



Gila County, Arizona

**Write-in Candidate
NOMINATION PAPER
AFFIDAVIT OF QUALIFICATION
CAMPAIGN FINANCE LAWS STATEMENT**

[A.R.S. §16-311, 16-312, 16-905(l)(5)]

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 OR DISTRICT (circle one) to be voted on at the PRIMARY OR GENERAL (circle one) election to be held on _____, 20____.

I will have been a citizen of the United States for _____ year(s) next preceding my election and will have been a citizen of Arizona for _____ year(s) next preceding my election and that my age is _____, and my date of birth is the _____ day of _____, 19____, and have resided in Gila County for _____ year(s) and in the precinct of _____ for _____ year(s) before my election.

I do solemnly swear (or affirm) that at the time of filing, I am a resident of the county, district, or precinct which I propose to represent, I have no final, outstanding judgments against me of more than an aggregate of \$1,000 that arose from failure to comply with or enforcement of ARS Title 16, Chapter 6, and as to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

Actual Residence Address or Description of Place of Residence (City/Town) (Zip)

Post Office Address (City/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 NAME

State of _____)
County of _____)

CANDIDATE SIGNATURE

Subscribed AND SWORN to (or affirmed) before me this _____ day of _____, 20____

(Seal)

Notary Public

My Commission Expires: _____

I have read all applicable laws relating to campaign financing and reporting.

CANDIDATE SIGNATURE