

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): Craig McFarland for mayor
(first or last name & office)

Candidate Information:

Candidate's Name (required): Craig McFarland

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

Candidate's email address (required): craigmcf54@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): N/A
(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)

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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(office use only)
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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): P.O. Box 12927, Casa Grande, AZ 85130

Committee's email address (required): craigmcf54@gmail.com

Committee's phone number (if any): 520-281-0687

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 Dairyman

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:

Date:

9-20-17

Treasurer's signature:

Date:

9/20/17

Candidate's signature (if applicable):

Date:

9-20-17