



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

RECEIVED JAN 17 2014

ID# 2014-13

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) <u>AMBROSE FOR JUSTICE</u>		DATE <u>1-17-14</u>	
RESIDENCE ADDRESS (Number and Street) <u>309 PARK AVENUE</u>	CITY <u>BISBEE</u>	STATE <u>AZ</u>	ZIP <u>85603</u>
MAILING ADDRESS (if different from above) <u>P.O. Box 916</u>	CITY <u>BISBEE</u>	STATE <u>AZ</u>	ZIP <u>85603</u>
COMMITTEE TELEPHONE # <u>520-432-2082</u>	COMMITTEE FAX # <u>N/A</u>	COMMITTEE E-MAIL ADDRESS <u>adamambrose@yahoo.com</u>	
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:

- > 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>ADAM AMBROSE</u>	CHAIRMAN'S TELEPHONE # <u>520-432-2082</u>	CHAIRMAN'S FAX # <u>N/A</u>
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <u>309 PARK AVE, BISBEE, AZ / P.O. BOX 916</u>	CITY <u>BISBEE</u>	STATE <u>AZ</u> ZIP <u>85603</u>
CHAIRMAN'S OCCUPATION <u>ATTORNEY</u>	CHAIRMAN'S EMPLOYER <u>COCHISE COUNTY ATTORNEY</u>	
NAME OF COMMITTEE TREASURER <u>ADAM AMBROSE</u>	TREASURER'S TELEPHONE # <u>520-432-2082</u>	TREASURER'S FAX # <u>N/A</u>
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <u>309 PARK AVE / P.O. BOX 916</u>	CITY <u>BISBEE</u>	STATE <u>AZ</u> ZIP <u>85603</u>
TREASURER'S OCCUPATION <u>ATTORNEY</u>	TREASURER'S EMPLOYER <u>COCHISE COUNTY ATTORNEY</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")

ADAM AMBROSE

PARTY AFFILIATION

DEMOCRAT

OFFICE SOUGHT

JUSTICE OF THE PEACE - PREVIOUS 1

COUNTY OF RESIDENCE

COCHISE

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS

309 PARK AVENUE

CITY

BISBEE

STATE

AZ

ZIP

85603

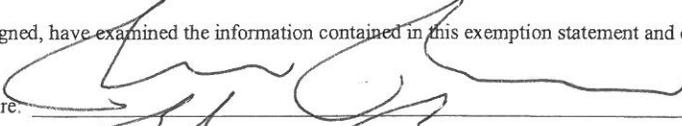
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S STATEMENT: I authorize the above-named political committee as my political committee to receive Contributions and make expenditures on my behalf.

Date: 1/17/14

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: 1/17/14

Chairman's signature: 

Date: 1/17/14

Treasurer's signature: 