



**MARICOPA COUNTY
PRECINCT COMMITTEEMEN**
NOMINATION PAPER
DECLARATION OF QUALIFICATION
[A.R.S. §§ 16-311]

VOTER ID # _____

Place Date Stamp Here

You are hereby notified that I, the undersigned, a qualified elector, am a 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 **AUGUST 4, 2020.**

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 ballot. (A.R.S. §16-311.G.)
(Ballot 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

Please Provide Additional Contact Information For Office Use Only:

Email Address: _____ Phone #: _____