#### State of Arizona

## COMMISSION ON JUDICIAL CONDUCT

	Disposition of Complaint 23-323
Judge:	
Complainant:	

## **ORDER**

October 6, 2023

The Complainant alleged erroneous legal rulings by a superior court judge hearing a family case.

The role of the Commission on Judicial Conduct is to impartially determine whether a judicial officer has engaged in conduct that violates the Arizona Code of Judicial Conduct or Article 6.1 of the Arizona Constitution. There must be clear and convincing evidence of such a violation in order for the Commission to take disciplinary action against a judicial officer.

The Commission does not have jurisdiction to overturn, amend, or remand a judicial officer's legal rulings. The Commission reviewed all relevant available information and concluded there was not clear and convincing evidence of ethical misconduct in this matter. The complaint is therefore dismissed pursuant to Commission Rules 16(a) and 23(a).

Commission members Barbara Brown, Colleen E. Concannon, and Louis Frank Dominguez did not participate in the consideration of this matter.

Copies of this order were distributed to all appropriate persons on October 6, 2023.

## CONFIDENTIAL

Arizona Commission on Judicial Conduct 1501 W. Washington Street, Suite 229 Phoenix, Arizona 85007

## FOR OFFICE USE ONLY

2023-323

# COMPLAINT AGAINST A JUDGE

Name:	Judge's Name:	
Instructions: Use this form or plain paper of words what you believe the judge did that connames, dates, times, and places that will be pages may be attached along with copies (not orig of the paper only, and keep a copy of the complaint	stitutes judicial misconduct. Be speci lp the commission understand your inals) of relevant court documents. P	ific and list all of the r concerns. Additional
This is a child support case and I want to know v	why the honorable Judge	I
1- Has used a false income for the father of my	child.	
2- An incorrect income is being used for me.		
Attached are income tax returns of	and my taxes.	
Thank you,		

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supplier of the first service. We also a companies where we have a manufactor of the companies of the compan	
COMPLAINT.	AGAINST A JUDGE
Name:	Judge's Name:
words what you believe the judge did that consti- names, dates, times, and places that will help the	he same size to file a complaint. Describe in your own itutes judicial misconduct. Be specific and list all of the commission understand your concerns. Additional page of relevant court documents. Please complete one side of your records.

Date:

	) N	IO			
Parent A / Petition	er)	hild Support	<b>Norksh</b> e Guidelines)		
and	) DOB:	<del></del>	TT	— т	
	) Age:				
Parent B / Responde			Actual	Grade:	
	_	Termination Date: nor Children:	Children	or Ov	<u> </u>
	arent A x Parent B I	Egual	arent A		rent B
Child Support Income: Parent A: Parent B:		\$		\$_	
Adjustments to Child Support Income: [Mand	latory]				
Court Ordered Spousal Maintenance (Paid)	/ Received:				
Court Ordered Child Support of Other Relat	ionships (Actually Paid)			-/+L	
Support of Child[ren] from Other Relationsh Parent A's Other Child Deduct Parent B's Other Child[ren] De	ion Of:	(	<u> </u>		
Adjusted Child Support Income	Microsophia and a second and a	\$		\$	
Combined Adjusted Child Support Income			\$	_	
Basic Combined Child Support Obligation Fo	or 1 Child:		\$		
Adjustments To Basic Combined Child Supp	ort Obligation:				
Adjustment ForChild Age 12 and o	ver at 10%	[Mandatory]			
Medical, Dental and Vision Insurance Paid I	By Parent A:	[Mandatory]		e e e e e e e e e e e e e e e e e e e	ne objective encir.
Monthly Childcare Costs For 0 Child	Paid By:	[Discretionary]		· market a	
Extra Education Expenses Paid By:		[Discretionary]			
Extraordinary (Gifted or Special Needs) Chi	ld Expenses Paid By:	[Discretionary]	organización de la companyo	(**concood.) a min	Charachthaid Wherarra
Total Child Support Obligation			\$		
Each Parent's Proportionate Percentage of	Combined Adjusted Child S	Support Income			
Each Parent's Proportionate Share of Total	Child Support Obligation	\$		\$	
Parenting Time Adjustment For Parent A	Using	[Mandatory]			
Using Parenting Time For	0 Days At 0.0 %		0.00		
Total Adjustments To Child Support Obligat	ion From Above Paid By Ea	ach Parent	( )		
Presumptive Child Support Obligation		\$		\$	
Self-Support Reserve Test: Parent A's Adjusted Child Suppor	t Income: \$	[Discretionary]			
Less Self Support Reserve Amount:		<u> </u>	0.00	. <u></u>	0.00
Self Support Reserve Test Not Applied (X):	des armanae	Max. C.S.			
Monthly Child Support amount to be paid by	Parent A:	<b>\$</b>			

