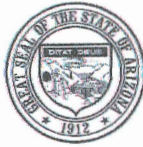


- Initial Application
 Amended Application
 Date: _____



**STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION**

COMMITTEE ID NUMBER
 (office use only)
MAL-2020-001
 City Clerk



FEB 18 2020

4:36 pm
 Received for

COMMITTEE TYPE (choose one):

Candidate

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

Candidate Information:
 Candidate's Name (required): Eric W. Orsborn
 Candidate's mailing address (required): 20636 W. Grandview Drive Buckeye, AZ 85396
 Candidate's email address (required): ericorsborn@cox.net
 Candidate's phone number (required): 623 218-6415
 Candidate's website (if any): www.ericorsborn.com

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: Mayor At Large District (if applicable): _____

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

Party Affiliation: (required for partisan offices)
 Democrat Green Libertarian Republican Other: _____

Political Action Committee (PAC)

Committee Name (required): _____
 (if sponsored, must include sponsor's name)

Political Function (optional): (select any that apply)
 Contributions Candidate-Related Independent Expenditures
 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)

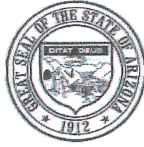
Political Party

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)
MAL-2020-001

COMMITTEE INFORMATION:

Contact Information: Committee's mailing address (required): 20636 W. Grandview Drive Buckeye, AZ 85396
Committee's email address (required): ericorsborn@cox.net
Committee's phone number (if any): 623 218-6415
Committee's website (if any): www.ericorsborn@cox.net

Chairperson's Information: Chairperson's name (required): Eric Orsborn
Chairperson's physical address (required): 20636 W. Grandview Drive Buckeye, AZ 85396
Chairperson's mailing address (if different): _____
Chairperson's email address (required): ericorsborn@cox.net
Chairperson's phone number (required): 623 218-6415
Chairperson's employer (required): OCM, LLC (Self Employed)
Chairperson's occupation (required): Small Business Owner (Construction)

Treasurer's Information: Treasurer's name (required): Tina Orsborn
Treasurer's physical address (required): 20636 W. Grandview Drive Buckeye, AZ 85396
Treasurer's mailing address (if different): _____
Treasurer's email address (required): etejorsborn1@cox.net
Treasurer's phone number (required): 623 218-6415
Treasurer's employer (required): OCM, LLC
Treasurer's occupation (required): Book Keeping

Bank or Financial Institution: Bank name (required): West Valley National Bank
(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: 2/18/20

Treasurer's signature: [Signature] Date: 2/18/20

Candidate's signature (if applicable): [Signature] Date: 2/18/20