



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

RECEIVED

ID# 2016-18		DATE 2016 MAY 11 P 12:22 5/9/2016	
NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) Dave For Supervisor		COCHISE COUNTY ELECTIONS AND SPECIAL DISTRICTS	
RESIDENCE ADDRESS (Number and Street) 168 E Taylor Ln	CITY Cochise	STATE AZ	ZIP 85606
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
COMMITTEE TELEPHONE # 520-256-9723	COMMITTEE FAX # none	COMMITTEE E-MAIL ADDRESS david@daveforsupervisor.com	
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? If yes, please provide the following information:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
NAME OF SPONSORING ORGANIZATION	TYPE OF ORGANIZATION		
ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE		
<p>TYPE OF POLITICAL COMMITTEE - Please check only one box:</p> <p><input checked="" type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE</p> <p><input type="checkbox"/> EXPLORATORY COMMITTEE</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES</p> <p><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</p> <p><input type="checkbox"/> OTHER COMMITTEE (please describe below) _____ _____</p> <p><input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION</p> <p><input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES</p> <p><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)</p> <p><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))</p>			
<p>THE ABOVE NAMED COMMITTEE HEREBY ASSERTS THE FOLLOWING:</p> <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). 			
<p>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)].</p>			
NAME OF COMMITTEE CHAIRMAN David Pinar	CHAIRMAN'S TELEPHONE # 520-256-9723	CHAIRMAN'S FAX # none	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) 168 E Taylor Ln	CITY Cochise	STATE AZ	ZIP 85606
CHAIRMAN'S OCCUPATION Government Employee	CHAIRMAN'S EMPLOYER Cochise County		
NAME OF COMMITTEE TREASURER David Pinar	TREASURER'S TELEPHONE # 520-256-9723	TREASURER'S FAX # none	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) 168 E Taylor Ln	CITY Cochise	STATE AZ	ZIP 85606
TREASURER'S OCCUPATION Government Employee	TREASURER'S EMPLOYER Cochise County		

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

Democrat: Cochise County Board of Supervisors, District 3

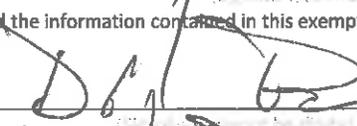
NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI")
David Pinar

PARTY AFFILIATION Democrat	OFFICE SOUGHT County Supervisor Distr. 3	COUNTY OF RESIDENCE Cochise	
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS 168 E Taylor Ln	CITY Cochise	STATE AZ	ZIP 85606

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: 5/11/2016 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: 5/11/2016 Chairman's signature: 

Date: 5/11/2016 Treasurer's signature: 

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