



**COCHISE COUNTY  
ELECTIONS DEPARTMENT  
POLITICAL COMMITTEE STATEMENT OF ORGANIZATION**  
Titles 16 & 19, Arizona Revised Statutes  
Definitions, statutory references and important information on revenue

Date Received:

- Initial Registration       Out of State Committee  
 Amended Statement       Registration as Standing Political Committee

**RECEIVED**

2016 FEB 19 P 5:26  
Candidate ID#:

2016-12  
**COCHISE COUNTY  
ELECTIONS AND  
SPECIAL DISTRICTS**

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number)			DATE													
Jacquie Clay / Cochise County Superintendent			11 Feb 16													
RESIDENCE ADDRESS (Number and Street)		CITY	STATE	ZIP												
1787 Windwalker Way		Hereford	AZ	85615												
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP												
P.O. Box 24																
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS														
520 249-2443		JacquieClay07@gmail.com														
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? If yes, please provide the following information:      YES <input type="checkbox"/> NO <input type="checkbox"/>																
NAME OF SPONSORING ORGANIZATION		TYPE OF ORGANIZATION														
ADDRESS OF SPONSORING ORGANIZATION		RELATIONSHIP TO POLITICAL COMMITTEE														
<p><b>TYPE OF POLITICAL COMMITTEE – Please check only one box:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE</td> <td><input type="checkbox"/> STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. §16-902.01) By selecting the above classification the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (Please check ONE of the four boxes below)</td> </tr> <tr> <td><input type="checkbox"/> EXPLORATORY COMMITTEE</td> <td><input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION</td> </tr> <tr> <td><input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES</td> <td><input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES</td> </tr> <tr> <td><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</td> <td><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)</td> </tr> <tr> <td><input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL PETITION</td> <td><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))</td> </tr> <tr> <td><input type="checkbox"/> OTHER COMMITTEE (please describe below) _____ _____</td> <td></td> </tr> </table>					<input type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE	<input type="checkbox"/> STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. §16-902.01) By selecting the above classification the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (Please check ONE of the four boxes below)	<input type="checkbox"/> EXPLORATORY COMMITTEE	<input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION	<input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES	<input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES	<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 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 ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL PETITION	<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) _____ _____	
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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 <i>Rose Martinez</i>		CHAIRMAN'S TELEPHONE # <i>(520)456-6505</i>	CHAIRMAN'S FAX #	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <i>4989 E. Miller Canyon Rd. Hereford AZ 85615</i>		CITY <i>Hereford</i>	STATE <i>AZ</i>	ZIP <i>85615</i>
CHAIRMAN'S OCCUPATION <i>Teacher / Librarian</i>		CHAIRMAN'S EMPLOYER <i>Sierra Vista Unified School District</i>		
NAME OF COMMITTEE TREASURER <i>Mary Perez</i>		TREASURER'S TELEPHONE # <i>520-227-0440</i>	TREASURER'S FAX #	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <i>2102 E. Moonrise Rd.</i>		CITY <i>Hereford</i>	STATE <i>AZ</i>	ZIP <i>85615</i>
TREASURER'S OCCUPATION <i>Teacher</i>		TREASURER'S EMPLOYER <i>Sierra Vista Unified Schools</i>		

BEFORE A POLITICAL COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION. A.R.S. §16-902 (C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

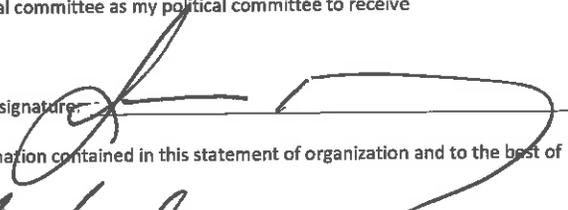
1. *American Southwest Credit Union* 3. \_\_\_\_\_

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

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

Date: *19 Feb 16* Candidate's or Designating Individual's signature: 

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, have examined the information contained in this statement of organization and to the best of our knowledge and belief, it is true, correct and complete.

Date: *2/11/16* Chairman's signature: *Rose Martinez*

Date: *2/11/16* Treasurer's signature: *Mary Perez*

Fill out this box only if the committee has been in existence for more than one year and is filing for Standing Committee status.

STANDING POLITICAL COMMITTEE'S STATEMENT (If applicable) (A.R.S. §16-902.1): I/we hereby declare the status of this political committee as a standing political committee.

Date: \_\_\_\_\_ Chairman's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Treasurer's signature: \_\_\_\_\_

State of Arizona )  
 ) ss.  
County of \_\_\_\_\_ )

State of Arizona )  
 ) ss.  
County of \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
Notary Public