

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

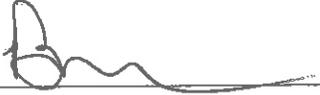
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April 22
2016 APR 18 P 3:40

ID# 2016-14		NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) Committee to Elect Benjamin Thomas		DATE April 22 2016	
RESIDENCE ADDRESS (Number and Street) 341 E. Wilson Ln.		CITY St. David		STATE AND SPECIAL DISTRICTS AZ	
MAILING ADDRESS (if different from above)		CITY		STATE AZ	
COMMITTEE TELEPHONE # 520-720-4544		COMMITTEE FAX # _____		COMMITTEE E-MAIL ADDRESS thomasforassessor@gmail.com	
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? 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			
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:					
<ul style="list-style-type: none"> ➤ 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 Benjamin Thomas		CHAIRMAN'S TELEPHONE # 520-720-4544		CHAIRMAN'S FAX # _____	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) 341 E. Wilson Ln.		CITY St. David		STATE AZ	
CHAIRMAN'S OCCUPATION mechanic		CHAIRMAN'S EMPLOYER Love's			
NAME OF COMMITTEE TREASURER Benjamin Thomas		TREASURER'S TELEPHONE # 520-720-4544		TREASURER'S FAX # _____	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) 341 E. Wilson Ln.		CITY St. David		STATE AZ	
TREASURER'S OCCUPATION mechanic		TREASURER'S EMPLOYER Love's			

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") Benjamin			
PARTY AFFILIATION Democratic	OFFICE SOUGHT Cochise County Assessor	COUNTY OF RESIDENCE Cochise	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS 341 E. Wilson Ln.	CITY St. David	STATE AZ	ZIP 85630

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: 4-14-16 Candidate's or Designating Individual's signature: 

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: 4-14-16 Chairman's signature: 

Date: 4-14-16 Treasurer's signature: 