



SANTA CRUZ COUNTY

Candidate Statement of Interest  
A.R.S. § 16-311; A.R.S. § 16-341

You are hereby notified that I, the undersigned, hereby declare my interest to run as a candidate for the office of SHERIFF, seeking the nomination of the INDEPENDENT Party, at the GENERAL Election to be held on Tuesday, NOVEMBER 3, 2020.

By submitting this document, I understand that any nomination petition signatures collected before the date of this Statement of Interest are invalid and may be subject to challenge pursuant to A.R.S. § 16-351, unless signatures were collected before August 27, 2019 and this Statement of Interest was filed by January 2, 2020.

AGOSTINI  
LAST NAME

JOSE  
FIRST NAME

July 9, 2019  
DATE

Jose Agostini  
SIGNATURE

**RECEIVED**  
JUL 09 2019  
BY: *jt*



# Committee Statement of Organization



Initial Application  Amended Application

DATE 3/24/2020 ID# (office use only) 19-SCC-03

COMMITTEE TYPE (choose one)

**CANDIDATE**

COMMITTEE NAME (must include candidate's first or last name and, if the candidate has a candidate committee open for more than one office, the office sought)  
Agostini for SHERIFF of SCC

ELECTION CYCLE FOR OFFICE SOUGHT (year election will take place, required)  
2020

PARTY AFFILIATION (required for partisan offices)  
 Democrat  Green  Libertarian  Republican  
 Other: Independent

CANDIDATE'S NAME (required)  
Rose H. Agostini

CANDIDATE'S MAILING ADDRESS (required)  
521 E. Camino Vista del Cielo CITY Nogales STATE AZ ZIP 85621

CANDIDATE'S EMAIL ADDRESS (required)  
rsagostini@gmail.com CANDIDATE'S PHONE NUMBER (required)  
520-313-4608 CANDIDATE'S WEBSITE (if any)

OFFICE SOUGHT (required, choose one)

Assessor  Recorder  
 Attorney  School Superintendent  
 Board of Supervisors – District: \_\_\_\_\_  Sheriff  
 Clerk of Superior Court  Superior Court Judge – Division: \_\_\_\_\_  
 Constable – Precinct: \_\_\_\_\_  Treasurer  
 Justice of the Peace – Precinct: \_\_\_\_\_  
 School District Governing Board – District: \_\_\_\_\_  
 Special District Board (fire, water, sanitation, hospital, road, etc.) – District: \_\_\_\_\_

**Political Action Committee (PAC)**

COMMITTEE NAME (if sponsored, must include sponsor's name)

POLITICAL FUNCTION (optional) (choose any that apply)  
 Ballot Measure Expenditures  Candidate-Related  Contributions  Recall Expenditures  
 Independent Expenditures

SPONSORSHIP INFORMATION (if applicable)  
 SPONSOR'S NAME OR NICKNAME (required)

SPONSOR'S MAILING ADDRESS (required) CITY STATE ZIP

SPONSOR'S EMAIL ADDRESS (required) SPONSOR'S PHONE NUMBER (if any) SPONSOR'S WEBSITE (if any)

SPECIAL STATUS (if applicable)  
 Choose one  
 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**

PARTY NAME (must include party affiliation)  
Independent

JURISDICTION  
 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)

SPECIAL STATUS (if applicable)  
 Standing Committee (must also complete separate standing committee registration)

Santa Cruz County Elections Department  
2150 N. Congress Dr., Rm. 119  
Nogales, AZ 85621 (520) 375-7812

**COMMITTEE INFORMATION**

COMMITTEE'S MAILING ADDRESS (required) 521 E. CAMINO VISTA DEL CIELO		CITY NOGALES	STATE AZ	ZIP 85621
COMMITTEE'S EMAIL ADDRESS (required) JAAGOSTINI@GMAIL.COM		COMMITTEE'S PHONE NUMBER (if any) 520 313 4608		COMMITTEE'S WEBSITE (if any) -
<b>CHAIRPERSON'S INFORMATION</b>				
CHAIRPERSON'S NAME (required) JOSE AGOSTINI				
CHAIRPERSON'S PHYSICAL ADDRESS (required) 521 E. CAMINO VISTA DEL CIELO		CITY NOGALES	STATE AZ	ZIP 85621
CHAIRPERSON'S MAILING ADDRESS (if different) 521 E. CAMINO VISTA DEL CIELO		CITY NOGALES	STATE AZ	ZIP 85621
CHAIRPERSON'S EMAIL ADDRESS (required) JAAGOSTINI@GMAIL.COM		CHAIRPERSON'S EMPLOYER (required) RETIRED		
CHAIRPERSON'S PHONE NUMBER (required) 520 313 4608		CHAIRPERSON'S OCCUPATION (required) RETIRED		
<b>TREASURER'S INFORMATION</b>				
TREASURER'S NAME (required) Norma C. Agostini				
TREASURER'S PHYSICAL ADDRESS (required) 521 E. Camino Vista del Cielo		CITY Nogales	STATE AZ	ZIP 85621
TREASURER'S MAILING ADDRESS (if different) -		CITY -	STATE -	ZIP -
TREASURER'S EMAIL ADDRESS (required) NCAAGOSTINI@gmail.com		TREASURER'S EMPLOYER (required) Retired		
TREASURER'S PHONE NUMBER (required) 520 761-3431		TREASURER'S OCCUPATION (required) Retired		

**BANK OR FINANCIAL INSTITUTION INFORMATION DO NOT LIST ACCOUNT NUMBERS**

BANK NAME (required)	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 X José Agostini	DATE 3/24/2020
TREASURER'S SIGNATURE X Norma C. Agostini	DATE 03/24/2020
CANDIDATE'S SIGNATURE (if applicable) X José Agostini	DATE 3/24/2020