☐ Initial Application ☐ Amended Application Date: 1/16/2024



COMMITTEE ID NUMBER (office use only)

CAN 2020-09

## COMMITTEE TYPE (choose one):

## **RECEIVED**

By Lisa Anderson at 5:40 pm, Jan 16, 2024

| Candidate  committee Name (required): rest or last name & office)   | Callabury for Mona  |  |
|---|---|--|
| <i>Committee Name</i> (required):<br>first or last name & office)   |   |  |
|   | Spilsbury for Mesa  |  |
| Candidate Information:  | Candidate's Name (required): Julie Spilsbury  |  |
| andidate information.   | Candidate's mailing address (required): _2644 E. Diamond Ave Mesa, AZ 85204   |  |
|   | Candidate's email address (required): jspils7@gmail.com   |  |
|   | Candidate's phone number (required): 480 4 5-1943   |  |
|   | enilehuruformesa com  |  |
| 7. S. 444   |   |  |
| Office Sought (choose one):   |   |  |
|   | □City/Town Office: Mesa Council □District (if applicable): 2  |  |
|   | ☐ School Board Office: ☐ ☐ District (if applicable):  |  |
|   | ☐ Special District Board: ☐ District (if applicable):   |  |
| Election Cycle for Office Sou   | ght (year the election will take place) (required): 2024  |  |
| Party Affiliation:<br>required for partisan offices   | □ Democrat □ Green □ Libertarian □ Republican □ Other:  |  |
|   |   |  |
| ☐ Political Action Com  | mittee (PAC)  |  |
|   |   |  |
| f sponsored, must include   |   |  |
| f sponsored, must include ponsor's name)  |   |  |
| f sponsored, must include   |   |  |
| f sponsored, must include ponsor's name)  colitical Function (optional): select any that apply)   | ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  |  |
| f sponsored, must include ponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information:               | ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required):  |  |
| f sponsored, must include ponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information:               | ☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures  Sponsor's name or nickname (required):  Sponsor's mailing address (required): |  |
| f sponsored, must include ponsor's name)  Political Function (optional):  | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  |  |
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| f sponsored, must include ponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information: f applicable) | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  |  |
| f sponsored, must include ponsor's name)  Political Function (optional): select any that apply)  Sponsorship Information:               | □ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures  Sponsor's name or nickname (required):  |  |

Date: 1/16/2024



COMMITTEE ID NUMBER (office use only)

## COMMITTEE INFORMATION:

|   | Contact Information:  | Committee's mailing address (required): 2644 E. Diamond Ave Mesa, AZ 85204     |
|---|---|--|
|   |   | Committee's email address (required): jspils7@gmail.com                        |
|   |   | Committee's phone number (if any):   |
|   |   | Committee's website (if any):  |
|   | Chairperson's Information:  | Chairperson's name (required): Julie Spilsbury                                 |
|   |   | Chairperson's physical address (required): 2644 E. Diamond Ave Mesa, AZ 85204  |
|   |   | Chairperson's mailing address (if different):                                  |
|   |   | Chairperson's email address (required): jspils7@gmail.com                      |
|   |   | Chairperson's phone number (required): 480-495-1943                            |
|   |   | Chairperson's employer (required): Self  |
|   |   | Chairperson's occupation (required): Councilmem ter                            |
|   | Treasurer's Information:  | Treasurer's name (required): Tim Sifert  |
|   | rreasurers information.   | Treasurer's physical address (required): 5320 N. 81st PI, Scottsdale, AZ 85250 |
|   |   | Treasurer's mailing address (if different):                                    |
|   |   | Treasurer's email address (required): timSifert@americanc tforg                |
|   |   | Treasurer's phone number (required): 602-315-5590                              |
|   |   | Treasurer's employer (required): American Campaign Finance Foundation          |
|   |   | Prosident  |
|   |   | Treasurer's occupation (required): President                                   |
|   | Bank or Financial Institution: Bank name (required): Desert Financial |  |
|   | (do not list acct numbers)  | Additional bank name (if applicable): Wells Fargo                              |
| 1 |   | 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:  | Date: 12-7-2023 |  |  |  |
| Treasurer's signature:  | Date: 12-7-2023 |  |  |  |
| Candidate's signature (if applicable):  |                 |  |  |  |