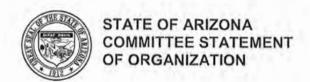
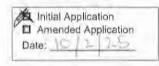
Initial Application
Amended Application
Date:

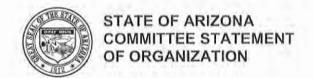


CHANDLER CITY CLERK UCT 2 2025 PM3:55 COMMITTEE ID NUMBER (office use only)

COMMITTEE TYPE (choose one):

Candidate Committee Name (required): (first or last name & office)	
Candidate Information:	Candidate's Name (required): Kelley Mackaia Candidate's mailing address (required): 772 West Lecust Orice (8 Candidate's email address (required): Kulley & Kelley for Chandler. con Candidate's phone number (required): ((16) 713 - 4075
A 10. 11.	
Office Sought (choose one):	Candidate's website (if any): www. Kelley For Chandler. Con District (if applicable):
	City/Town Office: City Courses District (if applicable):
71. ×	School Board Office: District (if applicable):
	☐ Special District Board: ☐ ☐District (if applicable):
Election Cycle for Office Sour	ght (year the election will take place) (required): 2021
Party Affiliation: required for partisan offices)	□ Democrat □ Green □ Libertarian Republican □ Other:
200000000000000000000000000000000000000	
□ Political Action Comm	nittee (PAC)
committee Name (required): f sponsored, must include foonsor's name)	
olitical Function (optional); elect any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
ponsorship Information:	Sponsor's name or nickname (required):
applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):
pecial Status	☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union
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	
ommittee Name (required): nust include party affiliation)	
urisdiction;	□ 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)





Committee's email address (required): INFO @ Kelley For Committee's phone number (if any): (\$58) 229 - 1990

Committee's website (if any): __

Committee's mailing address (required): 772 W. Cocust Or.

COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

Contact Information:

	Chairperson's name (required):
	Chairperson's physical address (required): 712 West Locust Drive
	Chairperson's mailing address (if different): Chanaler, AZ 85248
	Chairperson's email address (required): info @ Kully For Chandler.
	Chairperson's phone number (required): (858) 22 9 83 98
	Chairperson's employer (required): Ingerson Rand
	Chairperson's occupation (required): Sales Manager
Treasurer's Information:	Treasurer's name (required): Kelley Mackaia
	Treasurer's physical address (required): 722 W. Loust Octube
	Treasurer's mailing address (if different): Chandler AZ 85248
	Treasurer's email address (required): Kelley @ Kelley For Chendler. wor
	Treasurer's phone number (required): \(\(\(\(\(\(\(\(\) \\ \) \) \) \) \(\(\(\(\) \\ \) \) \(\(\) \) \(\(\) \) \(\(\) \) \(\(\) \) \(\(\) \) \(\(\) \) \(\)
	Treasurer's employer (required): Hone maker
	Treasurer's occupation (required): 5+an a home man
Bank or Financial Institution:	0
(do not list acct numbers)	Additional bank name (if applicable):
the second second second second	
2- (1-1) and all all all all all all all all all al	Additional bank name (if applicable):
,	Additional bank name (if applicable):
RATION AND SIGNATURES:	Additional bank name (if applicable):
	Additional bank name (if applicable):
	Additional bank name (if applicable):
RATION AND SIGNATURES:	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as
RATION AND SIGNATURES: I declare under penalty of perchairperson or treasurer of the committee and authorize it to	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate or receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's
I declare under penalty of per chairperson or treasurer of the committee and authorize it to campaign finance and report	rjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's ling guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.
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