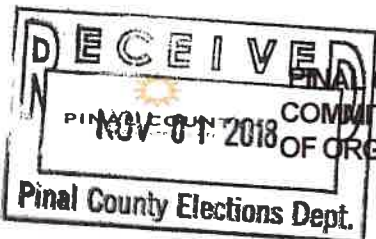


Initial Application
 Amended Application
 Date: _____



PINAL COUNTY
 COMMITTEE STATEMENT
 OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
 C20181101-2

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Armando Lucio For Arizona City Fire District Board
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Armando Lucio

Candidate's mailing address (required): P.O. Box 3423 Arizona City, AZ 85123

Candidate's email address (required): armando.lucio.ii@gmail.com

Candidate's phone number (required): (520) 705-0689

Candidate's website (if any): _____

Office Sought (choose one):

Governor Secretary of State Attorney General State Treasurer
 Superintendent of Public Instruction State Mine Inspector Corporation Commissioner

State Senate State House of Representatives District (required): _____

County Office: _____ District (if applicable): _____

City/Town Office: Arizona City Fire District Board District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2018

Party Affiliation: (required for partisan offices)

Democrat Green Libertarian Republican Other: _____

Political Action Committee (PAC)

Committee Name (required): _____
 (if sponsored, must include sponsor's name)

Political Function (optional): (select any that apply)

Contributions Candidate-Related Independent Expenditures
 Ballot Measure Expenditures Recall Expenditures

Sponsorship Information: (if applicable)

Sponsor's name or nickname (required): _____

Sponsor's mailing address (required): _____

Sponsor's email address (required): _____

Sponsor's phone number (if any): _____

Sponsor's website (if any): _____

Special Status (if applicable)

Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
 Standing Committee (must also complete separate standing committee registration)
 Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

Political Party

Committee Name (required): _____
 (must include party affiliation)

Jurisdiction:

State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
 County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
 Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
 City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable)

Standing Committee (must also complete separate standing committee registration)

Initial Application
 Amended Application
Date: _____



PINAL COUNTY COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): P.O. Box 3423 Arizona City AZ 85123
Committee's email address (required): armando.lucio.ii@gmail.com
Committee's phone number (if any): (520) 705-0689
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Armando Lucio
Chairperson's physical address (required): 9143 W Concordia Dr Arizona City AZ 85123
Chairperson's mailing address (if different): P.O. Box 3423 Arizona City AZ 85123
Chairperson's email address (required): armando.lucio.ii@gmail.com
Chairperson's phone number (required): (520) 705-0689
Chairperson's employer (required): Mini Leaders LLC.
Chairperson's occupation (required): Asst. Director

Treasurer's Information: Treasurer's name (required): Armando Lucio
Treasurer's physical address (required): 9143 W Concordia Dr. Arizona City AZ 85123
Treasurer's mailing address (if different): P.O. Box 3423 Arizona City AZ 85123
Treasurer's email address (required): armando.lucio.ii@gmail.com
Treasurer's phone number (required): (520) 705-0689
Treasurer's employer (required): Mini Leaders LLC
Treasurer's occupation (required): Asst. Director

Bank or Financial Institution: Bank name (required): Sams Club Credit
(do not list acct numbers) Additional bank name (if applicable): _____
Additional bank name (if applicable): _____

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature:  Date: 10/31/2018

Treasurer's signature:  Date: 10/31/2018

Candidate's signature (if applicable):  Date: 10/31/2018