


MCRRC PRECINCT COMMITTEEMAN PAPERWORK

MARICOPA COUNTY REPUBLICAN COMMITTEE



**MARICOPA COUNTY
PRECINCT COMMITTEEMAN**
NOMINATION PAPER
DECLARATION OF QUALIFICATION
[A.R.S. §§ 16-311]

FOR OFFICE USE ONLY
VOTER ID # _____

(Place Date Stamp Here)

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of
PRECINCT COMMITTEEMAN - PRECINCT NAME & LEGISLATIVE DISTRICT NUMBER
(PRINT THE PRECINCT NAME & LEGISLATIVE DISTRICT #)
 subject to the action of the **REPUBLICAN** Party, at the **PRIMARY ELECTION** to be held on **JULY 30, 2024**.

I will have been a citizen of the United States for # years before my election and will have been a citizen of Arizona for # years before my election and will meet the age requirement for the office I seek and have resided in **MARICOPA** County for # years and in **PRECINCT NAME** voting precinct for # years before my election.

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.

PHYSICAL RESIDENTIAL ADDRESS (AS PER VOTER REGISTRATION)
 Residence address or description of place of residence (city or town) (zip)
MAILING ADDRESS FOR ELECTION-RELATED MAIL (IF DIFFERENT)
 Mailing Address (if different from residence address) (city or town) (zip)

**Print or type your name below
in the exact manner you wish it to appear on the ballot. (A.R.S. §16-311.G.)
(Ballot Name will appear Last Name first in ALL CAPS)**

LAST NAME	FIRST NAME	MIDDLE NAME INITIAL
_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL <small>(or nickname - if any)</small>

X **PC CANDIDATE SIGNATURE** _____ **DATE** _____
CANDIDATE SIGNATURE DATE

Please Provide Additional Contact Information For Office Use Only:
 Email Address: PC CANDIDATE EMAIL Phone #: PC CANDIDATE PHONE

Partisan Nomination Petition

I, the undersigned, a qualified elector of the county of **MARICOPA**, state of Arizona, and of **LEGISLATIVE DISTRICT NUMBER & PRECINCT NAME** and a member of the **REPUBLICAN** party or a person who is registered as no party preference or independent as the party preference or who is registered with a political party that is not qualified for representation on the ballot, hereby nominate **PRECINCT COMMITTEEMAN (PC) CANDIDATE NAME** who resides at **PC CANDIDATE PHYSICAL ADDRESS** in the county of **MARICOPA** for the party nomination for the office of **PRECINCT COMMITTEEMAN** to be voted at the primary election to be held **JULY 30, 2024** as representing the principles of such party, and I hereby declare that I am qualified to vote for this office and that I have not signed, and will not sign, any nomination petition for more persons than the number of candidates necessary to fill such office at the next ensuing election. I further declare that if I choose to use a post office box address on this petition, my residence address has not changed since I last reported it to the county recorder for purposes of updating my voter registration file.

Signature	Printed name	Actual residence address, description of place of residence or Arizona post office box address, city or town	Date of signing
A PC CANDIDATE MAY SIGN HIS OR HER OWN PETITION			
GET SIGNATURES FROM REPUBLICANS ONLY IN YOUR SAME PRECINCT ONLY			
CHECK FOR PRECINCT COMMITTEEMAN CANDIDATE SIGNATURE REQUIREMENTS & QUOTAS:			
https://elections.maricopa.gov/candidates/running-for-office.html#PC			

Revised 07/28/2021, Secretary of State Petitioner/circulator remains solely responsible for ensuring this form complies with Arizona law.

PC CANDIDATE NOMINATION PETITION (FRONT)

Instructions for Circulators

- All petitions shall be signed by circulator.
- Circulator is not required to be a resident of this state but otherwise must be qualified to register to vote in this state and, if not a resident of this state, shall register as a circulator with the secretary of state.
- Circulator's name shall be typed or printed under the circulator's signature.
- Circulator's actual residence address or, if no street address, a description of residence location shall be included on the petition.

I, **PRECINCT COMMITTEEMAN (PC) CANDIDATE NAME**, a person who is not required to be a resident of this state but who is otherwise qualified to register to vote in the county of **MARICOPA**, in the state of Arizona, hereby verify that each of the names on the petition was signed in my presence on the date indicated and that in my belief each signer was a qualified elector who resides at the address given as their residence on the date indicated. I further verify that each signer is a member of the party from which the candidate is seeking nomination, or the signer is a member of a political party that is not entitled to continued representation on the ballot, or the signer is registered as independent or no party preferred.

PRECINCT COMMITTEEMAN (PC) CANDIDATE SIGNATURE
Signature of Circulator

PC CANDIDATE PRINTED NAME
Typed or Printed Name of Circulator

PHYSICAL RESIDENTIAL ADDRESS (AS PER VOTER REGISTRATION)
Circulator's Actual Residence Address (if no street address, a description of residence location shall be included on the petition)

ADD CITY OR TOWN AND ZIP CODE
City or Town and Zip Code

Revised 07/28/2021, Secretary of State Petitioner/circulator remains solely responsible for ensuring this form complies with Arizona law.

PC CANDIDATE NOMINATION PETITION (BACK)

PC CANDIDATE NOMINATION PAPER & DECLARATION OF QUALIFICATION

