



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

RECEIVED FEB 10 2014

ID# 2014-17

NAME OF POLITICAL COMMITTEE (For a ballot measure committee, name shall include official petition serial number) <u>Nelson for J.P. 1</u>		DATE <u>2014-17</u>	
RESIDENCE ADDRESS (Number and Street) <u>10590 S. Smith Ave</u>	CITY <u>Palominas</u>	STATE <u>AZ.</u>	ZIP <u>85615</u>
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP

COMMITTEE TELEPHONE # <u>520-366-5883</u>	COMMITTEE FAX #	COMMITTEE E-MAIL ADDRESS
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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
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ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE
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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>Eric P. Nelson</u>	CHAIRMAN'S TELEPHONE # <u>520-366-5883</u>	CHAIRMAN'S FAX #	
CHAIRMAN'S RESIDENCE ADDRESS (and mailing address if different) <u>10590 S. Smith Ave</u>	CITY <u>Palominas</u>	STATE <u>AZ.</u>	ZIP <u>85615</u>
CHAIRMAN'S OCCUPATION <u>Retired</u>	CHAIRMAN'S EMPLOYER		
NAME OF COMMITTEE TREASURER <u>Eric Nelson</u>	TREASURER'S TELEPHONE # <u>520-366-5883</u>	TREASURER'S FAX #	
TREASURER'S RESIDENCE ADDRESS (and mailing address if different) <u>10590 S. Smith Ave</u>	CITY <u>Palominas</u>	STATE <u>AZ.</u>	ZIP <u>85615</u>
TREASURER'S OCCUPATION <u>Retired</u>	TREASURER'S EMPLOYER		

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")

Eric Paul Nelson

PARTY AFFILIATION

Republican

OFFICE SOUGHT

V.P. 1

COUNTY OF RESIDENCE

Cochise

CANDIDATE'S OR DESIGNATING INDIVIDUAL'S ADDRESS

10590 S. Smith Ave.

CITY

Palomaris

STATE

Az.

ZIP

85615

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: Feb 10 2014

Candidate's or Designating Individual's signature: Eric P. Nelson

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: Feb 10 2014

Chairman's signature: Eric P. Nelson

Date: Feb 10 2014

Treasurer's signature: Eric P. Nelson