



**MARICOPA COUNTY
WRITE IN CANDIDATE
PRECINCT COMMITTEEMEN**

NOMINATION PAPER
AFFIDAVIT 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 30, 2016.**

I will have been a citizen of the United States for _____ years next preceding my election and will have been a citizen of Arizona for _____ years next preceding my election and that my age is _____ years old, and my date of birth is ____/____/____, and I have resided in **MARICOPA** County for _____ years and in _____ voting precinct for _____ years before my election.

I do solemnly swear (or affirm) that at the time of filing, I am a resident of the county, district or precinct which I propose to represent, and as to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

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
(name will appear in ALL CAPS – LAST NAME, FIRST NAME)

_____,
LAST NAME

_____,
FIRST NAME

_____,
MIDDLE NAME OR INITIAL
(or nickname - if any)

X

CANDIDATE SIGNATURE

Subscribed AND SWORN to (or affirmed) before me this _____ day of _____ 20_____.

Notary Public

(Seal)

For Office Use Only:

Additional Contact Information: (Optional)

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