



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

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

Notary Public

My Commission Expires: _____

(Seal)