

Initial Application  
 Amended Application  
 Date: 5/23/22



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
0022-02

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Nicole Buccellato for Town Council  
(first or last name & office)

Candidate Information:

Candidate's Name (required): Nicole Buccellato

Candidate's mailing address (required): P.O. Box 2304

Candidate's email address (required): nikolah@gmail.com

Candidate's phone number (required): 520 483 1347

Candidate's website (if any): \_\_\_\_\_

Office Sought (choose one):

County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: Florence  District (if applicable): \_\_\_\_\_

School Board Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

Special District Board: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2022

Party Affiliation:  Democrat  Green  Libertarian  Republican  Other: Party not designated.

**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): \_\_\_\_\_

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): Nicole Buccellato for Town Council  
(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)

Received

MAY 23 2022

Florence  
Town Clerk's Office

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Date: 5/23/22



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
2022-02

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): P.O. Box 2304, Florence AZ 85132  
Committee's email address (required): Nicolah01@gmail.com  
Committee's phone number (if any): 520-483-1347  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Piero Buccellato  
Chairperson's physical address (required): 3100 E Ruggles St. Florence AZ 85132  
Chairperson's mailing address (if different): P.O. Box 2304, Florence AZ 85132  
Chairperson's email address (required): pbuccellato@gmail.com  
Chairperson's phone number (required): 520-483-1347 / 431-2505  
Chairperson's employer (required): Self employed A-Fm Pizzas  
Chairperson's occupation (required): Business Owner

**Treasurer's Information:** Treasurer's name (required): Heather Jauregui  
Treasurer's physical address (required): 374 E Echo Ln, Florence AZ 85136  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): Heatherja97.hj@gmail.com  
Treasurer's phone number (required): 520-818-8531  
Treasurer's employer (required): Pinal City Attorneys Office  
Treasurer's occupation (required): Paralegal

**Bank or Financial Institution:** Bank name (required): Pinal County Federal Credit Union  
(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: [Signature] Date: 5/20/22

Treasurer's signature: [Signature] Date: 5-23-22

Candidate's signature (if applicable): [Signature] Date: 5-20-22