

Initial Application
 Amended Application
 Date: 11-20-2019



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
CAN 2020-09

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Spilsbury for City Council
 (first or last name & office)

Candidate Information:

Candidate's Name (required): Julie Spilsbury

Candidate's mailing address (required): 2644 E Diamond Ave MESA AZ 85204

Candidate's email address (required): jspils@cox.net

Candidate's phone number (required): (480) 495-1943

Candidate's website (if any): _____

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: _____ District (if applicable): _____

City/Town Office: Mesa District (if applicable): 2

Election Cycle for Office Sought (year the election will take place) (required): 2020

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)

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 MESA CITY CLERK

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)

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COMMITTEE ID NUMBER
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COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 2644 E Diamond Ave MESA AZ 85204
Committee's email address (required): spilsburyforcouncil@gmail.com
Committee's phone number (if any): 480-331-1554
Committee's website (if any): _____

Chairperson's Information: Chairperson's name (required): Jeremy Spilsbury
Chairperson's physical address (required): 2644 E Diamond Ave MESA AZ 85204
Chairperson's mailing address (if different): _____
Chairperson's email address (required): jeremy@treedoctorsinc.com
Chairperson's phone number (required): (480) 495-1943
Chairperson's employer (required): Tree Doctors Inc
Chairperson's occupation (required): Business Owner

Treasurer's Information: Treasurer's name (required): Julie Skelton
Treasurer's physical address (required): 3057 E Harmony Ave Mesa, Arizona 85204
Treasurer's mailing address (if different): _____
Treasurer's email address (required): jskelton41202@cox.net
Treasurer's phone number (required): (480) 216-9179
Treasurer's employer (required): Moffat Dental Ceramics
Treasurer's occupation (required): Bookkeeper/Lab Technician

Bank or Financial Institution: Bank name (required): Chase
(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: 11/19/19
Treasurer's signature: [Signature] Date: 11/19/19
Candidate's signature (if applicable): Julie Spilsbury Date: 11/19/19