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)

OFFICE USE ONLY

☐ Initial Application ☒ Amended Application

FILE ID 2004-93072

NAME OF CANDIDATE: Oksana Maria Komarnyckyj		OFFICE SOUGHT (include Legislative District, if applicable): House Dist 15	
ADDRESS (NUMBER & STREET): 3304 N Manor Dr West		CITY: Phoenix	STATE: AZ / ZIP: 85014
MAILING ADDRESS (if different from above): PMB 420 5515 N 7th St Ste 5		CITY: Phoenix	STATE: AZ / ZIP: 85014
CANDIDATE'S TELEPHONE #: 602-793-8877	CANDIDATE'S FAX #: 602-765-2183	CANDIDATE'S E-MAIL ADDRESS: OKSANA@OKSANAFORHOUSE.com	
CANDIDATE'S PARTY AFFILIATION (if any): Republican			
NAME OF CANDIDATE'S COMMITTEE: Vote Oksana Komarnyckyj			
COMMITTEE'S ADDRESS: PMB 420 5515 N 7th St. Ste 5		CITY: Phoenix	STATE: AZ / ZIP: 85014
COMMITTEE'S PHONE #: 602-793-8877	COMMITTEE'S FAX #: 602-765-2183	COMMITTEE'S E-MAIL ADDRESS: OKSANA@OKSANAFORHOUSE.com	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948): Oksana Maria Komarnyckyj			
DESIGNATED INDIVIDUAL'S ADDRESS: PMB 420, 5515 N 7th St Ste 5		CITY: Phx	STATE: AZ / ZIP: 85014
DESIGNATED INDIVIDUAL'S TELEPHONE #: 602-793-8877	DESIGNATED INDIVIDUAL'S FAX #: 602-765 2183	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS: OKSANA@OKSANAFORHOUSE.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)).

Wells Fargo

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(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: 12/10/03

Candidate's signature: _____