FOR OFFICE USE ONLY

**MARICOPA COUNTY**

# PRECINCT COMMITTEEMAN
# WRITE-IN CANDIDATE
# NOMINATION PAPER
# DECLARATION OF QUALIFICATION

*(A.R.S. § 16-312)*

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

**PRECINCT COMMITTEEMAN** in _____ and _____
*(PRINT THE PRECINCT NAME)* *(PRINT THE LEGISLATIVE DISTRICT NUMBER)*

subject to the action of the _____**Party**, at the **PRIMARY ELECTION** to be held on **JULY 21, 2026**.

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. I am _____ years old, and my date of birth is ___ / ___ / _____, and therefore, I will meet the age requirement for taking the office I seek. I have resided in **MARICOPA** County for _____ years and in _____ voting precinct for _____ years.

_____
Actual residence address or description of place of residence (*required*) (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 Notice of Official Write-In Candidates. *(A.R.S. §16-312(E))***

***Ballot Name will appear Last Name first and in ALL CAPS.***

_____, _____
LAST NAME SUFFIX* FIRST NAME "NICKNAME"* MIDDLE NAME OR INITIAL*

**Suffix, Nickname, and Middle Name/Initial are optional.*

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. I further certify that I am not disqualified from running as a write-in candidate pursuant to A.R.S. § 16-312(F).

**X** _____ _____
**CANDIDATE SIGNATURE** **DATE**

**Please Provide Additional Contact Information For Office Use Only:**

**Email Address:** _____ **Phone #:** _____