You are hereby notified that I, the undersigned, a qualified elector, am a write-in candidate for the office of PRECINCT COMMITTEEEMEN - ____________________________________________
(Print the Precinct Name & Legislative District #)
subject to the action of the __________________________ Party, at the
PRIMARY ELECTION to be held on AUGUST 28, 2018.

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 #: __________________