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APPLICATION FOR CERTIFICATION

Pursuant to Arizona Revised Statutes §§16-947 and 949 and AAC R2-20-104 (D)

☒ Initial Application ☐ Amended Application

FILERID 200493135

NAME OF CANDIDATE: Jerry P. Weiers		OFFICE SOUGHT (include Legislative District, if applicable): House of Representatives Dist 12	
ADDRESS (NUMBER & STREET): 5025 W. 81st Dr		CITY: Glendale	STATE: AZ / ZIP: 85303-6010
MAILING ADDRESS (if different from above):		CITY:	STATE: / ZIP:
CANDIDATE'S TELEPHONE #: 602-269-6353	CANDIDATE'S FAX #:	CANDIDATE'S E-MAIL ADDRESS: JerryWeiers2004@Cox.net	
CANDIDATE'S PARTY AFFILIATION (if any): REP			
NAME OF CANDIDATE'S COMMITTEE: JERRY WEIERS 2004			
COMMITTEE'S ADDRESS: SAME AS ABOVE		CITY:	STATE: / ZIP:
COMMITTEE'S PHONE #:	COMMITTEE'S FAX #:	COMMITTEE'S E-MAIL ADDRESS:	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948): Same			
DESIGNATED INDIVIDUAL'S ADDRESS:		CITY:	STATE: / ZIP:
DESIGNATED INDIVIDUAL'S TELEPHONE #:	DESIGNATED INDIVIDUAL'S FAX #:	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS:	

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)).

NATIONAL BANK

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.

[redacted]

CCEC-003-APP/CERT-04/24/01

OFFICIAL SEAL
CHERRELL E. THOMAS
Notary Public - Arizona
MARICOPA COUNTY
My Commission Expires
MAY 21, 2006