

STATE OF ARIZONA
Legislative Write-in Candidate
NOMINATION PAPER
DECLARATION OF QUALIFICATION
A.R.S. §§ 16-311, 16-312

You are hereby notified that I, the undersigned, am a candidate for the office of **State Representative - District No. 8**, for the **Democratic** Party, at the **2020 General Election** to be held on **Tuesday, November 3, 2020**.

I will have been a citizen of the United States for **32** years before my election and will have been a citizen of Arizona for **32** years before my election. I am **32** years old and my date of birth is **09/27/1987**, and therefore I will be at least 25 years of age upon taking said office. I have resided in the State of Arizona for **25** years, have resided in **Maricopa** County for **4** years, and I have resided in **Legislative District No. 8** for **3** years.

Residential Address:
8228 N 19th AVE APT 317 phoenix AZ 85021

Post Office Address:
None supplied.

Name in the exact manner you wish it to appear on the notice of write-in candidates:

Lessard

LAST NAME

Cristefano

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 that office that I seek. If running in the General Election, I further certify that I am not disqualified from running as a write-in candidate pursuant to A.R.S. § 16-312(F).

Tuesday, July 21, 2020
/S/ Cristefano Lessard