

VOTER ID#	 

Place Date Stamp Here

		L	(FOR FILING OFFICE USE)		
You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of					
(here name the office so	ought and the political division or dis	trict and, if for a 2 year terr	n, the expiration date)		
at the <b>General Election</b> to be held	on <b>NOVEMBER 8, 2022</b> .				
I will have been a citizen of citizen of Arizona for yea/, and therefore office. I have resided in MARICOPA school district for years before	ars before my election. I I will meet the Constitutiona County for years and	am years of	ge requirement for taking said		
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).					
Residence address or description of	place of residence	(city or tow	n) (zip)		
Mailing Address (if different from residual	dence address)	(city or tow	n) (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.  (Name will appear Last Name first in ALL CAPS)					
LAST NAME	FIRST NAME		MIDDLE NAME OR INITIAL (or nickname - if any)		
XCANDIDATE SIGNA	ATURE		Date		