FOR OFFICE USE ONLY

## Nonpartisan Candidate NOMINATION PAPER DECLARATION OF QUALIFICATION A.R.S. §§ 16-311, 16-341

You are nereby notified that I, the undersigned	d, a qualified elector, am a candidate f	or the office of
COUNCIL MEN at the e	election to be held on the $30^{14}$ da	y of
JULY , 20 24.		
I will have been a citizen of the United States for <u>S2</u> years before my election and will have been a citizen of Arizona for <u>31</u> years before my election, and I will meet the Constitutional and/or statutory age requirement for taking said office. I have resided in <u>YAVAPA1</u> County for <u>27</u> years and in precinct <u>ONYX</u> for <u>10+</u> years before my election.		
17 S 14TH ST Actual residence address or description of place of residence (required)	COTTONWOOD AZ  City or Town	
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 ballot, last name first.  GRIGATTIS HOLLY		
LAST NAME	FIRST NAME	
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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.

CANDIDATE SIGNATURE

## Candidate Statement of Interest A.R.S. § 16-311; A.R.S. § 16-341(I)

S RECEIVED

You are hereby notified that I, the undersigned, hereby declare my interest to run as a 2 2024 in the City of COTTONWOOD, AZ the Regular Election to be held on Tuesday, AUGUST, 06, 20 24. I am seeking the nomination of the Party (if applicable). Candidate Information (Print your information.) Name: ORIGAIN Residence Address: 17 14th 45t # 3 Mailing Address: 12250 E SERENITY L Primary Phone: 928 451 (1220 Type of Phone: Home \_\_\_\_Work \_\_\_\_Cell X Alternate Phone: Mork \_\_\_\_ Work \_\_\_ Cell X Primary Email: holyarigains Alternate Email: \_\_\_\_ 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. I understand this Statement is not a formal declaration of candidacy and that filing of the nomination paper is the formal notification for seeking municipal office.

ate Signature