

**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. 6**, 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 **47** years before my election, will have been a citizen of Arizona for **43** years before my election, and I will be at least 25 years of age upon taking said office. I have resided in **Coconino** County for **43** years and in **Legislative District No. 6** for **43** years before my election.

Residential Address:
518 S. O'Leary Street Flagstaff AZ 86001

Post Office Address:
None supplied.

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

Evans

LAST NAME

Coral J

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.

Sunday, March 22, 2020
/S/ Coral J Evans