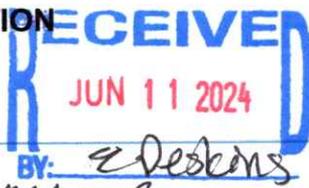


Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
 CAN 24-01



COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): ARMSTRONG MAYOR
 (first or last name & office)

Candidate Information: Candidate's Name (required): TOM ARMSTRONG

Candidate's mailing address (required): 2160 MOHAVE ST CHINO VALLEY, AZ

Candidate's email address (required): tomarmstrong_2@msn.com 86323

Candidate's phone number (required): (928) 499-1763

Candidate's website (if any): _____

Office Sought (choose one): County Office: _____ District (if applicable): _____

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

School Board Office: _____ District (if applicable): _____

Special District Board: _____ District (if applicable): _____

Election Cycle for Office Sought (year the election will take place) (required): 2024

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): _____
 (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: _____



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 2160 MOHAVE ST. CHINO VALLEY, AZ 86323
Committee's email address (required): tomarmstrong_2@msa.com
Committee's phone number (if any): (928) 499-1763
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): TOM ARMSTRONG
Chairperson's physical address (required): 2160 MOHAVE ST. CHINO VALLEY, AZ 86323
Chairperson's mailing address (if different): _____
Chairperson's email address (required): tomarmstrong_2@msa.com
Chairperson's phone number (required): (928) 499-1763
Chairperson's employer (required): N/A
Chairperson's occupation (required): N/A

Treasurer's Information: Treasurer's name (required): Tom Armstrong
Treasurer's physical address (required): 2160 MOHAVE ST. CHINO VALLEY, AZ 86323
Treasurer's mailing address (if different): _____
Treasurer's email address (required): tomarmstrong_2@msa.com
Treasurer's phone number (required): (928) 499-1763
Treasurer's employer (required): NA
Treasurer's occupation (required): N/A

Bank or Financial Institution: Bank name (required): WELLS FARGO
(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: [Signature] Date: 6-11-24

Treasurer's signature: [Signature] Date: 6-11-24

Candidate's signature (if applicable): _____ Date: 6-11-24