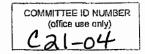
☑ Initial Application
 ☑ Amended Application
 Date: 07/16/21



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION



COMMITTEE	TYPE	(choose	one):
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		RECEIVI	
Committee Name (required):	MATT ORLANDO for CHANDLER)	
(first or last name & office)		JUL 1 9 20	
Candidate Information:	Candidate's Name (required): MATT ORLANDO		
	Candidate's mailing address (required): 3681 S. MARIGOLD PLACE, CHANDLER, AZ 85248		
	Candidate's email address (required): MATT.ORLANDO@COX.NET	CITY OF CHAND	
	Candidate's phone number (required): 602-370-7536	CITY CLERK	
	Candidate's website (if any): WWW.MATT'ORLANDO.COM	:	
Office Sought (choose one):	Governor Gecretary of State Attorney General Getate Treasurer		
onice dought (shoose only).	Superintendent of Public Instruction State Mine Inspector Corporation Committee	missioner	
	•		
	State Senate State House of Representatives District (required):		
	County Office: District (if applicable);		
	Cily/Town Office: CHANDLER		
Election Cycle for Office Sou	ght (year the election will take place) (required): 08/02/2022		
Party Affiliation:	Democrat Green Libertarian Republican Other: N/A	/	
(required for partisan offices)			
····		and the second sec	
D Political Action Com			
Committee Name (required):	nittee (PAC)		
Committee Name (required): (if sponsored, must include sponsor's name)			
Committee Name (required): (if sponsored, must include		· · · · · · · · · · · · · · · · · · ·	
Committee Name (required): (If sponsored, must include sponsor's name) Political Function (optional):	Contributions Candidate-Related Independent Expenditures	· · ·	
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Sponsor's name or nickname (required):		
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 Sponsor's name or nickname (required): Sponsor's mailing address (required):		
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Contributions Candidate-Related Independent Expenditures Ballot Measure Exponditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):		
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Contributions Candidate-Related Independent Expenditures Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):		
Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information:	Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):		
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Committee Name (required): (if sponsored, must include sponsor's name) Political Function (optional): (select any that apply) Sponsorship Information: (if applicable)	Contributions Candidate-Related Independent Expenditures Ballot Measure Expenditures Contributions Candidate-Related Independent Expenditures Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any):		

D 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-B23)	
	City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)	
Special Status	Standing Committee (must also complete separate standing committee registration)	
(ir applicable)		_
	Committee Name (required): (must include party affiliation) Jurisdiction:	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 qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Legislative District Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804) □ Special Status □ Standing Committee (must also complete separate standing committee registration)

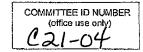
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Arizona Secretary of State Revision 11/5/16

Initial Application
 Amended Application
 Date: 07/16/21



STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION



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COMMITTEE INFORMATION:

	Contact Information:	Committee's mailing address (required): 3681 S. MARIGOLD PLACE, CHANDLER, AZ 85248
/		Committee's email address (required): MATT.ORLANDO@COX.NET
		Committee's phone number (if any): 602-370-7536
		Committee's websile (if any): WWW.MATTORLANDO.COM
	Chairperson's Information:	Chairperson's name (required): MATT ORLANDO
		Chairperson's physical address (required): 3681 S. MARIGOLD PLACE, CHANDLER, AZ 85248
		Chairperson's mailing address (if different):
		Chairperson's email address (required): MATT.ORLANDO@COX.NET
		Chairperson's phone number (required): 602-370-7536
		Chairperson's employer (required): Chandler City Council
		Chairperson's occupation (required): Council Member
	Treasurer's Information:	Treasurer's name (required): BILL BOND
		Treasurer's physical address (required): 4490 E. CABRILLO DR, GILBERT, AZ 85297
		Treasurer's mailing address (if different):
		Treasurer's email address (required): captianb07@yahoo.com
		Treasurer's phone number (required): 602-885-2452
		Treasurer's employer (required): RETIRED
		Treasurer's occupation (required): RETIRED
	Bank or Financial Institution:	Bank name (required): Bank of America
\	(do not list acct numbers)	Additional bank name (ifapplicable):
\mathbf{i}	(Additional bank name (if applicable):

DECLARATION AND SIGNATURES:

/		
	I declare under penalty of perjury that the foregoing information is true and correct. I further dectare that I: (1) consent to serve as chalrperson or treasurer of the committee named heroin, 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.	4
	Durth Ille Laboraria	
	Chairperson's signature: WWWW Date: 7-16-2021	
	Treasurer's signature: Cel Date: 7-16-2021	'n
	Candidate's signature (if applicable): Watt Multo Date: 7-16-2021	
/		

Arizona Secretary of State Revision 11/5/16

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