**  
CITY CLERK DEPARTMENT

**FINANCIAL DISCLOSURE STATEMENT**

For use by Public Officers and Candidates of the City of Phoenix

Name of Public Officer or Candidate: Martyn Bridgeman

Address (Home or Work Address): [REDACTED]  
(Street address, City, State, Zip code) (Address may be subject to public disclosure.)

Public Office Held or Sought: City Council District # 7  
(if applicable)

Please check one:

I am a **public officer** filing this Financial Disclosure Statement covering the 12 months of calendar year 2023.

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 July June 2023, through the month of July June 2024.

**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.

[Signature]  
Signature of Public Officer or Candidate

7/6/24  
Date

reg.

**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
Martyn Bridgeman	8388 E Honeford Dr Scottsdale, Az, 85269	HomeSmart	Realtor / Real Estate

**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).

#### 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

## 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
Martyn Bridgeman	Rental Arts Alliance 1202 N. 3rd St Phoenix, AZ, 85004	Board Chair
Martyn Bridgeman	The SEEH Inc PO Box 160 Phoenix, AZ, 85016	Board Chair
Martyn Bridgeman	Embassy Condo HOA 805 N. 4th Ave, Phoenix, AZ 85003	President

### 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 +

**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)
N/A			

**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.

**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