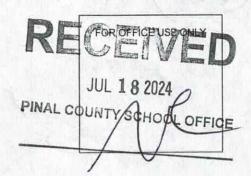


Write-in Candidate NOMINATION PAPER DECLARATION OF QUALIFICATION A.R.S. §§ 16-311, 16-312



You are hereby notified that I, the ur	ndersigned, a qualified elector, ar	m a candidate			
for the office of Boverning Board	CRVII for the 110	rence 14			
Party (if applicable), at the PRIMARY of GENERAL (circle one) Election to be held on the day of					
			O3 - 26 , 1969, and therefore I (Month & Day)	will meet the Constitutional and/or	statutory age
			requirement for taking said office. I have resided in	Tival county	for <u>21</u> years, and
have resided in precinct	for 6 years.				
24177 N CoHon 12L	Florence	85732 Zip			
Actual residence address or description of place of residence (required)	City or Town	Zip			
Post office address (if applicable)	City or Town	Zip			
Print or type your name on the follo					
wish it to appear on the Notice	of Official Write-In Candidate	es.			
Johnson,	Store				
LAST NAME	FIRST NA	ME			

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 disqualfied from running as a write-in candidate pursuant to A.R.S. § 16-312(F).

CANDIDATE SIGNATURE

DATE