



SANTA CRUZ COUNTY

Write-In Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. §§ 16-311, 16-312

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of
_____, for the _____ Party (if applicable), at the
PRIMARY Election or GENERAL Election (circle one) to be held on the _____ day of
_____, 20_____.

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 that I am _____ years of age and my date of birth
is _____. I have resided in _____ County for _____ years
and in precinct _____ for _____ years before my election.

Actual residence address _____ City or Town _____ Zip _____
or description of place of residence (required)

Post office address (if applicable) _____ City or town _____ Zip _____

Print or type your name on the following lines in the exact manner you
wish it to be listed on the Notice of Official Write-In Candidates.

LAST NAME

FIRST NAME

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

CANDIDATE SIGNATURE

DATE