



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

ID# 2014-27

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) <u>Committee to elect Joel A. Larson</u>		DATE <u>July 2, 2014</u>	
RESIDENCE ADDRESS (Number and Street) <u>506 E Vista St.</u>	CITY <u>Bisbee</u>	STATE <u>AZ</u>	ZIP <u>85602</u>
MAILING ADDRESS (if different from above) <u>SAZ</u>	CITY	STATE	ZIP

COMMITTEE TELEPHONE # <u>520 249-5269</u>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS <u>Joellarson359@gmail.com</u>
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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"/> 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"/> OTHER COMMITTEE (please describe below) <hr/>	<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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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).

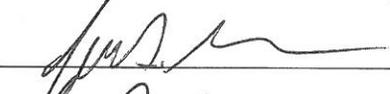
NAME OF COMMITTEE CHAIRMAN <u>Joel A. Larson</u>	CHAIRMAN'S TELEPHONE # <u>(520) 249-5269</u>	CHAIRMAN'S FAX # <u>520 432-9197</u>
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <u>506 E Vista St. Bisbee, AZ 85602</u>	CITY <u>Bisbee</u>	STATE <u>AZ</u> ZIP <u>85602</u>
CHAIRMAN'S OCCUPATION <u>Cochise County Legal Defender</u>	CHAIRMAN'S EMPLOYER <u>Cochise County</u>	
NAME OF COMMITTEE TREASURER <u>Joel A. Larson</u>	TREASURER'S TELEPHONE # <u>(520) 249-5269</u>	TREASURER'S FAX # <u>520 432-9197</u>
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <u>506 E Vista St. Bisbee, AZ 85602</u>	CITY <u>Bisbee</u>	STATE <u>AZ</u> ZIP <u>85602</u>
TREASURER'S OCCUPATION <u>Cochise County Legal Defender</u>	TREASURER'S EMPLOYER <u>Cochise County</u>	

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") <u>Joel A. Larson</u>			
PARTY AFFILIATION <u>Democrat</u>	OFFICE SOUGHT <u>Justice of the Peace, Precinct 1</u>	COUNTY OF RESIDENCE <u>Cochise</u>	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS <u>506 E. Vista St.</u>	CITY <u>Bisbee</u>	STATE <u>AZ</u>	ZIP <u>85603</u>

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: 7/2/14 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: 7/2/14 Chairman's signature: 

Date: 7/2/14 Treasurer's signature: 