



Maricopa County
Candidate Statement of Interest
A.R.S. § 16-311 (H)

FOR FILING OFFICE USE ONLY

FIRST NAME	MIDDLE NAME OR INITIAL (<i>OPTIONAL</i>)	LAST NAME
OFFICE SOUGHT (INCLUDE NAME OF DISTRICT)		2 YEAR TERM? <input type="checkbox"/> YES / <input type="checkbox"/> NO
ELECTION YEAR		
RESIDENTIAL ADDRESS		
RESIDENTIAL CITY	RESIDENTIAL STATE	RESIDENTIAL ZIP CODE
MAILING ADDRESS (<i>IF DIFFERENT THAN RESIDENTIAL</i>)		
MAILING CITY	MAILING STATE	MAILING ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER

By signing below, candidate listed above indicates intent to circulate nomination petitions for the above named office sought.

CANDIDATE SIGNATURE	DATE
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