

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): donnalmcbrideaz@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: (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)

Initial Application
 Amended Application
Date: 11/18/2024



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OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)
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): Donna,McBride.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:
(do not list acct numbers)
Bank name (required): Western State Bank
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