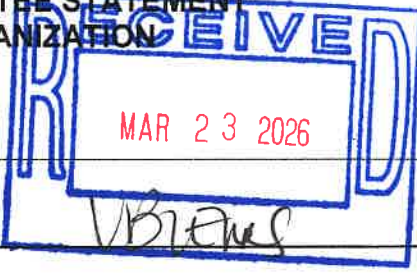


Initial Application  
 Amended Application  
Date: 03/19/2026



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)  
CAN 26-01



COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Vote Manfredi  
(first or last name & office)

Candidate Information:  
Candidate's Name (required): Vincent Manfredi  
Candidate's mailing address (required): 45502 West Dirk Street Maricopa, AZ 85139  
Candidate's email address (required): Vincent@VincentManfredi.com  
Candidate's phone number (required): (602) 373-9996  
Candidate's website (if any): NONE

Office Sought (choose one):  
 County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_  
 City/Town Office: Maricopa City Council  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): \_\_\_\_\_

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: (if applicable)  
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): \_\_\_\_\_  
(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)

Initial Application  
 Amended Application  
Date: 03/19/2026



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)

COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 45502 West Dirk Street Maricopa, AZ 85139  
Committee's email address (required): Vincent@VincentManfredi.com  
Committee's phone number (if any): (602) 373-9996  
Committee's website (if any): NONE

**Chairperson's Information:** Chairperson's name (required): Vincent Manfredi  
Chairperson's physical address (required): 45502 West Dirk Street Maricopa, AZ 85139  
Chairperson's mailing address (if different): \_\_\_\_\_  
Chairperson's email address (required): Vincent@VincentManfredi.com  
Chairperson's phone number (required): (602) 373-9996  
Chairperson's employer (required): 85239 COM, INC.  
Chairperson's occupation (required): Advertising Sales

**Treasurer's Information:** Treasurer's name (required): Vincent Manfredi  
Treasurer's physical address (required): 45502 West Dirk Street Maricopa, AZ 85139  
Treasurer's mailing address (if different): \_\_\_\_\_  
Treasurer's email address (required): Vincent@VincentManfredi.com  
Treasurer's phone number (required): (602) 373-9996  
Treasurer's employer (required): 85239 COM, INC.  
Treasurer's occupation (required): Advertising Sales

**Bank or Financial Institution:** Bank name (required): Great Western Bank  
(do not list acct numbers) Additional bank name (if applicable): NONE  
Additional bank name (if applicable): NONE

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: 03/23/26  
Treasurer's signature:  Date: 03/23/26  
Candidate's signature (if applicable):  Date: 03/23/26