



CITY OF BUCKEYE
 POLITICAL COMMITTEE
 STATEMENT OF ORGANIZATION
 Titles 16 & 19 Arizona Revised Statutes

RECEIVED
 BY: JA
 DATE: 1/5/16

Definitions, statutory references and important information on reverse.

Initial Registration Out of State Committee Amended Statement

NAME OF POLITICAL COMMITTEE <u>BRIAN 4 BUCKEYE</u>		ID# <u>M-2016-003</u>
ADDRESS (NUMBER & STREET) <u>6863 S. SUNRISE WAY</u>		DATE <u>01.06.2016</u>
CITY <u>Buckeye</u>	STATE <u>AZ</u>	ZIP <u>85326</u>
MAILING ADDRESS (If different from above) <u>SAME</u>	CITY <u>Buckeye</u>	STATE <u>AZ</u>
COMMITTEE TELEPHONE # <u>623.695.9188</u>	COMMITTEE FAX # <u>N/A</u>	COMMITTEE E-MAIL ADDRESS <u>BRIAN 4 BUCKEYE @ gmail. com</u>
DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please provide the following information:		
NAME OF SPONSORING ORGANIZATION		TYPE OF ORGANIZATION
ADDRESS OF SPONSORING ORGANIZATION		RELATIONSHIP TO POLITICAL COMMITTEE

TYPE OF POLITICAL COMMITTEE - Please check only one box:

CANDIDATE'S CAMPAIGN COMMITTEE (primary or general) AN ASSOCIATION OR COMBINATION OF PERSONS THAT MEETS BOTH CRITERIA:

SEPARATE SEGREGATED FUND (A.R.S. § 16-920 (A))

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATES PETITIONS IN SUPPORT OF THE QUALIFICATION OF A BALLOT MEASURE

Petition Serial Number _____

AN ASSOCIATION OR COMBINATION OF PERSONS THAT CIRCULATE A RECALL PETITION

POLITICAL PARTY (see A.R.S. §§ 16-801, 16-804, 16-821 and 16-825)

POLITICAL ORGANIZATION (see A.R.S. § 16-823)

EXPLORATORY COMMITTEE

OTHER TYPE OF COMMITTEE (please describe)

CHECK HERE IF REGISTERED WITH THE SECRETARY OF STATE AS A STANDING POLITICAL COMMITTEE PURSUANT TO A.R.S. § 16-902.01. (You must provide a copy of the statement of organization filed with the Secretary of State designating standing committee status)

EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. §16-902(A).

NAME OF COMMITTEE CHAIRMAN <u>Brian McEachran</u>	CHAIRMAN'S TELEPHONE # <u>623.695.9188</u>	CHAIRMAN'S FAX # <u>N/A</u>
CHAIRMAN'S ADDRESS <u>6863 S. SUNRISE WAY</u>	CITY <u>Buckeye</u>	STATE <u>AZ</u>
CHAIRMAN'S OCCUPATION <u>BUSINESS OWNER</u>	CHAIRMAN'S EMPLOYER <u>SELF</u>	ZIP <u>85326</u>
NAME OF COMMITTEE TREASURER <u>Christy McEachran</u>	TREASURER'S TELEPHONE # <u>602.989.2408</u>	CHAIRMAN'S E-MAIL ADDRESS <u>BMcEachran@gmail.com</u>
TREASURER'S ADDRESS <u>6863 S. SUNRISE WAY</u>	CITY <u>Buckeye</u>	TREASURER'S FAX # <u>ChristyMcAz@Yahoo.com</u>
TREASURER'S OCCUPATION <u>BUSINESS OWNER</u>	TREASURER'S EMPLOYER <u>SELF</u>	STATE <u>AZ</u>
		ZIP <u>85326</u>
		TREASURER'S E-MAIL ADDRESS <u>ChristyMcAz@Yahoo.com</u>

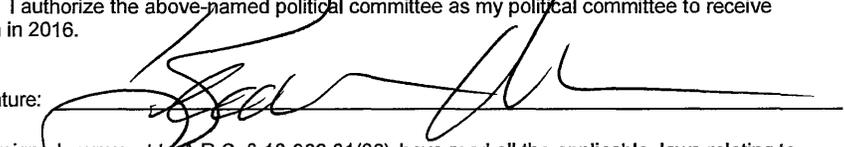
A POLITICAL COMMITTEE THAT ACCEPTS A CONTRIBUTION OR MAKES AN EXPENDITURE SHALL DESIGNATE AT LEAST ONE ACCOUNT AT A QUALIFIED FINANCIAL INSTITUTION (A.R.S. § 16-902(C)). LIST THE NAMES OF ALL FINANCIAL INSTITUTIONS WITH WHICH THE COMMITTEE MAINTAINS ACCOUNTS OR SAFETY DEPOSIT BOXES. (Do not list account numbers.)

