

## **Candidate Statement of Interest**

2 - Year Term \_\_\_

as a candidate the nomination	ereby notified that I, the undersigned, hereby declare my interest to run for the office of <u>Coverning Board</u> District <u>A</u> , seeking of the <u>N/A</u> Party, at the <u>General</u> Election to be v, <u>November 5</u> , <u>2024</u> .
Candidate Infor	mation:
Name:	Last: GILLESPIE First: KRISTINA
Residence Address:	Street: 835 HOPI DR  City: COOLIDGE State: Az Zip Code: 85128
Mailing Address:	Street: P. O. Boy 1817  City: COOLIDGE State: A2 Zip Code: 85128
Primary Phone:	(520)251 - 2326
Alternate Phone:	( ) -
Email:	Krisg 73@ hotmail.com
Website:	
By submitting this document, I understand that any nomination petition signatures collected before the date of this Statement of Interest are invalid and may be subject to challenge pursuant to A.R.S. § 16-351.	
Signature_	is Cellspie Date 4/4/20/