



MARICOPA COUNTY
PRECINCT COMMITTEEMAN
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

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
AUGUST 4, 2026.

I will have been a citizen of the United States for _____ years before my election, will have been a citizen of Arizona for _____ years before my election and 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 before my election.

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 ballot.
(A.R.S. §16-311(G))

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.

X

CANDIDATE SIGNATURE

DATE

Please Provide Additional Contact Information For Office Use Only:

Email Address: _____ Phone #: _____