



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

RECEIVED

APR 4 2016

Yavapai County
Superior Court

FOR OFFICE USE ONLY

DATE 4-4-16	<input checked="" type="checkbox"/> Candidate Committee	<input type="checkbox"/> Political Committee	I.D. # SCH 16-009
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NAME OF COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose (16-902.01))

Committee to elect Phillip Cox for JTED

ADDRESS (Number & Street) 440 E. LIANA DR.	CITY Chino Valley	STATE Arizona	ZIP 86323
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MAILING ADDRESS (if different from above) PO Box 1801	CITY Chino Valley	STATE Arizona	ZIP 86323
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COMMITTEE TELEPHONE # 928-636-9281	COMMITTEE FAX # N/A	COMMITTEE EMAIL ADDRESS phillipcox8@yahoo.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 Phillip Cox		PARTY AFFILIATION (Required for partisan races only)	
CANDIDATE'S ADDRESS (Number & Street) 440 EAST LIANA DR.	CITY Chino Valley	STATE ARIZ.	ZIP 86323
MAILING ADDRESS (if different) PO Box 1801	CITY Chino Valley	STATE ARIZ.	ZIP 86323
COUNTY OF RESIDENCE YAVAPAI	OFFICE SOUGHT Mountain Institute (Chino Valley)	ELECTION DATE 11-8-16	

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 4-4-16	CANDIDATE SIGNATURE
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