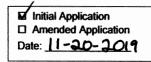
☐ Initial Application
☐ Amended Application
Date: 11-20-2019



CAN 2020 - 09

COMMITTEE TYPE (choose one):

El Candidate			
Committee Name (required): first or last name & office)	Spilsbury for City Council		
Candidate Information:	Candidate's Name (required):		
	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 Commissione		
	☐ State Senate ☐ State House of Representatives ☐ District (required):		
	☐ County Office: ☐ ☐ District (if applicable): ☐		
	☑ City/Town Office: Mesa ☑ District (if applicable):2		
Election Cools for Office Save			
	th (year the election will take place) (required): 2020		
Party Affiliation: (required for partisan offices)	□ Democrat □ Green □ Libertarian □ Republican □ Other:		
	9		
☐ Political Action Comm	nittee (PAC)		
(if sponsored, must include sponsor's name)	0		
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	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union		
(if applicable)	☐ 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	☐ Standing Committee (must also complete separate standing committee registration)		
(if applicable)			





COMMITTEE ID NUMBER (office use only)

CAN 2020 - 09

## 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):Jerem	
	Chairperson's physical address (required	): 2644 E Diamond Ave MESA AZ 85204
	Chairperson's mailing address (if differen	t):
	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):Ju	lie Skelton
	Treasurer's physical address (required):	3057 E Harmony AveMesa, Arizona 85204
	Treasurer's mailing address (if different):	
	Treasurer's email address (required):	iskelton 412020 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):Ch a	Se
(do not list acct numbers)	Additional bank name (if applicable):	
	Additional bank name (if applicable):	

## **DECLARATION AND SIGNATURES:**

/	
1	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.
	address(cs) provided ricions.
	Chairperson's signature: Date: 11/19/19
	Treasurer's signature: Date: 1119 19
	Milia Confedera Milialia
\	Candidate's signature (if applicable):
\	