



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

ID# 2016-11

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) <b>COMMITTEE TO RE-ELECT KARL D ELLEDGE</b>		DATE <b>10-6-15</b>	
RESIDENCE ADDRESS (Number and Street) <b>3120 E. NAVANO STREET</b>	CITY <b>SIERRA VISTA</b>	STATE <b>AZ</b>	ZIP <b>85650</b>
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP

COMMITTEE TELEPHONE # <b>(520) 378-0345</b>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS <b>karlclledge@yahoo.com</b>
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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

<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. §16-822)
<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 <b>KARL D. ELLEDGE</b>	CHAIRMAN'S TELEPHONE # <b>(520) 378-0345</b>	CHAIRMAN'S FAX #	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <b>3120 E. NAVANO STREET</b>	CITY <b>SIERRA VISTA</b>	STATE <b>AZ</b>	ZIP <b>85650</b>
CHAIRMAN'S OCCUPATION <b>JUDGE OF THE SUPERIOR COURT</b>	CHAIRMAN'S EMPLOYER <b>STATE OF ARIZONA / COCHISE COUNTY</b>		
NAME OF COMMITTEE TREASURER <b>KARL D. ELLEDGE</b>	TREASURER'S TELEPHONE # <b>(520) 378-0345</b>	TREASURER'S FAX #	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <b>3120 E. NAVANO STREET</b>	CITY <b>SIERRA VISTA</b>	STATE <b>AZ</b>	ZIP <b>85650</b>
TREASURER'S OCCUPATION <b>JUDGE OF THE SUPERIOR COURT</b>	TREASURER'S EMPLOYER <b>STATE OF ARIZONA / COCHISE COUNTY</b>		

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")

KARL D. ELLEDGE

PARTY AFFILIATION

REPUBLICAN

OFFICE SOUGHT JUDGE OF THE

SUPERIOR COURT - DIVISION FOUR

COUNTY OF RESIDENCE

COCHISE

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS

3120 E NAVARO STREET

CITY

SIERRA VISTA

STATE

AZ

ZIP

85650

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: 10/6/15

Candidate's or Designating Individual's signature: \_\_\_\_\_

*Karl D. Elledge*

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: 10/6/15

Chairman's signature: \_\_\_\_\_

*Karl D. Elledge*

Signature cannot be digital

Date: 10/6/15

Treasurer's signature: \_\_\_\_\_

*Karl D. Elledge*

Signature cannot be digital