

Initial Application
 Amended Application
 Date: 7/9/2019



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
19-SOC-03

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): AGOSTTINI FOR SHERIFF OF SCC
 (first or last name & office)

Candidate Information:

Candidate's Name (required): JOSE A. AGOSTTINI ^{NOGALIES}
 Candidate's mailing address (required): 521 E. CAMINO VISTA DEL CIELO ^{AZ 85621}
 Candidate's email address (required): JAGOSTTINI@GMAIL.COM
 Candidate's phone number (required): 520 761 3931 / 520 313 4608
 Candidate's website (if any): JOSE "JOE" AGOSTTINI (FACEBOOK)

Office Sought (choose one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Secretary of State	<input type="checkbox"/> Attorney General	<input type="checkbox"/> State Treasurer
<input type="checkbox"/> Superintendent of Public Instruction	<input type="checkbox"/> State Mine Inspector	<input type="checkbox"/> Corporation Commissioner	
<input type="checkbox"/> State Senate	<input type="checkbox"/> State House of Representatives	<input type="checkbox"/> District (required): _____	

County Office: SHERIFF 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: INDEPENDENT
 (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)

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STATE OF ARIZONA
COMMITTEE STATEMENT
OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
19-SCC-03

COMMITTEE INFORMATION:

NOGALES, AZ 85621

Contact Information:
Committee's mailing address (required): 521 E. CAMINO VISTA DEL CIELO
Committee's email address (required): JAGOSTTINI@GMAIL.COM
Committee's phone number (if any): 520 761 3931 520 313 4608
Committee's website (if any): - JOSE 'JOE' AGOSTINI (FACEBOOK)

Chairperson's Information:
Chairperson's name (required): JOSE AGOSTINI
Chairperson's physical address (required): 521 E. CAMINO VISTA DEL CIELO
Chairperson's mailing address (if different): SAME NOGALES, AZ 85621
Chairperson's email address (required): JAGOSTTINI@GMAIL.COM
Chairperson's phone number (required): 520 761 3931 520 313 4608
Chairperson's employer (required): RETIRED
Chairperson's occupation (required): RETIRED

Treasurer's Information:
Treasurer's name (required): JOSE AGOSTINI
Treasurer's physical address (required): 521 E. CAMINO VISTA DEL CIELO
Treasurer's mailing address (if different): SAME NOGALES, AZ 85621
Treasurer's email address (required): JAGOSTTINI@GMAIL.COM
Treasurer's phone number (required): 520 761 3931 520 313 4608
Treasurer's employer (required): RETIRED
Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
(do not list acct numbers) Bank name (required): WELLS FARGO BANK
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: Jose Agostini Date: 7/9/19
Treasurer's signature: Jose Agostini Date: 7/9/19
Candidate's signature (if applicable): Jose Agostini Date: 7/9/19

