

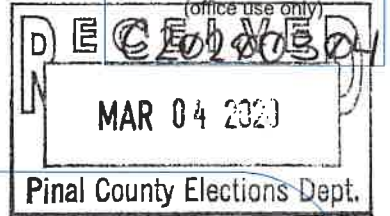
Initial Application
 Amended Application
Date: 03-04-20



PINAL COUNTY COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER

(office use only)



COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Leos for Supervisor
(first or last name & office)

Candidate Information: Candidate's Name (required): Ruben Leos
Candidate's mailing address (required): 18595 S Picacho Highway
Candidate's email address (required): randkleos@gmail.com
Candidate's phone number (required): 520-705-4179
Candidate's website (if any): @Leos for Supervisor

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 1 Supervisor District (if applicable): _____
 City/Town Office: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2020

Party Affiliation: Democrat Green Libertarian Republican Other: _____
(required for partisan offices)

Political Action Committee (PAC)

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

Political Function (optional): Contributions Candidate-Related Independent Expenditures
(select any that apply) Ballot Measure Expenditures Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): _____
(if applicable) 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): Leos for Supervisor Democratic Party
(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)

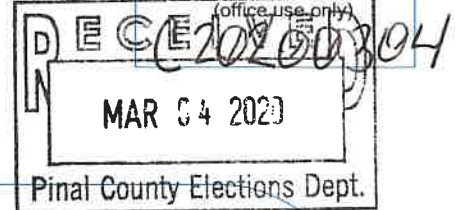
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**PINAL COUNTY
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER

(office use only)



COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 18595 S Picacho Hwy Picacho AZ 85141
Committee's email address (required): randkleos@gmail.com
Committee's phone number (if any): 520-705-4179
Committee's website (if any): @Leos for Supervisor

Chairperson's Information: Chairperson's name (required): Ruben Leos
Chairperson's physical address (required): 18595 S Picacho Hwy AZ 85141
Chairperson's mailing address (if different): _____
Chairperson's email address (required): randkleos@gmail.com
Chairperson's phone number (required): 520-705-4179
Chairperson's employer (required): Santa Cruz Valley Union High School
Chairperson's occupation (required): Substitute Teacher

Treasurer's Information: Treasurer's name (required): Ruben Leos
Treasurer's physical address (required): 18595 S. Picacho Hwy Picacho AZ 85141
Treasurer's mailing address (if different): _____
Treasurer's email address (required): randkleos@gmail.com
Treasurer's phone number (required): 520-705-4179
Treasurer's employer (required): Santa Cruz Valley Union Highschool
Treasurer's occupation (required): Substitute Teacher

Bank or Financial Institution: Bank name (required): Great Western Bank
(do not list acct numbers) Additional bank name (if applicable): None
Additional bank name (if applicable): None

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: Ruben Leos Date: 03-04-20
Treasurer's signature: Ruben Leos Date: 03-04-20
Candidate's signature (if applicable): Ruben Leos Date: 03-04-20

PINAL COUNTY ELECTIONS DEPARTMENT
RECEIPT

FOR OFFICIAL USE ONLY	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> DEMOCRAT	Voter Registration ID# _____ Pct. _____
	<input type="checkbox"/> PRIMARY	<input type="checkbox"/> REPUBLICAN	
	<input type="checkbox"/> GENERAL	<input type="checkbox"/> OTHER	

APPLICATION for ID Number _____ RECALL INITIATIVE REFERENDUM

NAME OF COMMITTEE/Candidate Filing Rubon Lee

For the Office of Supervisor District No. 1

- # _____ Nomination Petitions containing _____ names, subject to verification
- Additional Nomination Petitions containing _____ names, subject to verification
 - Nomination Paper/Affidavit of Qualification/Campaign Finance Laws Statement/Notarized
 - Financial Disclosure Statement
 - Write-In Candidate Nomination paper/Affidavit of Qualification/Campaign Finance Laws Statement

REPORTING PERIOD

- Statement of Organization
- Amended Filing (Indicate which Report _____)
- 1st Quarter Report
- 2nd Quarter Report
- August Pre-Election Report
- 3rd Quarter Report
- October Pre-Election Report
- 4th Quarter Report
- No Activity Report (Indicate which Report _____)
- Termination Statement
- OTHER _____

This is an acknowledgment that all forms required by law have been filed with the Pinal Co. Elections Department.

RECEIVED this 4th day of March, 2020

Regular mail By Certified mail (Post date in person); or in person by:

SIGNATURE/Candidate/Representative: Rubon Lee

Elections Dept./Initials [Signature] Dropped off by: in person

Fine (for failure to file on time) Days late _____, Report not filed _____ \$ _____