

- ☒ Initial Application  
☒ Amended Application

Date: 1/18/2024



# STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER  
(office use only)

MC24-01

COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): Donna McBride for Mayor  
(first or last name & office)

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): donna.mcbrideaz@gmail.com  
Candidate's phone number (required): (520) 431-3447  
Candidate's website (if any): DonnaMcBride.com

Office Sought (choose one): ☒ County Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_  
☒ City/Town Office: Casa Grande ☐ District (if applicable): \_\_\_\_\_  
☒ School Board Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_  
☒ Special District Board: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): 2024

Party Affiliation: ☒ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: \_\_\_\_\_  
(required for partisan offices)

☐ **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: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) Sponsor's mailing address (required): \_\_\_\_\_  
Sponsor's email address (required): \_\_\_\_\_  
Sponsor's phone number (if any): \_\_\_\_\_  
Sponsor's website (if any): \_\_\_\_\_

Special Status ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
(if applicable) ☐ 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 ☒ Standing Committee (must also complete separate standing committee registration)  
(if applicable)

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OF ORGANIZATION**

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MC24-01

**COMMITTEE INFORMATION:**

**Contact Information:** Committee's mailing address (required): 1440 E. Douglas Street  
Committee's email address (required): info@donnamcbride.com  
Committee's phone number (if any): (520) 431-3447  
Committee's website (if any): DonnaMcBride.com

**Chairperson's Information:** Chairperson's name (required): Rona Curphy  
Chairperson's physical address (required): 1258 Sunset, CG, AZ 85122  
Chairperson's mailing address (if different): NA  
Chairperson's email address (required): rcurphy@outlook.com  
Chairperson's phone number (required): (520) 280-1675  
Chairperson's employer (required): Abrazo Hospitals  
Chairperson's occupation (required): Administrator

**Treasurer's Information:** Treasurer's name (required): Lisa Flores  
Treasurer's physical address (required): 1122 NI Desert Willow St, CG AZ 85122  
Treasurer's mailing address (if different): NA  
Treasurer's email address (required): lkf1122@q.com  
Treasurer's phone number (required): (520) 705-5028  
Treasurer's employer (required): Casa Grande High School District  
Treasurer's occupation (required): Educator

**Bank or Financial Institution:** Bank name (required): Western State Bank  
(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: Rona Curphy Date: 11/9/23  
Treasurer's signature: Lisa Flores Date: 11/9/23  
Candidate's signature (if applicable): Donna McBride Date: 11/9/23