



**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 **JULY 30, 2024.**

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 #: _____