1 CHASE BANK 2. BANK OF AMERICA 3. _____

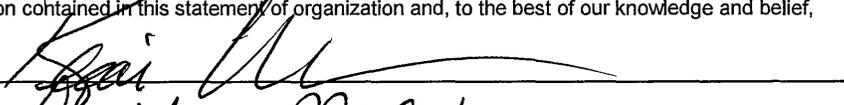
FOR AN EXPLORATORY COMMITTEE OR A CANDIDATE'S CAMPAIGN COMMITTEE, PROVIDE THE FOLLOWING INFORMATION:
(Office sought is optional for an Exploratory Committee.)

NAME OF DESIGNATING INDIVIDUAL (DI) OR CANDIDATE <u>BRIAN McACHRAN</u>		CANDIDATE'S OR DESIGNATING INDIVIDUAL'S E-MAIL ADDRESS <u>bmeachran@gmail.com</u>	
OFFICE SOUGHT <u>MAYOR - CITY OF BUCKEYE</u>			
DI'S OR CANDIDATE'S ADDRESS <u>6063 S. SUNRISE WAY</u>		CITY <u>BUCKEYE</u>	STATE <u>AZ</u>
			ZIP <u>85320</u>

CANDIDATE'S (or DESIGNATING INDIVIDUAL'S) STATEMENT: I authorize the above-named political committee as my political committee to receive contributions and make expenditures on my behalf for the election in 2016.

Date: 01-05-2016 Candidate's or DI's signature: 

CHAIRMAN'S AND TREASURER'S STATEMENT: We, the undersigned, pursuant to A.R.S. § 16-902.01(86) have read all the applicable laws relating to campaign finance and reporting and have examined the information contained in this statement of organization and, to the best of our knowledge and belief, it is true, correct and complete.

Date: 01-05-2016 Chairman's signature: 

Date: 01-05-2016 Treasurer's signature: Christy McAchran

DEFINITION OF POLITICAL COMMITTEE: A.R.S. § 16-901(19) "Political committee" means any of the following:

- a) A candidate or a candidate's campaign committee.
- b) A separate, segregated fund established pursuant to section 16-920, subsection A, paragraph 3.
- c) An association or combination of persons that circulates petitions in support of the qualification of a ballot measure, question or proposition.
- d) An association or combination of persons that circulates a petition to recall a public officer.
- e) A political party.
- f) An association or combination of persons that meets both of the following requirements:
 - i. Is organized, conducted or combined for the primary purpose of influencing the result of any election in this state or in any county, city, town or other political subdivision in this state, including a judicial retention election.
 - ii. Knowingly receives contributions or makes expenditures of more than five hundred dollars in connection with any election during a calendar year, including a judicial retention election.
- g) A political organization.
- h) An exploratory committee.

The types of political committees are listed on the front of this form.

NOTE FOR INDIVIDUALS INVOLVED IN POLITICAL ACTIVITIES: An individual acting alone, unless that individual is a candidate, is not a political committee under Arizona law and need not file a statement of organization. If any additional person or persons join the effort begun by an individual and meets the definition of a "political committee" in A.R.S. § 16-901(19) under Arizona law, the committee must register pursuant to A.R.S. § 16-902.01(A).

NOTE FOR THOSE INVOLVED IN INITIATIVE, REFERENDUM AND RECALL EFFORTS: Before circulating initiative, referendum or recall petitions, a political committee must file its statement of organization with the appropriate filing office. Signatures obtained on petitions prior to the filing of the statement of organization are void and shall not be counted in determining the legal sufficiency of the petition. A.R.S. §§ 19-114(B) and 19-202(C). Even though an individual, acting alone, may begin the initiative, referendum or recall effort, as soon as other persons join the effort to circulate petitions in support of the effort, the association of persons must register as a political committee.



City Clerk M-2016-003

MAY 31 2016

Received

FINANCIAL DISCLOSURE STATEMENT

(For use by Local Public Officers of the City of Buckeye)

Date 05/31/2016

For Calendar Year 2015 / May 31, 2016

(Or other applicable period, please specify)

1. GENERAL INFORMATION

List your name and address, and the name of each member of your household. Also, list all names under which you and members of your household did business. Include controlled and dependent businesses (see definitions) and indicate whether a business is controlled or dependent, or both.

