

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

You are hereby notified that I, the undersigned, hereby declare my interest to run as a candidate for the office of council member for District _____ (if applicable), in the [City/Town] of Tolleson , AZ at the [regular/special] Election to be held on Tuesday, August, 02, 2022. I am seeking the nomination of the _____ Party (if applicable).

Candidate Information (Print your information.)

Name: Laborin Linda M
Last First

Residence Address: 6 n 92 dr
Street
Tolleson Arizona 85353
City State Zip Code

Mailing Address: 6 n 92 dr
Street
Tolleson Arizona 85353
City State Zip Code

Primary Phone: (625) 640 - 0737 Type of Phone: Home Work Cell

Alternate Phone: () - Type of Phone: Home Work Cell

Primary Email: lindalaborin44@gmail.com

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.**

Linda M Laborin
Candidate Signature

01-27-2022
Date