## Form 1120-S Department of the Treasury

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.
Go to www.lrs.gov/Form1705 for instructions and the latest information.

OMB No. 1545 0123

0.00000	n effective date				D Employer Idea	ntification number
Business as	TYPE OR			- 1	E Date Incorpora	ited
	PRINT			- 1	-	
Check if a	Schedule [7]				F Total assets (s	ee instructions)
Is the co	rporation electing to be an S corporation be	eginning with this tax year? Ye	s X No If "Yes,"	attach Form 2553	f not already fi	ed
Check	if: (1) Final return (2)	Name change (3) Ad	dress change			
	(4) Amended return	(5) S election termination o	r revocation			
Enter t	the number of shareholders who w	vere shareholders during any pa	rt of the tax year			
		ited activities for section 465 at-				ive activity purp
ution: Inc	clude only trade or business income a	and expenses on lines 1a through 21	1. See the instructions f	or more information	1.	
	Bross receipts or sales					
	Returns and allowances				lane.	
	Balance. Subtract line 1b from line				1 c	
2 0	Cost of goods sold (attach Form 1)	125-A)			2	
	Bross profit. Subtract line 2 from I					
4 N	let gain (loss) from Form 4797, lin	ne 17 (attach Form 4797)			4	
	Other income (loss) (see instrs — att staten				5	
	otal income (loss). Add lines 3 th				6	
7 0	Compensation of officers (see inst	ructions - attach Form 1125-E)			7	
8 5	Salaries and wages (less employm	nent credits)			8	
9 F	Repairs and maintenance				9	
10 B	Rad debts		******		10	
11 F	Rents				11	
	axes and licenses		********		12	
	nterest (see instructions)				13	
	Depreciation not claimed on Form				14	
	Depletion (Do not deduct oil and g				15	
16 A	Advertising				16	
	Pension, profit-sharing, etc., plans				17	
18 E	imployee benefit programs				18	
	Other deductions (attach statemen					
	otal deductions. Add lines 7 thro				20	
21 0	Ordinary business income (loss).	Subtract line 20 from line 6			21	
ta	xcess net passive income or LIFC ax (see instructions).		22a			
bT	ax from Schedule D (Form 1120-	5)	22b			
c A	kdd lines 22a and 22b (see instruc	tions for additional taxes)			22 c	
23a 2	020 estimated tax payments and	2019 overpayment credited to 20	020 23a			
ьт	ax deposited with Form 7004		23b			
	redit for federal tax paid on fuels					
dR	Reserved for future use		23d			
e A	dd lines 23a through 23d			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23e	
	stimated tax penalty (see instruct				24	
	mount owed. If line 23e is smaller than th				25	
	Overpayment, If line 23e is larger				26	
	nter amount from line 26: Credited	to 2021 estimated tax		Refunded *		
	Under penalties of perjury, I declare that I is correct, and complete. Declaration of prepa	have examined this return, including accom-	panying schedules and state	ments, and to the best	of my knowledge a	nd belief, it is t
n	correct, and complete. Declaration of prepa	rer (other than taxpayer) is based on all in	tornation of which property	nas any knownessys.	May the IRS dis-	cuss this return,
re	<b>N</b>		▶ Presiden	t	May the IRS dis- with the prepare See instructions	r shown below?
	Signature of officer	Date	Title			X Yes
	Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN	
d				self-emplo	yed	
parer	Firm's name >			Firm's EIN		
Only	Firm's address >	100				
			THE R. P. LEWIS CO., Land	Phone no.		
		EXHI				

