



STATE OF ARIZONA  
 NOMINATION PAPER  
 AFFIDAVIT OF QUALIFICATION  
 CAMPAIGN FINANCE LAWS STATEMENT  
 [A.R.S. §§ 16-311, 16-905(I)(5)]

SECRETARY OF STATE

2016 MAY 31 AM 9:56

FOR OFFICE USE ONLY

You are hereby notified that I, the undersigned, a qualified elector, am a candidate for the office of STATE REPRESENTATIVE LD 19 subject to the action of the DEMOCRATIC Party, at the Primary Election to be held on AUGUST 30, 2016, and at the General Election to be held NOVEMBER 8, 2016, should I be nominated.

I will have been a citizen of the United States for 42 years next preceding my election and will have been a citizen of Arizona for 42 years next preceding my election and will meet the age requirement for the office I seek and have resided in MARICOPA County for 42 years and in precinct TOLLESON for 42 years before my election.

I do solemnly swear (or affirm) that at the time of filing, I am a resident of the county, district or precinct which I propose to represent, I have no final, outstanding judgments against me of more than an aggregate of \$1,000 that arose from failure to comply with or enforcement of ARS Title 16, Chapter 6, and as to all other qualifications, I will be qualified at the time of election to hold the office that I seek, having fulfilled the constitutional and statutory requirements for holding said office.

803 N. CHRISTA WAY TOLLESON 85353  
 Actual residence address or description of place of residence (city or town) (zip)

N/A  
 Post office address (city or town) (zip)

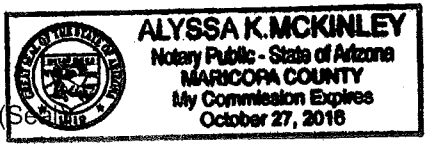
Print or type your name on the following line in the exact manner you wish it to appear on the ballot. A.R.S. § 16-311(G).

ESPINOZA , DIEGO  
 LAST NAME FIRST NAME

[Signature]  
 CANDIDATE SIGNATURE

State of Arizona  
 County of Maricopa

Subscribed and sworn to (or affirmed) before me this 31 day of May, 2016.



[Signature]  
 Notary Public

I have read all applicable laws relating to campaign financing and reporting.

[Signature]  
 CANDIDATE SIGNATURE