



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

ID# 2014-06

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) <u>Re-elect CHARLES A. IRWIN, Superior Ct.</u>		DATE <u>8/30/2013</u>	
RESIDENCE ADDRESS (Number and Street) <u>2764 Oracle Dr.</u>	CITY <u>Sierra Vista</u>	STATE <u>AZ</u>	ZIP <u>85635</u>
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP

COMMITTEE TELEPHONE # <u>520-240-4135</u>	COMMITTEE FAX # <u>None</u>	COMMITTEE E-MAIL ADDRESS <u>CAIRWIN@COX.NET</u>
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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).

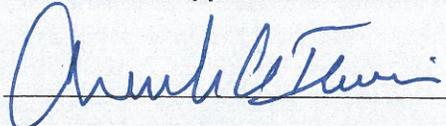
NAME OF COMMITTEE CHAIRMAN <u>CHARLES A. IRWIN</u>	CHAIRMAN'S TELEPHONE # <u>520-240-4135</u>	CHAIRMAN'S FAX # <u>None</u>
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <u>2764 Oracle Dr.</u>	CITY <u>SIERRA VISTA</u>	STATE <u>AZ</u> ZIP <u>85635</u>
CHAIRMAN'S OCCUPATION <u>JUDGE</u>	CHAIRMAN'S EMPLOYER <u>State of Arizona</u>	
NAME OF COMMITTEE TREASURER <u>CHARLES A. IRWIN</u>	TREASURER'S TELEPHONE # <u>520-240-4135</u>	TREASURER'S FAX # <u>None</u>
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <u>see above</u>	CITY	STATE ZIP
TREASURER'S OCCUPATION <u>see above</u>	TREASURER'S EMPLOYER <u>See above</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.)

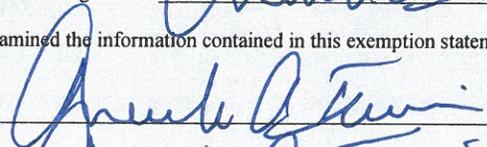
RECEIVED AUG 30 2013

NAME OF CANDIDATE OR DESIGNATING INDIVIDUAL ("DI") <b>CHARLES A. IRWIN</b>			
PARTY AFFILIATION <b>Republican</b>		OFFICE SOUGHT <b>Superior Court Judge - District I</b>	COUNTY OF RESIDENCE <b>Rochester</b>
CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS <b>2764 Oriole Dr.</b>		CITY <b>Sierra Vista</b>	STATE <b>AZ</b>
		ZIP <b>85635</b>	

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: 8/30/2013 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: 8/30/2013 Chairman's signature: 

Date: 8/30/2013 Treasurer's signature: 