



**YAVAPAI COUNTY
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION**

RECEIVED

OCT 3 2013

Yavapai County
Supt. of Schools

DATE 10/01/2013	<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Amended Statement	I.D. # SC# 2013.004
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NAME OF POLITICAL COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])
JUST SAY NO TO PUSTD BOND & OVERRIDE

ADDRESS (NUMBER & STREET) PO Box 11408	CITY PRESCOTT	STATE AZ	ZIP 86304
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MAILING ADDRESS (if different from above) SAME	CITY	STATE	ZIP
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COMMITTEE TELEPHONE # 928.443.0830	COMMITTEE FAX # 928.443.0836	COMMITTEE EMAIL ADDRESS
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TYPE OF POLITICAL COMMITTEE – Please check only one box:

<input type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE	<input type="checkbox"/> STANDING POLITICAL COMMITTEE - (A.R.S. § 16-901(23)) - <i>This committee only files with the Secretary of State (annual fee required) Please provide a copy of the original filed document. By selecting this classification, the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following: (check ONE of the four boxes below)</i>
<input type="checkbox"/> CANDIDATE'S EXPLORATORY COMMITTEE	<input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION (A.R.S. §16-920(A)(3))
<input type="checkbox"/> COMMITTEE IN SUPPORT OF - or - OPPOSITION TO ONE OR MORE CANDIDATES	<input type="checkbox"/> POLITICAL PARTY - Only state or county committees of an organization that meets the requirements for recognition as a political party. (A.R.S. Title 16, Chapter 5)
<input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION - or - TO INFLUENCE THE RESULT OF A RECALL ELECTION	<input type="checkbox"/> POLITICAL ORGANIZATION - An organization that is formally affiliated with and recognized by a political party including a district committee organized pursuant to A.R.S. §16-823
<input checked="" 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"/> INDEPENDENT EXPENDITURE COMMITTEE (A.R.S. § 16-901(14))
<input type="checkbox"/> OTHER (describe): _____	

Sponsoring Organization: ARS § 16-901(22) any organization that establishes, administers or contributes financial support to the administration of, or that has common or overlapping membership or officers with, a political committee other than a candidate's campaign committee.

NAME OF SPONSORING ORGANIZATION CITIZENS TAX COMMITTEE	TYPE OF ORGANIZATION 501 (c) (4)
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ADDRESS OF SPONSORING ORGANIZATION SAME	RELATIONSHIP TO POLITICAL COMMITTEE PARENT
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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	PARTY AFFILIATION
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CANDIDATE'S ADDRESS	CITY	STATE	ZIP
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OFFICE SOUGHT	ELECTION DATE
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BEFORE A COMMITTEE ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE IT SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION. A.R.S. § 16-902(C). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)



1. AZ NATIONAL BANK 3. _____

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).

CHAIRMAN FIRST NAME <u>JOHN</u>		CHAIRMAN LAST NAME <u>STEVENS</u>	
RESIDENCE ADDRESS <u>PO BOX 1913</u>		CITY <u>PRESCOTT</u>	STATE <u>AZ</u>
MAILING ADDRESS (if different) <u>SAME</u>		CITY	STATE
CHAIRMAN'S TELEPHONE # <u>928.443.0830</u>	CHAIRMAN'S FAX # <u>928.443.0836</u>	CHAIRMAN'S EMAIL	
CHAIRMAN'S OCCUPATION <u>TAX ACCOUNTANT - E.A.</u>		CHAIRMAN'S EMPLOYER <u>SELF</u>	
TREASURER FIRST NAME <u>Wm Bill</u>		TREASURER LAST NAME <u>ROBB</u>	
RESIDENCE ADDRESS <u>1660 BENT TREE TRAIL</u>		CITY <u>PRESCOTT</u>	STATE <u>AZ</u>
MAILING ADDRESS (if different) <u>SAME</u>		CITY	STATE
TREASURER'S TELEPHONE # <u>928.717.6006</u>	TREASURER'S FAX # <u>928.717.9312</u>	TREASURER'S EMAIL	
TREASURER'S OCCUPATION <u>RETIRED</u>		TREASURER'S EMPLOYER	

**YOUR APPLICATION IS NOT COMPLETE WITHOUT THE REQUIRED SIGNATURES BELOW:
ALL COMMITTEES REQUIRE THE SIGNATURE OF BOTH THE CHAIRMAN AND TREASURER**

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned Chairman and Treasurer, have read all of the applicable laws relating to campaign finance and reporting and have examined the information contained in this Statement of Organization and, to the best of our knowledge and belief, it is true, correct and complete.

DATE <u>10/02/2013</u>	CHAIRMAN SIGNATURE 
DATE <u>10.02.2013</u>	TREASURER 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.

DATE	CANDIDATE SIGNATURE
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