



STATE OF ARIZONA

Statewide Write-in Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. §§ 16-311, 16-312

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, am a candidate for the office of
for the Party (if
applicable), at the PRIMARY or GENERAL (circle one) Election to be held on the
day of
, 20.

I will have been a citizen of the United States for
years before my election and will have
been a citizen of Arizona for
years before my election. I am
years old and my date of birth is
,
, and therefore I will meet the Constitutional and/or statutory age
(Month & Day) (Year)
requirement for taking said office. I have resided in the State of Arizona for
years, and have resided in
County for
years.

Actual residence address City or Town Zip
or description of place of residence (required)

Post office address (if applicable) City or Town Zip

Print or type your name on the following line in the exact manner you
wish it to appear on the notice of write-in candidates, last name first.

LAST NAME

FIRST NAME

I declare, under penalty of perjury, that the information in this Nomination Paper and Declaration of
Qualification is true and correct, and that at the time of filing I am a resident of the State of Arizona, that I
have no final, outstanding judgments against me of an aggregate of \$1,000 or more that arose from failure
to comply with or enforcement of campaign finance law, and as to all other qualifications, I will be qualified at
the time of election to hold the office that I seek. If running in the General Election, I further certify that I am
not disqualified from running as a write-in candidate pursuant to A.R.S. § 16-312(F).

CANDIDATE SIGNATURE

DATE