

**STATE OF ARIZONA
Legislative Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. § 16-311**

You are hereby notified that I, the undersigned, am a candidate for the office of **State Representative - District No. 19**, seeking the nomination of the **Democratic** Party, at the **2020 Primary Election** to be held on **Tuesday, August 4, 2020**, and at the **2020 General Election** to be held on **Tuesday, November 3, 2020**, should I be nominated.

I will have been a citizen of the United States for **46** years before my election, will have been a citizen of Arizona for **46** years before my election, and I will be at least 25 years of age upon taking said office. I have resided in **Maricopa** County for **46** years and in **Legislative District No. 19** for **46** years before my election.

Residential Address:
803 N. Christa Way Tolleson AZ 85353

Post Office Address:
None supplied.

Name in the exact manner you wish it to appear on the ballot:

Espinoza

LAST NAME

Diego

FIRST NAME

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 district which I propose to represent, 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.

Tuesday, March 10, 2020
/S/ Diego Espinoza