STATE OF ARIZONA
APPLICATION FOR CERTIFICATION
AS A PARTICIPATING CANDIDATE

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-20-104 (D)

☒ Initial Application ☐ Amended Application

FILERID 2004-93070

NAME OF CANDIDATE: VIRGEL CAIN		OFFICE SOUGHT (include Legislative District, if applicable): STATE REPRESENTATIVE 27	
ADDRESS (NUMBER & STREET): 4184 E. DESERT MARIGOLD DR.	CITY: CAVE CREEK	STATE: AZ	ZIP: 85331
MAILING ADDRESS (if different from above): SAME	CITY	STATE	ZIP
CANDIDATE'S TELEPHONE #: 480-585-8177	CANDIDATE'S FAX #: 480-585-2347	CANDIDATE'S E-MAIL ADDRESS: VRCJR@AOL.COM	
CANDIDATE'S PARTY AFFILIATION (if any): DEMOCRAT			
NAME OF CANDIDATE'S COMMITTEE: FRIENDS OF VIRGEL CAIN			
COMMITTEE'S ADDRESS: 4184 E. DESERT MARIGOLD DR	CITY: CAVE CREEK	STATE: AZ	ZIP: 85331
COMMITTEE'S PHONE #: 602-541-6454	COMMITTEE'S FAX #: 480-585-2347	COMMITTEE'S E-MAIL ADDRESS: VRCJR@AOL.COM	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948): VIRGEL CAIN			
DESIGNATED INDIVIDUAL'S ADDRESS: 4184 E. DESERT MARIGOLD DR.	CITY: CAVE CREEK	STATE: AZ	ZIP: 8533[illegible]
DESIGNATED INDIVIDUAL'S TELEPHONE #: 602-541-6454	DESIGNATED INDIVIDUAL'S FAX #: 480-585-2347	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS: VRCJR@AOL.COM	

LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)).

WASHINGTON MUTUAL

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-946(B)): I hereby designate_____ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: _____

Candidate's signature: _____

CCEC-003-APP/CERT-06/28/01