

Initial Application
 Amended Application
 Date: 04/07/2020



STATE OF ARIZONA
 COMMITTEE STATEMENT
 OF ORGANIZATION

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



City Clerk

FEB 18 2020

4:36 pm
 Received ja

APR 07 2020

Revised ja
 Received

COMMITTEE TYPE (choose one):

Candidate

Committee Name (required): Orsborn for Mayor

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 6416~~ 623 695-0345 Two.

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: Democrat Green Libertarian Republican Other: _____

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)

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MAL-2020-001

COMMITTEE INFORMATION:

City Clerk *Revised for*

APR 07 2020

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~~ 623 695-0345 sub
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~~ 623 695-0345 sub
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~~ 623 337-2354 sub
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: *Eric Orsborn* Date: 2/18/20
Treasurer's signature: *Tina Orsborn* Date: 2/18/20
Candidate's signature (if applicable): *Eric Orsborn* Date: 2/18/20