



School Superintendent Department.
700 W. Beale St.
P.O. Box 69
Kingman, AZ 86402

For Official Use Only

**Mohave County
State of Arizona
Candidate Statement of Interest**
[A.R.S. §§ 16-311, 16-341]

You are hereby notified that I, _____, the
(CANDIDATE'S NAME)

undersigned, hereby declare my interest to run as a candidate for the office of

(NAME OF OFFICE SOUGHT)

seeking the nomination of the

(NAME OF DISTRICT, DIVISION OR PRECINCT, if applicable)

party, at the Election to be held on

(PARTY NAME, if any)

Tuesday, _____, _____.
(MONTH) (DAY) (YEAR)

By submitting this document, I understand that any nomination petition signatures collected before the date of this Statement of Interest are invalid and may be subject to challenge pursuant to A.R.S. § 16-351.

Signature _____

Date _____

DISCLAIMER

The Elections Department does not and cannot give legal advice or legal guidance for your campaign. Forms are subject to change without notice. Candidates are responsible for submitting and timely filing of the correct forms for county offices.