FOR OFFICE USE ONLY

STATE OF ARIZONA

County of Gila

Precinct Committeemen
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. § 16-311

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of

_____ subject to the action of the _____ Party, at the

Primary Election to be held on the _____ day of _____, 20____.

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 _____ County for _____ years and in precinct _____ for _____ years before my election.

_____

Actual residence address or description of place of residence (required) | City or Town | Zip

_____

Post office address (if applicable) | City or town | Zip

Print or type your name on the following line in the exact manner you wish it to appear on the ballot, last name first.

_____, _____

LAST NAME | FIRST NAME

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.

_____ _____

CANDIDATE SIGNATURE | DATE