



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

RECEIVED

JUN - 6 2016

Yavapai County
Supt. of Schools

FOR OFFICE USE ONLY

DATE 5/18/16	<input checked="" type="checkbox"/> Candidate Committee	<input type="checkbox"/> Political Committee	I.D.# SCH 16-046
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NAME OF COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])
Charlene Day

ADDRESS (Number & Street) 1617 New Day Dr.	CITY Clarkdale	STATE AZ	ZIP 86324
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
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COMMITTEE TELEPHONE # 928-301-3356	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS charlene.day46@yahoo.com
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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 Charlene Day	PARTY AFFILIATION (Required for partisan races only)
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CANDIDATE'S ADDRESS (Number & Street) 1617 New Day Dr.	CITY Clarkdale	STATE AZ	ZIP 86324
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MAILING ADDRESS (if different)	CITY	STATE	ZIP
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COUNTY OF RESIDENCE Yavapai	OFFICE SOUGHT VACTE Board member	ELECTION DATE Nov. 2016
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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 May 18, 2016	POLITICAL COMMITTEE OFFICER'S SIGNATURE Charlene Day
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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 5/18/16	CANDIDATE SIGNATURE Charlene Day
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FOR OFFICE USE ONLY	<input type="checkbox"/> Entered in Database	<input type="checkbox"/> Posted to yavapai.us/electionsvr/
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