## Filing # 117561030 E-Filed 12/02/2020 09:33:27 PM

	le:	X Married filing jointly	Tax Retur	ng separately	Head of hous	sehold	- Q	ualifying	widow(er)				
Visus first name and ind	al			Last na							securit	y number	
			-				_	1	40				
Your standard deduction if joint return, spouse's		Someone can claim you as a de me and initial	spendent	You were	e born before January :	2, 195	4	You ar	e blind	ina's se	ocial se	curity number	
				Canina							ociai sei	curity number	
Spouse standard deduct	100	Someone can claim your spo	use as a denen	dent	Spouse was born	hefon	e January 2	1954	X	Full-yea	ar healt	n care covera	oe .
Spouse is blind		Spouse itemizes on a separa					0 10 00 J L	100	[23]	or exer	mpt (see	e inst.)	
Home address (number	and st	men. If you have a P.O. box, see					Apt. no				l Electio	on Campaign	
									10000	inst)	_ Y		pouse
City, town or post office	state.	and ZIP code. If you have a fore	ign address, atta	ech Schedule	6.							pendents.	
Denoudente (etc.)	note: 10	t cash	(2) Social				_		-		d √ her		
Dependents (see in (1) First name	ist uc	Last name	numb		(3) Relationship to	you		(4) hild tax o	✓ if qua	sithes fo		nst.): for other dep	andante
			Abbid	7-			1	X	150410		Steam	T CONT.	ar courses
			-				1	-					
			_				_			+		H	
			_				+			+		H	
Sign	Under	penalties of perjury, I declare that se, correct, and complete. Declara	at I have examin	ed this return	and accompanying so	hedule	es and state	ments, a	nd to the	best of	my kno	wledge and be	sief, they
Here	are tro	ue, correct, and complete. Declara ur signature	ation of preparer	(other than	taxpayer) is based on a [Cate	all info	rmation of v	which pre	parer has	any kn	nowledge	ė.	
Joint return?		ur signature			Caste	Trou	occupation				PIN, ent	sent you an ident ler if.	ty Protection
See instructions.		ouse's signature. If a joint return,	both must sign.		Date	Soo	ise's occupa	stion			here (se f the RS	sent you an ident er d	ty Protection
Keep a copy for your records.										- 1	PIN, ent here (se	er d e inst.)	
	Prepa	rer's name	Prepar	er's signature		PTIN			Firm's E	IN.		Check if:	
Paid	2						V9-12770					A 3rd P	arty Design
Preparer	_	name				Phon	ne no.			-		Seif-e	mployed
Use Only	Firm's	address *											
PAA For Disclos	uro E	Privacy Act, and Paperwo	ork Poductic	on Act No	tice see separat	e inc	tructions	e Er	DIA0112L	01/09	119	Form 10	10 /2018
orm 1040 (2018)													Page
Attach Form(s)	1	Wages, salaries, tips, et	tc. Attach Fo	orm(s) W-	2						1		
W-2. Also attach Form(s) W-2G	20	Tax-exempt interest	1										
DITIO(2) W-20				2a		h	Taxable	intere	ist	2	h		
and 1099-R if tax				2a		-	Taxable				-		
and 1099-R if tax	3a	Qualified dividends		3a		_ b	Ordinar	y divid	ends	3	b		
and 1099-R if tax	3a 4a	Qualified dividends	nuities	3a 4a		b b	Ordinar Taxable	y divid	ends	3	b b		
and 1099-R if tax	3a 4a 5a	Qualified dividends IRAs, pensions, and and Social security benefits	nuities	3a 4a 5a	- Pakadula 1, liga 22	b b	Ordinar	y divid	ends	3 4 5	b b		
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