



**CITY OF AVONDALE
BALLOT ARGUMENT FORM
A.R.S. § 19-124**

City Clerk's Office
cityclerk@avondaleaz.gov
623-333-1000

Ballot arguments may not exceed 300 words in length and shall be accompanied by a non-refundable fee of \$50 to offset proportional costs of printing, paper and translation. Argument form, payment, and an electronic version of the argument is due to the City Clerk's Office by May 6, 2020 for the Primary Election and August 5, 2020 for the General Election. The text of the ballot argument can be emailed to cityclerk@avondaleaz.gov. Proper spelling, grammar, syntax and language are the responsibility of the person submitting the argument, not the City Clerk. The electronic version submitted is the version that will be used in the published publicity pamphlet.

Publicity pamphlets will be produced and distributed in the manner prescribed by State Statute. Visit <http://www.azleg.gov/ars/19/00124.htm> to review the statute in its entirety.

BALLOT ARGUMENT INFORMATION:

Type of Argument: PRO CON

Proposition Number Associated with Argument: _____

Argument Submitted/Sponsored by: Individual(s) Organization Political Committee

Sponsoring Organization's Name (if applicable): _____

BALLOT ARGUMENT TEXT:



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SWORN STATEMENT

Each argument filed shall contain the sworn statement of each submitting/sponsoring person. If the argument is sponsored by an organization, it shall contain the sworn statement of two executive officers of the organization or if sponsored by a political committee it shall contain the sworn statement of the committee's chairman or treasurer. By signing below, you solemnly swear that this ballot argument is in all things true and correct under penalty of perjury.

Name: _____

Address: _____

Phone Number: _____

Individual Chairman Treasurer Executive Officer of an Organization

Signature: _____ Date: _____

Name: _____

Address: _____

Phone Number: _____

Individual Chairman Treasurer Executive Officer of an Organization

Signature: _____ Date: _____

Name: _____

Address: _____

Phone Number: _____

Individual Chairman Treasurer Executive Officer of an Organization

Signature: _____ Date: _____