

Initial Application
 Amended Application
 Date: _____



STATE OF ARIZONA
 COMMITTEE STATEMENT VERIFICATION
 OF ORGANIZATION
 MAY 22 2018
 Pinal County Elections Dept.

COMMITTEE ID NUMBER
 (office use only)
 C-20180522

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Lou Bacchi For Constable
 (first or last name & office)

Candidate Information: Candidate's Name (required): Louis Bacchi
 Candidate's mailing address (required): 39699 N LUKE LN, SAN TAN VALLEY 85140
 Candidate's email address (required): louis_bacchi51@yahoo.com
 Candidate's phone number (required): 4803709666
 Candidate's website (if any): www.facebook.com/loubacchiforconstable

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: constable District (if applicable): Justice court district 1

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

Election Cycle for Office Sought (year the election will take place) (required): 2018

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)