



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

FOR OFFICE USE ONLY

**RECEIVED**

APR 8 2016

Yavapai County  
Supt. of Schools

DATE 4/8/16	<input checked="" type="checkbox"/> Candidate Committee	<input type="checkbox"/> Political Committee	ID.# SCH16-024
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NAME OF COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])  
John Mackin

ADDRESS (Number & Street) 689 Frederick Ln.	CITY Prescott	STATE AZ	ZIP 86301
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
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COMMITTEE TELEPHONE # 928 710 1443	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS John.Mackin@prescottschools.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 John Mackin	PARTY AFFILIATION (Required for partisan races only)
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CANDIDATE'S ADDRESS (Number & Street) 689 Frederick Ln.	CITY Prescott	STATE AZ	ZIP 86301
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MAILING ADDRESS (if different)	CITY	STATE	ZIP
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COUNTY OF RESIDENCE Yavapai	OFFICE SOUGHT PUSD School Board	ELECTION DATE 11/8/16
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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	POLITICAL COMMITTEE OFFICER'S SIGNATURE
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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 4/8/16	CANDIDATE SIGNATURE
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