



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) to be voted on at the PRIMARY or GENERAL (circle one) election to be held on 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 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 line in the exact manner you
wish it to be listed on the Notice of Official 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 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.

CANDIDATE SIGNATURE

DATE