



**COCHISE COUNTY
ELECTIONS DEPARTMENT
POLITICAL COMMITTEE \$500 THRESHOLD STATEMENT
[A.R.S. §§16-902.01; 16-903(A)]**

ID#			
NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number)			DATE
RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS	
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the following information:			
NAME OF SPONSORING ORGANIZATION		TYPE OF ORGANIZATION	
ADDRESS OF SPONSORING ORGANIZATION		RELATIONSHIP TO POLITICAL COMMITTEE	
TYPE OF POLITICAL COMMITTEE – Please check only one box:			
<input type="checkbox"/> CANDIDATE’S CAMPAIGN COMMITTEE		<input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION	
<input type="checkbox"/> EXPLORATORY COMMITTEE		<input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES	
<input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES		<input type="checkbox"/> POLITICAL ORGANIZATION (an organization that is formally affiliated with and recognized by a political party including a district committee that is organized pursuant to A.R.S. §16-823)	
<input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE [A.R.S. §16-902.01(F)] <input type="checkbox"/> support or <input type="checkbox"/> opposition to this ballot measure		<input type="checkbox"/> POLITICAL PARTY (only state or county committees of an organization that meets the requirements for recognition as a political party (see A.R.S. §§16-801, 16-804, 16-821 and 16-825)	
<input type="checkbox"/> OTHER COMMITTEE (please describe below) _____ _____			
THE ABOVE NAMED COMMITTEE HEREBY ASSERTS THE FOLLOWING:			
➤ THE COMMITTEE HAS HERETOFORE NEITHER ACCEPTED ANY CONTRIBUTIONS NOR MADE ANY EXPENDITURES			
➤ THE COMMITTEE INTENDS TO RECEIVE OR EXPEND LESS THAN \$500			
➤ THE COMMITTEE WILL FILE A STATEMENT OF ORGANIZATION WITHIN FIVE BUSINESS DAYS AFTER EXPENDING OR RECEIVING MONIES OVER THE \$500 LIMIT PURSUANT TO A.R.S. §§16-902.01 AND 16-903(A).			
Each Political Committee shall have a Chairman and Treasurer. The position of Chairman and Treasurer of a single Political Committee may not be held by the same individual, except that a Candidate may be Chairman and Treasurer of his or her own Campaign Committee [A.R.S. §16-902(A)].			
NAME OF COMMITTEE CHAIRMAN		CHAIRMAN’S TELEPHONE #	CHAIRMAN’S FAX #
CHAIRMAN’S RESIDENCE ADDRESS (and mailing address if different)		CITY	STATE ZIP
CHAIRMAN’S OCCUPATION		CHAIRMAN’S EMPLOYER	
NAME OF COMMITTEE TREASURER		TREASURER’S TELEPHONE #	TREASURER’S FAX #
TREASURER’S RESIDENCE ADDRESS (and mailing address if different)		CITY	STATE ZIP
TREASURER’S OCCUPATION		TREASURER’S EMPLOYER	

FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (Party Affiliation and Office Sought are optional for Exploratory Committees.)			
NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI")			
PARTY AFFILIATION	OFFICE SOUGHT	COUNTY OF RESIDENCE	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS	CITY	STATE	ZIP

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S STATEMENT: I authorize the above-named political committee as my political committee to receive Contributions and make expenditures on my behalf.

Date: _____ Candidate's or Designating Individual's signature: _____
(Signature cannot be digital)

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, have examined the information contained in this exemption statement and certify that It is true and complete.

Date: _____ Chairman's signature: _____
(Signature cannot be digital)

Date: _____ Treasurer's signature: _____
(Signature cannot be digital)