



STATE OF ARIZONA

**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, a qualified elector, am a candidate for the office of _____, for the _____ Party (if applicable), at the PRIMARY Election or GENERAL Election (circle one) to be held on the _____ day of _____, 20____.

I will have been a citizen of the United States for _____ years before my election, will have been a citizen of Arizona for _____ years before my election, and that I am _____ years of age and my date of birth is _____. I have resided in _____ County for _____ years and in precinct _____ for _____ years before my election.

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 lines in the exact manner you wish it to be listed on the Notice of Official Write-In Candidates.

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 county, district or precinct which I propose to represent, 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