



**MARICOPA COUNTY
PRECINCT COMMITTEEMEN**
NOMINATION PAPER
AFFIDAVIT OF QUALIFICATION
[A.R.S. §§ 16-311]

VOTER ID # _____

Place Date Stamp Here

You are hereby notified that I, the undersigned, a qualified elector, am a 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 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 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 ballot. A.R.S. §16-311.G.
(ballot name will appear in ALL CAPS – Last Name first)

_____, _____, _____
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 #: _____