



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

FOR OFFICE USE ONLY  
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 6, 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 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 #: \_\_\_\_\_