



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:  
**RECEIVED**  
Sept 01  
2016 ~~Aug 31~~ A 7:55  
COCHISE COUNTY  
ELECTIONS AND  
SPECIAL DISTRICTS  
Candidate ID#:  
2016-06

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

|  |   |   |                                     |                     |  |  |   |  |  |  |   |  |  |   |   |  |  |
|--|---|---|-------------------------------------|---------------------|--|--|---|--|--|--|---|--|--|---|---|--|--|
| NAME OF POLITICAL COMMITTEE<br>(For a ballot measure committee, name shall include official petition serial number)<br><b>Elect Brian M. McIntyre for County Attorney</b>  |   |   | DATE                                |                     |  |  |   |  |  |  |   |  |  |   |   |  |  |
| RESIDENCE ADDRESS (Number and Street)<br><b>5431 S. Osage Ave.</b>   |   | CITY<br><b>Sierra Vista</b>   | STATE<br><b>AZ</b>                  | ZIP<br><b>85650</b> |  |  |   |  |  |  |   |  |  |   |   |  |  |
| MAILING ADDRESS (if different from above)<br><b>same as above</b>  |   | CITY  | STATE                               | ZIP                 |  |  |   |  |  |  |   |  |  |   |   |  |  |
| COMMITTEE TELEPHONE #<br><b>(520) 249-6812</b>   | COMMITTEE FAX #   | COMMITTEE E-MAIL ADDRESS<br><b>countyattorneymcintyre@yahoo.com</b> |                                     |                     |  |  |   |  |  |  |   |  |  |   |   |  |  |
| DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION?<br>If yes, please provide the following information:      YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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)]<br/><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)<br/>_____<br/>_____</td> <td></td> </tr> </table> |   |   |                                     |                     |  | <input checked="" 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)]<br><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)<br>_____<br>_____ |  |
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| <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   |   |                                     |                     |  |  |   |  |  |  |   |  |  |   |   |  |  |
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| <input type="checkbox"/> OTHER COMMITTEE (please describe below)<br>_____<br>_____   |   |   |                                     |                     |  |  |   |  |  |  |   |  |  |   |   |  |  |

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<br>Brian M. McIntyre  |  | CHAIRMAN'S TELEPHONE #<br>(520) 249-6812   |  | CHAIRMAN'S FAX #  |              |
| CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different)<br>5431 S. Osage Ave.  |  | CITY<br>Sierra Vista                       |  | STATE<br>AZ       | ZIP<br>85650 |
| CHAIRMAN'S OCCUPATION<br>Cochise County Attorney                                       |  | CHAIRMAN'S EMPLOYER<br>Cochise County      |  |                   |              |
| NAME OF COMMITTEE TREASURER<br>Jennifer Lin McIntyre                                   |  | TREASURER'S TELEPHONE #<br>(520) 249-4286  |  | TREASURER'S FAX # |              |
| TREASURER'S RESIDENCE ADDRESS (and mailing address if different)<br>5431 S. Osage Ave. |  | CITY<br>Sierra Vista                       |  | STATE<br>AZ       | ZIP<br>85650 |
| TREASURER'S OCCUPATION<br>Paralegal  |  | TREASURER'S EMPLOYER<br>Cardinal Law, P.C. |  |                   |              |

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. ~~Chase Bank, N.A.~~ 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.)

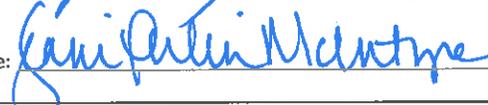
|  |                                  |                                |              |
|--|----------------------------------|--------------------------------|--------------|
| NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("D")<br>Brian M. McIntyre |                                  |                                |              |
| PARTY AFFILIATION<br>Republican  | OFFICE SOUGHT<br>County Attorney | COUNTY OF RESIDENCE<br>Cochise |              |
| CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS<br>5431 S. Osage Ave.  | CITY<br>Sierra Vista             | STATE<br>AZ                    | ZIP<br>85650 |

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: ~~08/17/2016~~ 9/1/16 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: ~~08/17/2016~~ 9/1/16 Chairman's signature: 

Date: 08/17/2016 Treasurer's signature: 

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 )  
County of \_\_\_\_\_ ) ss

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

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

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

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public

Notary Public