

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

Col

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: 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:
(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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STATE OF ARIZONA
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(office use only)

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:

(do not list acct numbers)

Bank name (required): First American Federal Credit Union

Additional bank name (ifapplicable): _____

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:

Date: 3-8-2020

Treasurer's signature:

Date: 3/8/2020

Candidate's signature (if applicable):

Date: 03-08-2020