



COCHISE COUNTY
ELECTIONS DEPARTMENT
POLITICAL COMMITTEE STATEMENT OF ORGANIZATION
 Titles 16 & 19, Arizona Revised Statutes
 Definitions, statutory references and important information on revenue

Date Received:

RECEIVED

2016 AUG 19 P 3:51
 Candidate ID#:

COCHISE COUNTY
 ELECTIONS AND
 SPECIAL DISTRICTS 2016-07

- Initial Registration Out of State Committee
 Amended Statement Registration as Standing Political Committee

No PJ

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) PEGGY JUDD FOR COUNTY SUPERVISOR DISTRICT 3	DATE 8/18/16
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RESIDENCE ADDRESS (Number and Street) 705 N ARIZONA AVE	CITY WILLCOX	STATE AZ	ZIP 85643
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
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COMMITTEE TELEPHONE # 520 507-1880	COMMITTEE FAX # N/A	COMMITTEE E-MAIL ADDRESS BUSBARN@VTC.NET
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DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION?
 If yes, please provide the following information: YES NO

NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION
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ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE
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TYPE OF POLITICAL COMMITTEE – Please check only one box:

- | | |
|---|--|
| <input checked="" type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE

<input type="checkbox"/> EXPLORATORY COMMITTEE

<input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES

<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"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL PETITION

<input type="checkbox"/> OTHER COMMITTEE (please describe below)
<hr/> <hr/> | <input type="checkbox"/> STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. §16-902.01) By selecting the above classification the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following. (Please check ONE of the four boxes below)

<input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION

<input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES

<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"/> 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)) |
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