



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

*Amending
Statement
of
Organization*

ID# 2016-04		NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) Re Elect Mark J. Dannels		DATE 01/25/2016	
RESIDENCE ADDRESS (Number and Street) 2982 E. San Xavier Rd.			CITY Sierra Vista	STATE AZ	ZIP 85635
MAILING ADDRESS (if different from above) S.A.A.			CITY	STATE	ZIP
COMMITTEE TELEPHONE # 520-234-7212		COMMITTEE FAX # 520-452-0379		COMMITTEE E-MAIL ADDRESS nickie.dannels@gmail.com	
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. §16-823)			
<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:					
<ul style="list-style-type: none"> > 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 Nickie Dannels		CHAIRMAN'S TELEPHONE # 520-234-7212		CHAIRMAN'S FAX # 520-452-0379	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) 2982 E. San Xavier Rd.			CITY Sierra Vista	STATE AZ	ZIP 85635
CHAIRMAN'S OCCUPATION R.N. Office Manager			CHAIRMAN'S EMPLOYER Lenzer Medical Services, LLC		
NAME OF COMMITTEE TREASURER Brianna Dannels		TREASURER'S TELEPHONE # 520-236-8998		TREASURER'S FAX #	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) 4515 Redwood Street			CITY Sierra Vista	STATE AZ	ZIP 85630
TREASURER'S OCCUPATION Executive Team Leader			TREASURER'S EMPLOYER Target		

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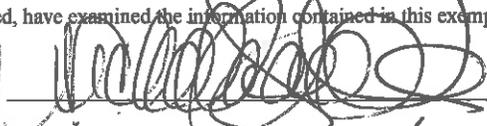
FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR AN EXPLORATORY COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Party Affiliation and Office Sought are optional for Exploratory Committees.)

Republican Cochise County Sheriff			
NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI") Mark Dannels			
PARTY AFFILIATION Republican	OFFICE SOUGHT Cochise County Sheriff	COUNTY OF RESIDENCE Cochise County	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS 2982 E. San Xavier Rd.	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: 01/26/2016 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: 1/25/2016 Chairman's signature: 

Date: 1/25/16 Treasurer's signature: 