



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

City Clerk's Office  
[cityclerk@avondaleaz.gov](mailto: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](mailto: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: \_\_\_\_\_

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