



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

RECEIVED APR 22 2015

ID# 2016-03

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) <i>English for Supervisor</i>		DATE <i>4-21-15</i>	
RESIDENCE ADDRESS (Number and Street) <i>6850 N. Brooks Rd.</i>	CITY <i>McNeal</i>	STATE <i>AZ.</i>	ZIP <i>85617</i>
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP

COMMITTEE TELEPHONE # <i>520-364-3001</i>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS <i>Kelsey3001@msn.com</i>
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DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? YES NO
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 checked="" 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 <i>Ann English</i>	CHAIRMAN'S TELEPHONE # <i>520-432-9202</i>	CHAIRMAN'S FAX #	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <i>6850 N. Brooks Rd</i>	CITY <i>McNeal</i>	STATE <i>AZ.</i>	ZIP <i>85617</i>
CHAIRMAN'S OCCUPATION <i>Elected Official</i>	CHAIRMAN'S EMPLOYER		
NAME OF COMMITTEE TREASURER <i>Pat English</i>	TREASURER'S TELEPHONE # <i>520-266-1500</i>	TREASURER'S FAX #	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <i>6850 N. Brooks Rd</i>	CITY <i>McNeal</i>	STATE <i>AZ.</i>	ZIP <i>85617</i>
TREASURER'S OCCUPATION <i>Retired</i>	TREASURER'S EMPLOYER <i>None</i>		

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")

Ann English

PARTY AFFILIATION

Democrat

OFFICE SOUGHT

Board of Supervisors, Dist #2

COUNTY OF RESIDENCE

Cochise

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS

6850 N. Brooks Rd

CITY

McNeal

STATE

AZ

ZIP

85617

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:

4-21-15

Candidate's or Designating Individual's signature:

Ann S. English

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:

4-21-15

Chairman's signature:

Ann S. English

Date:

4-21-15

Treasurer's signature:

Pat English