



**MARICOPA COUNTY
WRITE IN CANDIDATE
PRECINCT COMMITTEEMEN**

NOMINATION PAPER
DECLARATION OF QUALIFICATION
[A.R.S. §§ 16-311, 16-312]

VOTER ID # _____

Place Date Stamp Here

You are hereby notified that I, the undersigned, a qualified elector, am a write-in candidate for the office of
PRECINCT COMMITTEEMEN - _____
(PRINT THE PRECINCT NAME & LEGISLATIVE DISTRICT#)

subject to the action of the _____ **Party**, at the
PRIMARY ELECTION to be held on **AUGUST 2, 2022.**

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 will meet the age requirement for the office I seek and have resided in **MARICOPA** County for _____ years and in _____ voting precinct for _____ years before my election.

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.

Residence address or description of place of residence (city or town) (zip)

Mailing Address (if different from residence address) (city or town) (zip)

Print or type your name below *in the exact manner you wish it to appear on the Notice of Official Write in Candidates. A.R.S. §16-312.E*
(Your name will appear Last Name first in ALL CAPS)

LAST NAME

FIRST NAME

MIDDLE NAME OR INITIAL
(or nickname - if any)

X _____
CANDIDATE SIGNATURE

DATE

For Office Use Only:

Additional Contact Information: (Optional)

Email Address: _____ **Phone #:** _____