PINAL COUNTY
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, 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 _____ (Month & Day), _____ (Year), and therefore I will meet the Constitutional and/or statutory age requirement for taking said office. I have resided in the State of Arizona for ____ years, and have resided in _____ County 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 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 State of Arizona, 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