FOR OFFICE USE ONLY

1912 ×

STATE OF ARIZONA

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

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of

	for the		Dorty (if applie	abla) at the		
	, for the		Party (if applic	able), at the		
PRIMARY Election or GENERAL	Election (circle	one) to be he	ld on the	day of		
, 20						
, 20						
I will have been a citizen of t	he United States for	years be	fore my election, will	have been a		
citizen of Arizona for years bef	ore my election, and	I that I am	years of age and my	date of birth		
is						
				yours		
and in precinct	for	years before i	my election.			
Actual residence address		City or To	wn	Zip		
or description of place of residence (re	equired)					
Doct office address (if applicable)		City or to		7in		
Post office address (if applicable)		City or tov	WII	Zip		
Print or type your na	me on the followi	ing lines in the	evact manner vou			
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 p	erjury, that the infor	mation in this Non	nination Paper and D	eclaration of		
Qualification is true and correct, and	that at the time of fil	ing I am a residen	t of the county, distric	ct or precinct		
which I propose to represent, that I	have no final, outs	tanding judgments	s against me of an	aggregate of		
\$1,000 or more that arose from failur	e to comply with or	enforcement of ca	mpaign finance law,	and as to all		
other qualifications, I will be qualified	at the time of elect	tion to hold the of	fice that I seek. If ru	unning in the		
General Election, I further certify that	Ι am not disqualifiε	ed from running as	s a write-in candidate	pursuant to		
A.R.S. § 16-312(F).						
CANDIDATE SIGNATURE			DATE			

Sec. State Rev. 08/06/2019