



**YAVAPAI COUNTY
POLITICAL COMMITTEE
STATEMENT OF ORGANIZATION**

RECEIVED

AUG 19 2014

Yavapai County
Supt. of Schools

DATE 8/14/2014	<input type="checkbox"/> Initial Registration	<input checked="" type="checkbox"/> Amended Statement	I.D. # 09-06-01-001
NAME OF POLITICAL COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01]) Partners in Education			
ADDRESS (NUMBER & STREET) 989 S. Main St.	CITY Cottonwood	STATE AZ	ZIP 86326
MAILING ADDRESS (if different from above) Ste. A Pmb 477	CITY Cottonwood	STATE AZ	ZIP 86326
COMMITTEE TELEPHONE #	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS vote.yes.yes.14@gmail.com	

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	TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION	RELATIONSHIP TO POLITICAL COMMITTEE

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		
CANDIDATE'S ADDRESS	CITY	STATE	ZIP
OFFICE SOUGHT	ELECTION DATE		

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. Country Bank 2. _____ 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>Jamie</u>		CHAIRMAN LAST NAME <u>Woodward</u>	
RESIDENCE ADDRESS <u>9750 E. Garden Ln.</u>	CITY <u>Cornville</u>	STATE <u>Az</u>	ZIP <u>86325</u>
MAILING ADDRESS (if different) <u>Same</u>	CITY	STATE	ZIP
CHAIRMAN'S TELEPHONE # <u>520-343-9740</u>	CHAIRMAN'S FAX #	CHAIRMAN'S EMAIL	
CHAIRMAN'S OCCUPATION <u>Instructional Coach</u>	CHAIRMAN'S EMPLOYER <u>COCSD</u>		
TREASURER FIRST NAME <u>Patricia</u>		TREASURER LAST NAME <u>Winters</u>	
RESIDENCE ADDRESS <u>58 E. Cottonwood Dr.</u>	CITY <u>Cottonwood</u>	STATE <u>Az</u>	ZIP <u>86326</u>
MAILING ADDRESS (if different) <u>P.O. Box 1181</u>	CITY <u>Cottonwood</u>	STATE <u>Az</u>	ZIP <u>86326</u>
TREASURER'S TELEPHONE # <u>928-593-0196</u>	TREASURER'S FAX #	TREASURER'S EMAIL <u>iiza.grammieri@msn.com</u>	
TREASURER'S OCCUPATION <u>Executive Assistant</u>	TREASURER'S EMPLOYER <u>COCSD</u>		

**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>8/14/2014</u>	CHAIRMAN SIGNATURE <u>Jamie Woodward</u>
DATE <u>8/14/2014</u>	TREASURER SIGNATURE <u>Patricia Winters</u>

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