(a) Name of Local Public Officer Brian Patrick McAchran

Address 6863 South Sunrise Way, Buckeye AZ 85326

(b) Name of Local Public Officer's Spouse Christina McAchran

(c) Members of Household Mackenzie McAchran

(d) Names under which you, your spouse and members of your household (those persons listed in (a), (b) and (c) above) did business.

Table with 4 columns: Local Public Officer or Member of Household, Business Name, Business Address, Controlled and/or Dependent Business. The table is currently empty.

2. SOURCES OF COMPENSATION

List names and addresses of all employers and all other sources of compensation in excess of \$1,000 received during the preceding calendar year by you, your spouse or members of your household (those persons listed in 1 (a), (b) and (c) above), or received by any other person for the use or benefit of you, your spouse or members of your household. Also, describe the nature of each employer's business and the services for which compensation was received.

You Need Not List:

Income to a business listed in 1 (d), specifically those individual sources of compensation that constituted a portion of the gross income of the business from which you or members of your household derived compensation.

Local Public Officer or Member of Household	Description of Employer's Name & Address of Employer or Other Source of Compensation over \$1,000	Business and Individual's Services for Which Compensation Was Received
Brian McAchran	City of Buckeye	Council Member
	530 East Monroe	
Brian McAchran	AZ Public Safety Retirement	Member
	3010 E Camelback RD	
Brian McAchran	DrugFreeAZKids.org	Project Manager
	3030 N. Central Ste 509	

3. INFORMATION ON CONTROLLED BUSINESS

In Columns (1) and (2) give the name of any controlled business and describe the goods or services provided by the business.

If a single source of compensation to the controlled business amounts to more than \$10,000 and 25 percent of the gross income of the business, indicate the nature of the goods and services provided to the customer or client and a description of the business activities if that customer or client is a business in Columns (3) and (4). If there is no such major client or customer, leave Columns (3) and (4) blank.

You Need Not List:

- The identity of any customer or client.
- The amount of income from any customer or client.
- The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Controlled Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 25% of Gross)	Business Activity of the Major Customer or Client, if a Business
N/A			

(Use additional sheet if there is more than one such major customer or client of a controlled business.)

4. INFORMATION ON DEPENDENT BUSINESS

A "dependent business" is so-called because over half of its income is dependent on one major customer or client. A dependent business may also be a controlled business if the public officer or members of his household also own more than a fifty percent interest in the business. If a dependent business is listed as a controlled business under Item 3, it need not be listed in this item.

Describe the goods or services provided by the business, the goods or services provided to the major customer or client and the business activity if the major customer or client is a business.

You Need Not List:

- The identity of any customer or client.
- The amount of income from any customer or client.
- The activities of any customer or client which is not a business.

(1)	(2)	(3)	(4)
Name of Dependent Business (from Item 1 (d))	Goods or Services Provided by the Business	Goods or Services Provided to the Major Customer or Client (more than \$10,000 and 50% of Gross)	Business Activity of the Major Customer or Client, if a Business
N/A			

(Use additional sheet if there is more than one such major customer or client of a dependent business.)

6. REAL PROPERTY OWNERSHIP IN CITY OF BUCKEYE.

List all real property interests and real property improvements located in the City of Buckeye, including location and approximate size in which you, any member of your household or a controlled or dependent business held legal title or a beneficial interest at any time during the preceding calendar year, and the value, by category, of the equity in any such property.

If you or any member of your household or a controlled or dependent business acquired or divested any such interest during the preceding calendar year, disclose the transaction made and date that it occurred. If the controlled or dependent business is in the business of dealing in real property or improvements, disclosure need not include individual parcels or transactions, but the aggregate value of all such parcels.

You Need Not List:

- Your primary residence.
- Property used for personal recreation by you.
- Individual parcels and transactions, if a controlled or dependent business is a dealer in real property.*

Location and Approximate Size of Realty in City	Local Public Officer or Member of Household or Business from Items 3 or 4	Value of Equity by Category	Date Acquired or #Divested
25769 West Crown King Road	Brian McAchran	Cat #3	07/2015
20930 West Cora Vista	Brian McAchran	Cat #3	12/2011

*Business dealers in real property---state only name of controlled or dependent business and aggregate value of equity interests, by category number, of all parcels held during the year.

Name of Controlled or Dependent Business Dealer in Real Property	Aggregate Value of Equity Interests by Category #
N/A	

7. DEBTS; EXCEPTIONS

List names and addresses of creditors for all debts in excess of \$1,000 owed by you or members of your household either in your own names or in the names of any other persons at any time during the preceding calendar year.

