



STATE OF ARIZONA

**Statewide Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. § 16-311**

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, am a candidate for the office of _____ seeking the nomination of the _____ Party, at the Primary Election to be held on the _____ day of _____, 20____, and at the General Election to be held on the _____ day of _____, 20____, should I be nominated.

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 I will meet the Constitutional and/or statutory age requirement for taking said office. I have resided in _____ County for _____ years before my election.

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

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 State of Arizona, 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