☒ Initial Application
☐ Amended Application
Date: 2/19/20

STATE OF ARIZONA COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)
CC2020-02

Rec'd electronically on 02/20/2020 - EAB

COMMITTEE TYPE (choose one):

☒ **Candidate**

Committee Name (required): (first or last name & office) Peggy McMahon, Town Council

Candidate Information:
Candidate's Name (required): Peggy McMAHON
Candidate's mailing address (required): 9239 N. Crown Ridge, Tucson AZ 85268
Candidate's email address (required): mcmahon4towncouncil@gmail.com
Candidate's phone number (required): 480.452 4253
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: Council ☐ District (if applicable):

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

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)

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)

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 ID NUMBER
(office use only)
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COMMITTEE INFORMATION:

Contact Information:
Committee's mailing address (required): 9239 N Crown Ridge, Tucson, AZ 85268
Committee's email address (required): mcmahon4towncouncil@gmail.com
Committee's phone number (if any): (480) 452-4253
Committee's website (if any):

Chairperson's Information:
Chairperson's name (required): DAVID ADKINS
Chairperson's physical address (required): 9239 N Crown Ridge, Tucson, AZ 85268
Chairperson's mailing address (if different): mcmahon4towncouncil@gmail.com
Chairperson's email address (required):
Chairperson's phone number (required): (602) 421-5023
Chairperson's employer (required): N/A
Chairperson's occupation (required): RETIRED

Treasurer's Information:
Treasurer's name (required): DAVID ADKINS
Treasurer's physical address (required): 9239 N Crown Ridge, Tucson, AZ 85268
Treasurer's mailing address (if different):
Treasurer's email address (required): mcmahon4towncouncil@gmail.com
Treasurer's phone number (required): (602) 421-5023
Treasurer's employer (required): N/A
Treasurer's occupation (required): RETIRED

Bank or Financial Institution:
(do not list acct numbers)
Bank name (required): JP MORGAN CHASE BANK
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: D Adkins Date: 2/20/2020

Treasurer's signature: D Adkins Date: 2/20/2020

Candidate's signature (if applicable): Date: 2/19/20