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

NAME OF CANDIDATE:		OFFICE SOUGHT (include Legislative District, if applicable)	
ADDRESS (NUMBER & STREET)		CITY	STATE / ZIP
MAILING ADDRESS (if different from above)		CITY	STATE / ZIP
CANDIDATE'S TELEPHONE #	CANDIDATE'S FAX #	CANDIDATE'S E-MAIL ADDRESS	
CANDIDATE'S PARTY AFFILIATION (if any)			
NAME OF CANDIDATE'S COMMITTEE			
COMMITTEE'S ADDRESS		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)*			
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))*.

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: 3/25/2004

Candidate's signature: _____

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