



STATE OF ARIZONA
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. § 16-311

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of _____, seeking the nomination of the _____ Party, at the Primary Election to be held on the _____ day of _____, 20____, and at the General Election to be held on the _____ day of _____, 20____, should I be nominated.

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 I will be at least _____ years of age upon 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 lines 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 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