

- ☒ Initial Application  
☐ Amended Application

Date: 9/21/17



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

MC17-3

COMMITTEE TYPE (choose one):

☒ Candidate

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

Craig McFarland for mayor

Candidate Information:

Candidate's Name (required): Craig McFarland

Candidate's mailing address (required): 152 W. Auburn Sky Ct. G6 85122

Candidate's email address (required): Craigmc54@gmail.com

Candidate's phone number (required): 520-251-0687

Candidate's website (if any): \_\_\_\_\_

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 ☐ District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2018

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)

N/A

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)

N/A

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): P.O. Box 12927, Casa Grande, 85130  
Committee's email address (required): Craig mcf 54@gmail.com  
Committee's phone number (if any): 520-251-0687  
Committee's website (if any): \_\_\_\_\_

Chairperson's Information:

Chairperson's name (required): Dennis Dugan  
Chairperson's physical address (required): 2848 E. Cottonwood, CG 85194  
Chairperson's mailing address (if different): N/A  
Chairperson's email address (required): dugan774@gmail.com  
Chairperson's phone number (required): 520-560-2996  
Chairperson's employer (required): retired  
Chairperson's occupation (required): retired Daryman

Treasurer's Information:

Treasurer's name (required): Nancy McFarland  
Treasurer's physical address (required): 152 W. Auburn Sky CT 85122  
Treasurer's mailing address (if different): N/A  
Treasurer's email address (required): nancymcf55@gmail.com  
Treasurer's phone number (required): 480-235-1170  
Treasurer's employer (required): retired  
Treasurer's occupation (required): retired

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): Great Western Bank - Casa Grande  
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:

Dennis Dugan

Date:

9-20-17

Treasurer's signature:

Nancy A. McFarland

Date:

9/20/17

Candidate's signature (if applicable):

Em Dugan

Date:

9-20-17