

- Initial Application
- Amended Application



**STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION**

COMMITTEE ID NUMBER  
(office use only)  
**2024-08**

**RECEIVED**

By Holly Moseley at 10:09 am, Dec 12, 2023

COMMITTEE TYPE (choose one):

**Candidate**

Committee Name (required): Neely for Mesa Mayor  
(first or last name & office)

Candidate Information: Candidate's Name (required): SCOTT D. NEELY

Candidate's mailing address (required): 830 E SOUTHERN AVE - MESA, AZ

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

Candidate's phone number (required): (602) 818-1090

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

Office Sought (choose one):  County Office: \_\_\_\_\_  District (if applicable): \_\_\_\_\_

City/Town Office: Mesa Mayor  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): 2024

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: 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 (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: \_\_\_\_\_



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

### COMMITTEE INFORMATION:

**Contact Information:**  
Committee's mailing address (required): 830 E SOUTHERN AVE MESA, AZ 85204  
Committee's email address (required): neelyformesamayor@gmail.com  
Committee's phone number (if any): (602) 818-6590  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:**  
Chairperson's name (required): Samantha Saldana  
Chairperson's physical address (required): 830 E SOUTHERN AVE MESA, AZ 85204  
Chairperson's mailing address (if different): 830 E SOUTHERN AVE MESA, AZ 85204  
Chairperson's email address (required): sam@sierrastrategiesllc.com  
Chairperson's phone number (required): (602) 818-6590  
Chairperson's employer (required): self-employed  
Chairperson's occupation (required): management

**Treasurer's Information:**  
Treasurer's name (required): Maria Velasquez  
Treasurer's physical address (required): 830 E SOUTHERN AVE MESA, AZ 85204  
Treasurer's mailing address (if different): 830 E SOUTHERN AVE MESA, AZ 85204  
Treasurer's email address (required): maria@actionpumpaz.com  
Treasurer's phone number (required): (602) 818-6590  
Treasurer's employer (required): self-employed  
Treasurer's occupation (required): Accounting

**Bank or Financial Institution:**  
(do not list acct numbers) Bank name (required): Wells Fargo  
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: 12/12/2023  
Treasurer's signature: [Signature] Date: 12-12-23  
Candidate's signature (if applicable): \_\_\_\_\_ Date: 12-12-2023