



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

FOR OFFICE USE ONLY

RECEIVED
JUL 20 2016

YAVAPAI COUNTY
SUPT. OF SCHOOLS

DATE 06/28/2016	<input checked="" type="checkbox"/> Candidate Committee	<input type="checkbox"/> Political Committee	I.D. # SCH16-070
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NAME OF COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])
June Trinidad

ADDRESS (Number & Street) 2045 S. Pearl Dr	CITY Camp Verde	STATE AZ	ZIP 86322
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
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COMMITTEE TELEPHONE # (928) 567-6725	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS cjtrinidad4@msn.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 June S. Trinidad	PARTY AFFILIATION (Required for partisan races only)
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CANDIDATE'S ADDRESS (Number & Street) 2045 S. Pearl Dr	CITY Camp Verde	STATE AZ	ZIP 86322
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MAILING ADDRESS (if different)	CITY	STATE	ZIP
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COUNTY OF RESIDENCE Yavapai	OFFICE SOUGHT School Board member	ELECTION DATE November 8, 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	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 June 28, 2016	CANDIDATE SIGNATURE
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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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