



**COCHISE COUNTY
ELECTIONS DEPARTMENT
POLITICAL COMMITTEE STATEMENT OF ORGANIZATION**
Titles 16 & 19, Arizona Revised Statutes
Definitions, statutory references and important information on revenue

- Initial Registration Out of State Committee
 Amended Statement Registration as Standing Political Committee

Date Received:
RECEIVED
2016 JUL 12 A 10:47
Candidate ID#:
COCHISE COUNTY
ELECTIONS AND
SPECIAL DISTRICTS
201608

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number)		DATE	
Committee To Elect R Searle		7-12-16	
RESIDENCE ADDRESS (Number and Street)	CITY	STATE	ZIP
1515 Aragon Rd	Cochise	AZ	85606
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
P.O. Box 796	Pearce	AZ	85625
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS	
520 826-1472	N/A	N/A	
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"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL PETITION</p> <p><input type="checkbox"/> OTHER COMMITTEE (please describe below) _____ _____</p> <p><input type="checkbox"/> STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. §16-902.01) By selecting the above classification the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (Please check ONE of the four boxes 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>			

