



COMMITTEE ID NUMBER (office use only) MZ 2024-004

	1/40000
Committee Name (required): (first or last name & office)	Vote for Zupi. com
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	CALL IN COLUMN TO THE PARTY OF
	Candidate's website (if any): Vote For Zupi . Com County Office: District (if applicable):
Office Sought (choose one):	
	City/Town Office: Town Council
	School Board Office: District (if applicable):
	☐ Special District Board: ☐District (if applicable):
Election Cycle for Office Soug	th (year the election will take place) (required):
Party Affiliation: (required for partisan offices)	☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other:
(if sponsored, must include	
(if sponsored, must include sponsor's name) Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
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if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: if applicable) Special Status if applicable) Political Party	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures 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): □ Sponsor's website (if any): □ Sponsor's website (if any): □ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union □ Standing Committee (must also complete separate standing committee registration)
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(if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable) Special Status (if applicable) Political Party Committee Name (required): (must include party affiliation)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures 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): □ 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) ■ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
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COMMITTEE ID NUMBER
(office use only)
MZ7024-004

CL .ITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): Kari Thatcher
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required)
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	Bank name (required):
(do not list acct numbers)	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:

Date: 2/2/24

Treasurer's signature:

Date: 2/2/24

Candidate's signature (if applicable):

Date: 2/2/24

RECEIVED

FEB 0 2 2024