



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

RECEIVED

2016 MAY -9 P 4:39

ID# 2016-17		NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) Thomas C. Holz for Cochise County Attorney		DATE May 9, 2016	
RESIDENCE ADDRESS (Number and Street) 10A Art. Ave.		CITY Bisbee	STATE AZ	ZIP 85603	
MAILING ADDRESS (if different from above) P.O. Box 1078		CITY Bisbee	STATE AZ	ZIP 85603	
COMMITTEE TELEPHONE # 520-255-6954	COMMITTEE FAX # N/A	COMMITTEE E-MAIL ADDRESS thomas.holz@skyislandattorney.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:

- > 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 Thomas C. Holz	CHAIRMAN'S TELEPHONE # 520-255-6954	CHAIRMAN'S FAX # N/A	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) 10 Art Ave, PO Box 1078	CITY Bisbee	STATE AZ	ZIP 85603
CHAIRMAN'S OCCUPATION Attorney	CHAIRMAN'S EMPLOYER Self		
NAME OF COMMITTEE TREASURER Julie Kirk Thomas C. Holz	TREASURER'S TELEPHONE # 520-222-9214	TREASURER'S FAX # N/A	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) 317 Arizona St. PO Box 1118	CITY Bisbee	STATE AZ	ZIP 85603
TREASURER'S OCCUPATION Accountant Attorney	TREASURER'S EMPLOYER Self Frontier Accounting, LLC		

FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION: (Party Affiliation and Office Sought are optional for Exploratory Committees.)			
No party affiliation; County Attorney NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI") Thomas C. Holz			
PARTY AFFILIATION N/A	OFFICE SOUGHT County Attorney	COUNTY OF RESIDENCE Cochise	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS 10A Ant Ave, Po Box 1078	CITY Bisbee	STATE AZ	ZIP 85603

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: 5/9/16 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: 5/9/16 Chairman's signature:   
Signature cannot be digital

Date: 5/9/16 Treasurer's signature:   
Signature cannot be digital