STATE OF ARIZONA
NATURAL RESOURCE CONSERVATION DISTRICT ELECTION
NOMINATION PAPER AND AFFIDAVIT OF QUALIFICATIONS
FOR CANDIDATES FILING NOMINATION PETITIONS
(A.R.S. § 16-311)

New 6 Year Elective Term

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of District Supervisor for the new 6 year elective term of the ______________________ Natural Resource Conservation District subject to the action of the District Cooperators at the District Election to be held on the 3rd day of May, 2014, should I be nominated.

I will have been a citizen of the United States for ________ years next preceding my election and will have been a citizen of Arizona for ________ years next preceding my election and will meet the age requirement for the office I seek and have resided in ______________________ County for ________ _________ years before my election.

I do solemnly swear (or affirm) that as to these and all other qualifications, I am or will be qualified at the time of the election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

My residence address is ________________________________________________________________________________________________

(number and street)                               (city or town)                                      (zip)

My post office address is ________________________________________________________________________________________________

(PO Box)                                               (city or town)                                      (zip)

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

__________________________________________________________
(last name)                                         (first name)            (middle name or initial)            (Jr., Sr., III)

__________________________________________________________
(CANDIDATE SIGNATURE)

Subscribed and sworn to (affirmed) before me this __________ day of ______________________, 2014.

__________________________________________________________
NOTARY PUBLIC

My commission expires:

__________________________________________________________

Attached are the 25 required cooperator signatures.

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