List names and addresses of creditors to whom a controlled or dependent business owed a debt of more than \$10,000 which was also more than 30 percent of the total business indebtedness at any time during the preceding calendar year.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

- Debts resulting from the ordinary conduct of a business other than a controlled or dependent business.
- Credit card transactions.
- Debts on residences or recreational property exempt from disclosure.
- Retail installment contracts.
- Debts on motor vehicles not used for commercial purposes.
- Debts secured by cash values on life insurance.
- Debts owed to relatives.
- Any amounts.

PERSONAL DEBTS OVER \$1,000

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
N/A		

BUSINESS DEBTS OVER \$10,000 AND 30%

Name and Address of Creditor (or Person to Whom Payments Are Made)	Date Local Public Officer or Member of Household Owing the Debt	Incurred and/or Discharged
N/A		

8. DEBTORS

List the name of the debtor for each debt in excess of \$1,000 owed at any time during the preceding calendar year to you and members of your household or to any other person for the use or benefit of the aforementioned persons.

List the name of the debtor for each debt exceeding \$10,000 owed to a controlled or dependent business which was also more than 30 percent of the total indebtedness to the business at any time during the preceding calendar year.

Give the amount of each debt by category number.

If the debt was incurred or discharged during the year, list whether it was incurred or discharged and the date.

You Need Not List:

Those debts owed to you or members of your household resulting from the ordinary conduct of a business other than a controlled or dependent business.

DEBTS OVER \$1,000 OWED TO YOU PERSONALLY

Name of Debtor	Local Public Officer or Member of Household to Whom Debt is Owed	Amount by Category #	Date Incurred and/or Discharged
N/A			

DEBTS OVER \$10,000 AND 30% OWED TO YOUR BUSINESS

Name of Debtor	Name of Controlled or Dependent Business to Whom the Debt is Owed (Business from Item 3 or 4)	Amount by Category #	Date Incurred and/or Discharged

9. GIFTS

List each source of any gift or accumulated gifts in excess of \$500 in value received during the preceding calendar year by you, members of your household or by any other person for the use or benefit of the aforementioned persons.

You Need Not List:

- Gifts received by will.
- Gifts received by intestate succession.
- Gifts received from intervivos (living) trusts established by a spouse or ancestor.
- Gifts received from testamentary trusts established by a spouse or ancestor.
- Gifts received from any other member of the household or relatives to the second degree of consanguinity. (Parents, grandparents, siblings, children and grandchildren of the recipient.)
- Political campaign contributions if publicly reported as political campaign contributions.
- Amounts.

Name of Donor of Gifts over \$500

Local Public Officer or Member of Household---Recipient

N/A	

10. **BUSINESS LICENSES**

List all business licenses issued, by the City of Buckeye or by any other governmental agency which requires for its issuance the consideration of the application for such license by the _____ council of the _____ of _____, to, held by or in which you or any member of your household had an interest at any time during the preceding calendar year.

Type of License	Name in Which License is Issued	Local Public Officer or Member of Household Holding Interest, if Not Issued in Own Name	Type of Business	Location of Business
<u>Business</u>	<u>Shoppe on Monroe</u>	<u>Christina McAchran</u>	<u>Retail</u>	<u>420 Monroe</u>

11. **LOCAL GOVERNMENT BONDS**

List all bonds, together with their value, issued by the City of Buckeye, any industrial development authority of such city or town or any nonprofit corporation organized or authorized by such city or town held at any time during the preceding calendar year by you or any member of your household, which bonds issued by a single entity had a value in excess of \$1,000.

If the bonds were acquired or divested during the year, list whether they were acquired or divested and the date.

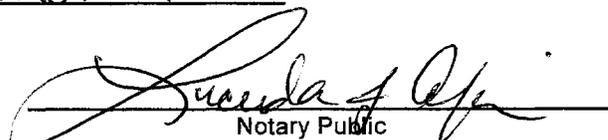
Bonds Over \$1,000	Issuing Agency	Local Public Officer or Member of Household	Value by Category #	Date Acquired and/or Divested

VERIFICATION

I do solemnly swear that the foregoing Financial Disclosure Statement filed herewith is in all things true and correct and fully shows all information required to be reported by me.


Signature of Affiant

SUBSCRIBED and sworn to before me by Brian McAchran
this 31st day of May 2016


Notary Public

My Commission Expires:

01-18-2018

