



STATE OF ARIZONA  
County of Coconino

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

FOR OFFICE USE ONLY

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 \_\_\_\_\_ 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 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