



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

2016-19

RECEIVED

2016 JUN -6 P 4:30

ID#			
NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number)			DATE
Dominic D. Moots			COCHISE COUNTY ELECTIONS AND-2016 SPECIAL DISTRICTS
RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP
302 E. Vista	Bisbee	AZ	85603
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
SAA			
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS	
(520) 508-0037		hunternico30@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		CHAIRMAN'S TELEPHONE #	CHAIRMAN'S FAX #
Dominic D. Moots		(520) 508-0037	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different)	CITY	STATE	ZIP
302 E. Vista	Bisbee	AZ	85603
CHAIRMAN'S OCCUPATION	CHAIRMAN'S EMPLOYER		
Cochise County Hwy & Flood (Bisbee)			
NAME OF COMMITTEE TREASURER		TREASURER'S TELEPHONE #	TREASURER'S FAX #
Dominic D. Moots		(520) 508-0037	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different)	CITY	STATE	ZIP
Same as above			
TREASURER'S OCCUPATION	TREASURER'S EMPLOYER		
Same as above			

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

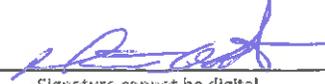
CITY

STATE

ZIP

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: 06-06-2016

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: 06-06-2016

Chairman's signature: 
Signature cannot be digital

Date: 06-06-2016

Treasurer's signature: 
Signature cannot be digital