

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 or description of place of residence (required) City or Town Zip

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