

Initial Application
 Amended Application
 Date: 7-20-20



STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
 (office use only)
2020-05

COMMITTEE TYPE (choose one):

Candidate
Committee Name (required): ELECT VINCE D'Allesio
 (first or last name & office)
Candidate Information:
 Candidate's Name (required): Vince D'Allesio
 Candidate's mailing address (required): PO Box 3361
 Candidate's email address (required): vincedcarefree@gmail.com
 Candidate's phone number (required): 480 220 4629
 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: Council
 District (if applicable): _____
Election Cycle for Office Sought (year the election will take place) (required): 2020
Party Affiliation (required for partisan offices):
 Democrat
 Green
 Libertarian
 Republican
 Other: N/A

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:
 (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)

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COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): PO Box 3361
Committee's email address (required): Vincedcarefree@gmail.com
Committee's phone number (if any): _____
Committee's website (if any): _____

Chairperson's Information:
Chairperson's name (required): Vince D'Alesio
Chairperson's physical address (required): 36865 N Bloody Basin
Chairperson's mailing address (if different): PO Box 3361 Carefree AZ 85377
Chairperson's email address (required): Vincedcarefree@gmail.com
Chairperson's phone number (required): 480 220 4629
Chairperson's employer (required): Callagher
Chairperson's occupation (required): Insurance Consulting

Treasurer's Information:
Treasurer's name (required): Vince D'Alesio
Treasurer's physical address (required): 36865 N Bloody Basin
Treasurer's mailing address (if different): PO Box 3361 Carefree AZ 85377
Treasurer's email address (required): Vincedcarefree@gmail.com
Treasurer's phone number (required): 480 220 4629
Treasurer's employer (required): Callagher
Treasurer's occupation (required): Insurance Consulting

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): Bank of America
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: Vince D'Alesio Date: 7-20-20

Treasurer's signature: _____ Date: _____

Candidate's signature (if applicable): Vince D'Alesio Date: 7-20-20