FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 ORGANIZATION																	
		(See instruction	s)			Office use only											
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)	Example: If ty over the lines	pying, type	12FE4M5												
Jim Ogsbury	For Congress																
ADDRESS (number an	d street)	Box 42															
(Check if add is changed)		tsdale			AZ	85252	-										
COMMITTEE'S E-MA	All ADDDESS		CITY▲		STATE	ZIP CC	DDE 📥										
	AIL ADDRESS						1										
		<u> </u>															
	B PAGE ADDRESS (U ryforcongress.com	,															
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COMMITTEE'S FAX 602468x891	NUMBER	ل															
2. DATE 0	M / D D / Y	2008 ^Y															
3. FEC IDENTIFIC	ATION NUMBER	C	C0043824	2													
4. IS THIS STATE	MENT X NEV	/ (N) OR	АМ	ENDED (A)													
I certify that I have exar	nined this Statement and	to the best of my know	ledge and belief it	is true, correct and	d complete												
		Johant Calliday															
Type or Print Name of	f Treasurer	Robert Solliday															
Signature of Treasure	er Electronically File	d by Robert Sol	liday		Date 0 5	M / D D /	2008										
NOTE: Submission of	alse, erroneous, or incor	nplete information may					437g.										
Office Use Only			Federal I Toll Free	ner information c Election Commiss 800-424-9530 2-694-1100		FEC FC (Revised 0:											

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	FEO Forn	1 (Revised 02/2003)		Page 2
5.	TYPE OF COM	MMITTEE (Check One)		
	(a) X		ampaign committee. (Complete the candidate info	
	(b)	information below.)	d committee, and is NOT a principal campaign co	mmittee. (Complete the candidate
	Name of Candidate	James D. Ogsbury		
	Candidate Party Affiliation	REP Offi	ice ught: X House Senate	President State AZ District 05
	(c)	This committee supports/oppose	es only one candidate, and is NOT an authorized	committee.
	Name of Candidate			
	(d)	This committee is a	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	(e)	This committee is a separate se	gregated fund	
	(f)	This committee supports/oppose committee.	es more than one Federal candidate, and is NOT	a separate segregated fund or party
6.	Name of Any	Connected Organization or Af	ifiliated Committee	
L	None			
L				
	Mailing Addres	s Lili		
			CITY	STATE ▲ ZIP CODE ▲
	Relationship			
	Type of Conne	cted Organization:		
	Corpo	ration	Corporation w/o Capital Stock	Labor Organization
	Memb	pership Organization	Trade Association	Cooperative

Write or Type Comr	1 (Revised 02/2003)			Page 3
TTILL OF TYPE COILI	nittee Name			
Jim Ogsbury	For Congress			
	ecords: Identify by r Committee books ar	name, address, (phone number nd records.	optional), and position of t	he person in
Full Name	Robert Solliday	, 		
Mailing Address		211 W Linger Lane		
		Phoenix	AZ	85021 __
Title or Position	•	CITY A	STATE	ZIP CODE A
	Treasurer		Telephone number	
of Treasurer Mailing Address	Robert Solliday	211 W Linger Lane		
		Phoenix		85021
Title or Position		Phoenix CITY A	AZ STATE	85021
Title or Position	▼ Treasurer			
Title or Position Full Name of Designated Agent		CITY A	STATE ▲	ZIP CODE A
Full Name of Designated	Treasurer	CITY A	STATE ▲	ZIP CODE A
Full Name of Designated Agent	Treasurer	CITY A	STATE ▲	ZIP CODE A
Full Name of Designated Agent	Treasurer	on 8426 N Central Avenue	STATE ▲	ZIP CODE A
Full Name of Designated Agent	Treasurer Patricia Alderse	On 8426 N Central Avenue Unit D	STATE 602 Telephone number	ZIP CODE A

	FEC Form 1	(Revised 02	2/2003)																		F	Page	4		
9.	Banks or Other D safety deposit boxe Name of Bank, De	es or maintair	: List ans funds.	all banks	or othe	er dep	osito	ories	in wh	nich	the o	comi	mittee	e dep	osits	func	ls, h	olds	acc	oun	ts, r	ents	i		
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	Mailing Address		4031	N Scot	tsdal	e Ro	ad	1						1 1					1			L		1	1
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			Scott	sdale											ΑZ		L		٤ ا	3525	51] – [
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	Name of Bank, De	pository, etc.																							
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	Mailing Address			1 1 1	1 1	1					ı		l						1					1	1
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STATE **△**

ZIP CODE 🛕