



STATE OF ARIZONA

Write-in Federal Candidate
NOMINATION PAPER
AFFIDAVIT 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)
to be voted on at the PRIMARY or GENERAL (circle one) election to be held on the day
of , .

I will have been a citizen of the United States for years next preceding my election and will
meet the age requirement for the office I seek, and when elected, be an Inhabitant of the state from which I
am chosen.

I do solemnly swear (or affirm) to the above qualifications and to having fulfilled the constitutional and
statutory requirements for holding said office.

Actual residence address or description of place of residence (city or town) (zip)

Post office address (city or town) (zip)

Print or type your name on the following line as you wish it to be listed
on the Notice of Official Write-In Candidates, last name first:
LAST NAME FIRST NAME

CANDIDATE SIGNATURE

State of )
)
County of )

Subscribed and sworn to (or affirmed) before me this day of , 20.

Notary Public

My Commission Expires:

(Seal)