



Write-in Candidate
NOMINATION PAPER
DECLARATION OF
QUALIFICATION
A.R.S. §§ 16-311, 16-312

FOR OFFICE USE ONLY
RECEIVED
JUL 18 2024
PINAL COUNTY SCHOOL OFFICE

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of Governing Board Member for the Maricopa CAVIT Board Party (if applicable), at the PRIMARY or GENERAL (circle one) Election to be held on the 5 day of November, 20 24

I will have been a citizen of the United States for 110 years before my election and will have been a citizen of Arizona for 70 years before my election. I am 79 years old and my date of birth is September 11, 1944, and therefore I will meet the Constitutional and/or statutory age requirement for taking said office. I have resided in Pinal County county for 60 years, and have resided in Maricopa precinct for 65 years.

43983 W Farrell Rd. Maricopa 85138
Actual residence address City or Town Zip
or description of place of residence (required)

Post office address (if applicable) City or Town Zip

Print or type your name on the following line in the exact manner you wish it to appear on the Notice of Official Write-In Candidates.
Farrell LAST NAME Alma 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, 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. If running in the General Election, I further certify that I am not disqualified from running as a write-in candidate pursuant to A.R.S. § 16-312(F).

Candidate signature line and label: CANDIDATE SIGNATURE

Date line and label: DATE