



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

FOR OFFICE USE ONLY

RECEIVED

APR 4 2016

Yavapa County
Supt. of Schools

DATE 4.4.16	<input checked="" type="checkbox"/> Candidate Committee	<input type="checkbox"/> Political Committee	I.D. # SCH16-004
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NAME OF COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])

Patricia Foy		CITY Seligman	STATE AZ	ZIP 86337
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MAILING ADDRESS (if different from above) POB 429		CITY Peach Springs	STATE AZ	ZIP 86434
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COMMITTEE TELEPHONE # 6029992870	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS K7Foy@me.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 Patricia Foy		PARTY AFFILIATION (Required for partisan races only)	
CANDIDATE'S ADDRESS (Number & Street) 66250 N. Jeckyl Rd		CITY Seligman	STATE AZ
MAILING ADDRESS (if different) POB 429		CITY Peach Springs	STATE AZ
COUNTY OF RESIDENCE YAVAPAI	OFFICE SOUGHT Seligman School Board Member	ELECTION DATE 11-8-2016	

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 4-4-2016	CANDIDATE SIGNATURE <i>Patricia M Foy</i>
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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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