COPY

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

FILER ID 20049172

NAME OF CANDIDATE		OFFICE SOUGHT (include Legislative District, if applicable)		
CHARLES R. CULLISON II		STATE REPRESENTATIVE - DIST. 3		
ADDRESS (NUMBER & STREET)		CITY	STATE	ZIP
1210 AMES		KINGMAN	AZ	86401
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP
CANDIDATE'S TELEPHONE #	CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADDRESS		
(928) 757-3460	NONE	cully2@frontiernet.net		
CANDIDATE'S PARTY AFFILIATION (if any)				
REPUBLICAN				
NAME OF CANDIDATE'S COMMITTEE				
COMMITTEE FOR CHARLES R. CULLISON II STATE REPRESENTATIVE, DISTRICT 3				
COMMITTEE'S ADDRESS		CITY	STATE	ZIP
1210 AMES		KINGMAN	AZ	86401
COMMITTEE'S PHONE #	COMMITTEE'S FAX #	COMMITTEE'S E-MAIL ADDRESS		
(928) 757-3460	NONE	cully2@frontiernet.net		
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) *(A.R.S. §16-949)*				
GORDON SANCHEZ				
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE	ZIP
3735 N. 4th STREET		KINGMAN	AZ	86401
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS		
(928) 757-7730	NONE	[illegible]		

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 GORDON SANCHEZ as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

Date: 4-22-04

Candidate's Signature: [illegible]

CCEC-003-APP/CERT-08/28/01