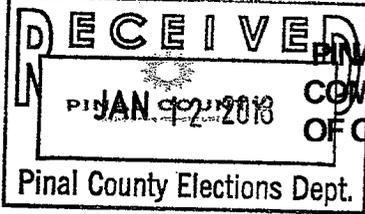


- Initial Application
 - Amended Application
- Date: _____



**PINAL COUNTY
COMMITTEE STATEMENT
OF ORGANIZATION**

COMMITTEE ID NUMBER
(office use only)

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Re-elect Riggs for JP
(first or last name & office)

Candidate Information: Candidate's Name (required): Lyle D. Riggs

Candidate's mailing address (required): 17538 N. Stonebluff Rd., Maricopa, Arizona 85139

Candidate's email address (required): lyleriggsforjp@gmail.com

Candidate's phone number (required): (480) 280-0688

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: Justice of the Peace District (if applicable): Precinct 4

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

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

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 Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable) 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 Standing Committee (must also complete separate standing committee registration)
(if applicable)

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): 20987 N. John Wayne Pkwy B104-249 Maricopa, Arizona 85139
Committee's email address (required): lyleriggs@gmail.com
Committee's phone number (if any): (480) 280-0688
Committee's website (if any): _____

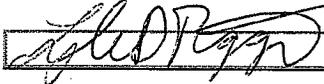
Chairperson's Information: Chairperson's name (required): Lyle D. Riggs
Chairperson's physical address (required): 17538 N. Stonebluff Rd., Maricopa, Arizona 85139
Chairperson's mailing address (if different): _____
Chairperson's email address (required): lyleriggsforjp@gmail.com
Chairperson's phone number (required): (480) 280-0688
Chairperson's employer (required): Pinal County
Chairperson's occupation (required): Justice of the Peace

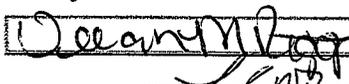
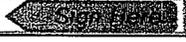
Treasurer's Information: Treasurer's name (required): Veean Riggs
Treasurer's physical address (required): 17538 N. Stonebluff Rd. Maricopa, Arizona 85139
Treasurer's mailing address (if different): _____
Treasurer's email address (required): lyleriggsforjp@gmail.com
Treasurer's phone number (required): (480) 414-0059
Treasurer's employer (required): Not Employed
Treasurer's occupation (required): Homemaker

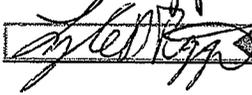
Bank or Financial Institution: Bank name (required): Great Western Bank
(do not list acct numbers) Additional bank name (if applicable): _____
Additional bank name (if applicable): _____

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: 1/12/18

Treasurer's signature:   Date: 1/12/18

Candidate's signature (if applicable):   Date: 1/12/18