

- ☐ Initial Application  
☐ Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

MC20-1

Rec'd 3/9/20  
CL

COMMITTEE TYPE (choose one):

☒ **Candidate**

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

Donna McBride For City Council

Candidate Information:

Candidate's Name (required): Donna McBride

Candidate's mailing address (required): 1440 E. Douglas Street, Casa Grande, AZ. 85122

Candidate's email address (required): DonnaMcBrideforcouncil@gmail.com

Candidate's phone number (required): 520-431-3447

Candidate's website (if any): www.DonnaMcBride.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: Casa Grande

☐ 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)

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COMMITTEE INFORMATION:

**Contact Information:** Committee's mailing address (required): 1440 E. Douglas Street, Casa Grande, AZ 85122  
Committee's email address (required): DonnaMcBrideforcouncil@gmail.com  
Committee's phone number (if any): 520-431-3447  
Committee's website (if any): \_\_\_\_\_

**Chairperson's Information:** Chairperson's name (required): Roger Vanderpool  
Chairperson's physical address (required): 1270 E. Manor Drive, Casa Grande, AZ 85122  
Chairperson's mailing address (if different): NA  
Chairperson's email address (required): lt2694@msn.com  
Chairperson's phone number (required): 520-705-7748  
Chairperson's employer (required): Retired  
Chairperson's occupation (required): Law Enforcement

**Treasurer's Information:** Treasurer's name (required): Mikel McBride  
Treasurer's physical address (required): 1440 E. Douglas Street, Casa Grande, AZ 85122  
Treasurer's mailing address (if different): NA  
Treasurer's email address (required): MikelMcBrideaz@gmail.com  
Treasurer's phone number (required): 480-266-3906  
Treasurer's employer (required): Cesars Entertainment  
Treasurer's occupation (required): Surveillance Manager

**Bank or Financial Institution:** Bank name (required): First American Federal Credit Union  
(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: Roger Vanderpool Date: 3-8-2020

Treasurer's signature: Mikel McBride Date: 3/8/2020

Candidate's signature (if applicable): Donna McBride Date: 03-08-2020