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

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COCHISE COUNTY ELECTIONS AND SPECIAL DISTRICTS

ID#

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number)			DATE
Dave for Supervisor			06/08/2016
RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP
168 E Taylor Ln	Cochise	AZ	85606
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
same as above			

COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS
520-256-9723	none	david@daveforsupervisor.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	CHAIRMAN'S TELEPHONE #	CHAIRMAN'S FAX #	
David Pinar	520-256-9723	none	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different)	CITY	STATE	ZIP
168 E Taylor Ln	Cochise	AZ	85606
CHAIRMAN'S OCCUPATION	CHAIRMAN'S EMPLOYER		
Government Employee	Cochise County		
NAME OF COMMITTEE TREASURER	TREASURER'S TELEPHONE #	TREASURER'S FAX #	
David Pinar	520-256-9723	none	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different)	CITY	STATE	ZIP
168 E Taylor Ln	Cochise	AZ	85606
TREASURER'S OCCUPATION	TREASURER'S EMPLOYER		
Government Employee	Cochise County		

FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Party Affiliation and Office Sought are optional for Exploratory Committees.)

Democrat - Board of Supervisors (BOS), District 3

NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI")			
David Pinar			
PARTY AFFILIATION	OFFICE SOUGHT	COUNTY OF RESIDENCE	
Democrat	BOS District 3	Cochise	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS	CITY	STATE	ZIP
168 E Taylor Ln	Cochise	AZ	85606

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: 06/08/2016 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: 06/08/2016 Chairman's signature: _____

Date: 06/08/2016 Treasurer's signature: _____