



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

RECEIVED  
 2016 JAN 27 A 11:00  
 COCHISE COUNTY  
 ELECTIONS AND  
 SPECIAL DISTRICTS

ID# **2016-04**

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) **Elect Brian M. McIntyre for County Attorney** DATE **1/26/2016**

RESIDENCE ADDRESS (Number and Street) **5431 South Osage Avenue** CITY **Sierra Vista** STATE **AZ** ZIP **85650**

MAILING ADDRESS (if different from above) **Same as above** CITY STATE ZIP

COMMITTEE TELEPHONE # **520-249-6812** COMMITTEE FAX # COMMITTEE E-MAIL ADDRESS **countyattorneymcintyre@yahoo.com**

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:
- CANDIDATE'S CAMPAIGN COMMITTEE
  - EXPLORATORY COMMITTEE
  - COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES
  - COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE [A.R.S. §16-902.01(F)]
    - support or  opposition to this ballot measure
  - OTHER COMMITTEE (please describe below)
  - SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION
  - COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES
  - 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)
  - 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))

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 **Brian M. McIntyre** CHAIRMAN'S TELEPHONE # **520-249-6812** CHAIRMAN'S FAX #

CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) **5431 South Sioux Ave.** CITY **Sierra Vista** STATE **AZ** ZIP **85650**

CHAIRMAN'S OCCUPATION **Cochise County Attorney** CHAIRMAN'S EMPLOYER **Cochise County**

NAME OF COMMITTEE TREASURER **Jennifer Lin McIntyre** TREASURER'S TELEPHONE # **520-249-4286** TREASURER'S FAX #

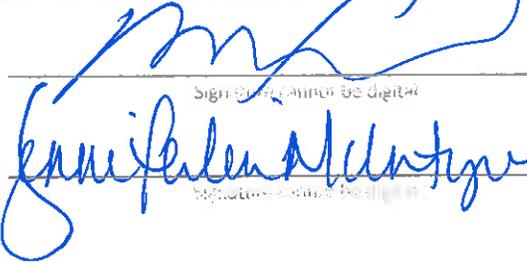
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) **same as above** CITY STATE ZIP

TREASURER'S OCCUPATION **Paralegal** TREASURER'S EMPLOYER **Laura Cardinal, Esq.**

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") <b>Brian M. McIntyre</b>			
PARTY AFFILIATION <b>Republican</b>	OFFICE SOUGHT <b>Cochise County Attorney</b>	COUNTY OF RESIDENCE <b>Cochise</b>	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS <b>Same as above</b>	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: 1/26/2016 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: 1/26/2016 Chairman's signature:   
Signature cannot be digital

Date: 01/26/2016 Treasurer's signature:   
Signature cannot be digital