



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

ID# 2016-07

RECEIVED JUN 03 2015

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) Peggy Judd for County Supervisor District 3		DATE June 3, 15	
RESIDENCE ADDRESS (Number and Street) 705 N Arizona Ave	CITY Willcox	STATE AZ	ZIP 85643
MAILING ADDRESS (if different from above) Same	CITY	STATE	ZIP

COMMITTEE TELEPHONE # 520 507-1735	COMMITTEE FAX # 520 384-3729	COMMITTEE E-MAIL ADDRESS busbarn@vta.net
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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. §16-823)
<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 Peggy Judd	CHAIRMAN'S TELEPHONE # 520 507-1735	CHAIRMAN'S FAX # 520 384-3729
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) 705 N. Arizona Ave	CITY Willcox	STATE AZ ZIP 85643
CHAIRMAN'S OCCUPATION Cashier & self employed architect	CHAIRMAN'S EMPLOYER Texaco Willcox - Cissi Graves	
NAME OF COMMITTEE TREASURER Peggy Judd	TREASURER'S TELEPHONE #	TREASURER'S FAX #
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) 705 N Arizona Ave	CITY Willcox	STATE AZ ZIP 85643
TREASURER'S OCCUPATION Cashier	TREASURER'S EMPLOYER Texaco Willcox - Cissi Graves	

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")

Peggy Judd

PARTY AFFILIATION

Republican

OFFICE SOUGHT

County Supervisor

COUNTY OF RESIDENCE

Cochise

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS

705 N Arizona Ave

CITY

Willcox

STATE

AZ

ZIP

85643

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: *June 3, 15*

Candidate's or Designating Individual's signature: *Peggy Judd*

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: *June 3, 15*

Chairman's signature: *Peggy Judd*

Date: *June 3, 15*

Treasurer's signature: *Peggy Judd*