



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

RECEIVED

APR 8 2016

Yavapai County
Supt. of Schools

FOR OFFICE USE ONLY

DATE 4-8-16	<input checked="" type="checkbox"/> Candidate Committee	<input type="checkbox"/> Political Committee	I.D.# SCH16-023
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NAME OF COMMITTEE (For ballot measures, name shall include official petition serial number & Support or Oppose [16-902.01])
Scott Hides

ADDRESS (Number & Street) 220 N. Mt. Vernon Ave	CITY Prescott	STATE AZ	ZIP 86301
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MAILING ADDRESS (if different from above)	CITY	STATE	ZIP
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COMMITTEE TELEPHONE # (928) 713-4327	COMMITTEE FAX #	COMMITTEE EMAIL ADDRESS hides az @ 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 Scott Hides	PARTY AFFILIATION (Required for partisan races only)
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CANDIDATE'S ADDRESS (Number & Street) 220 North Mt. Vernon Ave	CITY Prescott	STATE AZ	ZIP 86301
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MAILING ADDRESS (if different)	CITY	STATE	ZIP
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COUNTY OF RESIDENCE Yavapai	OFFICE SOUGHT P.U.S.D. Governing Board	ELECTION DATE 11-8-16
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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 4-8-16	CANDIDATE SIGNATURE
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