El Initial Application
El Amended Application
Date: 2 -4-24



COMMITTEE ID NUMBER (office use only)

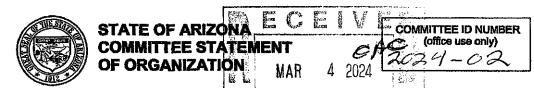
COMMITTEE INFORMATION:

	Contact information:	Committee's mailing address (required): PO Box 3361
		Committee's email address (required): vincedcarefree@gmail.com
		Committee's phone number (if any): (480) 220-4629
		Committee's website (if any):
	Chairperson's Information:	Chairperson's name (required): Ralph Ferro
		Chairperson's physical address (required): 7150 Ridgeview Ln Carefree 85377
		Chairperson's mailing address (if different): PO Box 2089 Carefree AZ 85377
		Chairperson's email address (required): terri.ferro@cox.net
		Chairperson's phone number (required): (480) 878-5880
		Chairperson's employer (required): retired
		Chairperson's occupation (required): retired
	Treasurer's Information:	Treasurer's name (required): Vince D'Aliesio
		Treasurer's physical address (required): 36865 N. Bloody Basin Rd Carefree 85377
		Treasurer's malling address (if different): PO Box 3361 Carefree 85377
		Treasurer's email address (required): vincedcarefree@gmail.com
		Treasurer's phone number (required): (480) 220-4629
		Treasurer's employer (required): Gallagher
		Treasurer's occupation (required): consulting
	Bank or Financial Institution:	Bank name (required): Bank of America
	(do not list acct numbers)	Additional bank name (if applicable):
	. •	Additional bank name (if applicable):
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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 Artzona 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: RILL Ferry Date: 03/04/2024
Treasurer's signature: Occur Market Date: 03/04/2024
Candidate's signature (if applicable):





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The constitutes	Town of Carefree
Candidate Committee Name (required): first or last name & office)	Vince D'Aliesio for Carefree Council
Candidate Information:	Candidate's Name (required): Vince D'Aliesio
	Candidate's mailing address (required): PO Box 3361 Carefree, AZ 85377
	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):	County Office: District (if applicable):
	City/Town Office: Council District (if applicable):
	☐ School Board Office: ☐ District (if applicable):
	Special District Board: ElDistrict (if applicable):
Election Cycle for Office Sou	ght (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:
El Political Action Com	mittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name)	Vince D'Aliesio for Carefree Council
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)
El Political Party	
El Political Party Committee Name (required)	
Committee Name (required) (must include party affiliation	n)
Committee Name (required)	(nust include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
Committee Name (required) (must include party affiliation	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)
Committee Name (required) (must include party affiliation	in) El State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
Committee Name (required) (must include party affiliation	Di 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)