

FOR OFFICE USE ONLY

**Nonpartisan Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. §§ 16-311, 16-341**

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of _____ at the 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, and I will meet the Constitutional and/or statutory age requirement for taking said office. 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 appear on the ballot, 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, 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

FOR OFFICE USE ONLY

**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 _____ 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 requirement for taking said office. I have resided in _____ county for _____ years, and have resided in _____ precinct 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 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, 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