

Cochise County School Superintendent
4001 E. Foothills Drive
Sierra Vista, AZ 85635
520.803.3380



FOR OFFICE USE ONLY

**Nonpartisan
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. § 16-311(B)**

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of

_____ at the election 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 I will be at least _____ years of age upon taking said office. I have resided in _____ County for _____ years and in district _____ 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 _____

Email Address _____ Phone Number _____

Print or type your name on the following line in the exact manner you wish it to appear on the ballot, last name first.

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.

CANDIDATE SIGNATURE

DATE