



**YAVAPAI COUNTY
POLITICAL COMMITTEE
\$500 THRESHOLD EXEMPTION STATEMENT**

FOR OFFICE USE ONLY
RECEIVED
JUL 19 2016
YAVAPAI COUNTY
SUPT. OF SCHOOLS

| | | | |
|----------------|---|--|---------------------|
| DATE 7/7/16 | <input checked="" type="checkbox"/> Candidate Committee | <input type="checkbox"/> Political Committee | I.D. # SCH16-069 |
|----------------|---|--|---------------------|

NAME OF COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])
Amanda Armstrong

| | | | |
|---|-----------------|--|--------------|
| ADDRESS (Number & Street) 9 Northern | CITY Bagdad | STATE AZ | ZIP 86321 |
| MAILING ADDRESS (if different from above) PO Box 855 | CITY Bagdad | STATE AZ | ZIP 86321 |
| COMMITTEE TELEPHONE # (928) 830-7868 | COMMITTEE FAX # | COMMITTEE EMAIL ADDRESS amanda@room7usa.com | |

TYPE OF POLITICAL COMMITTEE – Please check only one box:

| | |
|--|--|
| <input checked="" type="checkbox"/> CANDIDATE COMMITTEE | <input type="checkbox"/> COMMITTEE IN SUPPORT OF -or- OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT MEASURE, QUESTION OR PROPOSITION (A.R.S. §16-902.01(F)) |
| <input type="checkbox"/> COMMITTEE IN SUPPORT OF - or - OPPOSITION TO ONE OR MORE CANDIDATES | <input type="checkbox"/> OTHER (describe): _____ |

FOR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
All fields required, unless otherwise noted

| | | | |
|---|--|-----------------------------------|--------------|
| NAME OF CANDIDATE Amanda Armstrong | PARTY AFFILIATION (Required for partisan races only) | | |
| CANDIDATE'S ADDRESS (Number & Street) 9 Northern | CITY Bagdad | STATE AZ | ZIP 86321 |
| MAILING ADDRESS (if different) PO Box 855 | CITY Bagdad | STATE AZ | ZIP 86321 |
| COUNTY OF RESIDENCE Yavapai | OFFICE SOUGHT School District Governing Board | ELECTION DATE November 8, 2016 | |

The above-named committee hereby asserts they are in compliance with the Arizona Revised Statutes that govern \$500 Threshold Exemption Statement committees and acknowledges that this committee is required to terminate in accordance with A.R.S. §16-904.

YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:

POLITICAL COMMITTEE OFFICER'S STATEMENT: I, the undersigned Political Committee Officer, have read all of the applicable laws relating to campaign finance and reporting and have examined the information contained in this Exemption Statement and, to the best of my knowledge and belief, it is true, correct and complete.

| | |
|----------------|---|
| DATE 7/7/16 | POLITICAL COMMITTEE OFFICER'S SIGNATURE |
|----------------|---|

CANDIDATE SIGNATURE REQUIRED BELOW FOR A CANDIDATE'S CAMPAIGN COMMITTEE OR EXPLORATORY COMMITTEE

CANDIDATE'S STATEMENT: I authorize the above-named political committee to receive contributions and make expenditures on my behalf. I certify that this Exemption Statement is true, correct and complete.

| | |
|----------------|-------------------------|
| DATE 7/7/16 | CANDIDATE SIGNATURE |
|----------------|-------------------------|

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