

KENT PERKINS	
(print name exactly as it is to be	
no amendments or modifications	· ·
for the office of Gty Council for	or a 4 year term for the City of St. George.
State of Utah County of Washington	
KENT PERKING	, being first sworn and under
penalty of perjury, say that I reside at	9(1700
Street, City of St. George, County of Washington Telephone Number (if any) $-\frac{435703}{2}$	n, state of Utan, Zip Code 39790 ,
and that I am a candidate for the office of C	
years. I will meet the legal qualifications require	
designated agent, I attest that I will be out of th	6
filing period. I will file all campaign financial of	-
understand that failure to do so will result in my	disqualification as a candidate for this office
and removal of my name from the ballot. I re	equest that my name be printed upon the
applicable official ballots.	
(Optional) I wish to classify my addresses list so, you must provide an alternative address	ted above as a protected record. By doing
	435703-0961
Alternate Address OR Phone Number	435 10 5-0 161
Kentperkins 32 Qgmarlo	COM
Email Address	Website (optional)
	Signature of Condidate
Subscribed and sworn to (or affirmed) before me by June, 2023.	hent Parkins on this the day of
Letter to the second se	Recorder or other officer qualified to administer gath
CFUTA.	



2023 DECLARATION OF CANDIDACY

print name exactly as it is to be printed on the official ballot; no amendments or modifications after 5:00 p.m. on June 7, 2023) MAMBRE for the office of (DUUCIC year term for the City of St. George. State of Utah County of Washington group MARMUR __, being first sworn and under penalty of perjury, say that I reside at **4** Street, City of St. George, County of Washington, state of Utah, Zip Code $\underline{\delta 4790}$ Telephone Number (if any) _______________________________; that I am a registered voter; and that I am a candidate for the office of Coucie Manager for the term of 4 years. I will meet the legal qualifications required of candidates for this office. If filing via a designated agent, I attest that I will be out of the state of Utah during the entire candidate filing period. I will file all campaign financial disclosure reports as required by law and I understand that failure to do so will result in my disqualification as a candidate for this office and removal of my name from the ballot. I request that my name be printed upon the applicable official ballots. 🛛 (Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number. Alternate Address OR Phone Number 801-520-5566 gregg Mcarthur (ogmail. com Emgli Address website (optibnal) Mc Arthur on this 7th day of Subscribed and sworn to (or affirmed) before me by June, 2023.

Recorder or other officer qualified to administer oath



2023 DECLARATION OF CANDIDACY

And Mala i
(print name exactly as it is to be printed on the official ballot;
no amendments or modifications after 5:00 p.m. on June 7, 2023)
for the office of C: Fr Council for a 4 year term for the City of St. George.
State of Utah County of Washington } ss.
1. Those Actimus Markey being first sworn and under
I. <u>Abs Artimus Mackey</u> , being first sworn and under penalty of perjury, say that I reside at
Street, City of St. George, County of Washington, state of Utah, Zip Code $\underline{84776}$, Telephone Number (if any) $\underline{435-229-4798}$; that I am a registered voter; and that I am a candidate for the office of $\underline{Crty Council}$ for the term of $\underline{4}$ years. I will meet the legal qualifications required of candidates for this office. If filing via a designated agent, I attest that I will be out of the state of Utah during the entire candidate filing period. I will file all campaign financial disclosure reports as required by Iaw and I understand that failure to do so will result in my disqualification as a candidate for this office and removal of my name from the ballot. I request that my name be printed upon the applicable official ballots.
so, you must provide an alternative address or phone number.
Alternate Address OR Phone Number <u>435-229-4748</u>
Info @ Vote Acos. Com Www. yote acos. Com Email Address Website (optional)
Signature of Candidate
Subscribed and sworn to (or offirmed) before me by <u>Aros Machey</u> on this <u>2nd</u> day of June, 2023.
(Centre) Unioding Segure Les

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Recorder or other officer qualified to administer oath

St.George
2023 DECLARATION OF CANDIDACY
(print name exactly as it is to be printed on the official ballot; no amendments or modifications after 5:00 p.m. on June 7, 2023)
for the office of City of St. George.
State of Utah County of Washington } ss.
I,
Utuh Fu bian Camail. com Email Address Website (optional)
Signature of Candidate
Subscribed and sworn to (or affirmed) before me by Fabian OHTZ on this Thay of June, 2023.



Recorder or other officer qualified to administer path



(print name exactly as it is to be printed on the official ballot;
(print name exactly as it is to be printed on the official ballot; no amendments or modifications after 5:00 p.m. on June 7, 2023)
for the office of <u>City Council</u> for a <u>4</u> year term for the City of St. George.
State of Utah County of Washington Ss.
I
(Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number.
Alternate Address OR Phone Number <u>435-772-6208</u>
<u>Time Timmie Hughes Com</u> Email Address Website (optional)
Signature of Candidate
Subscribed and sworn to (or affirmed) before me by JIMMIC B. HUARS on this Thay of June, 2023.
-EST. 1862-



of
Matthews L Heaton
(print name exactly as it is to be printed on the official ballot;
no amendments or modifications after 5:00 p.m. on June 7, 2023)
for the office of <u>Lite Council</u> for a <u>4</u> year term for the City of St. George.
State of Utah County of Washington
1. Maillune h tleaton, being first sworn and under
penalty of perjury, say that I reside at
Street, City of St. George, County of Washington, state of Utah, Zip Code <u>44790</u> ,
Telephone Number (if any) <u>Col 413 3766</u> ; that I am a registered voter; and that I am a candidate for the office of <u>C:ty Ceences</u> for the term of 4
years. I will meet the legal qualifications required of candidates for this office. If filing via a
designated agent, I attest that I will be out of the state of Utah during the entire candidate
filing period. I will file all campaign financial disclosure reports as required by law and I
understand that failure to do so will result in my disqualification as a candidate for this office
and removal of my name from the ballot. I request that my name be printed upon the applicable official ballots.
(Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number.
Alternate Address OR Phone Number
<u>Laminigne Matt-heaton.com</u> <u>Www.matt-headon.com</u> Email Address Website (optional)
Signature of Candidate
Subscribed and sworp to for affirmed) before me by Matthew L Heatm on this 15 day of June, 2023.
Recorder or other officer qualified to administer oath
TAE OF UTA



0
Austin Hodges
(print name exactly as it is to be printed on the official ballot;
no amendments or modifications after 5:00 p.m. on June 7, 2023)
for the office of <u>City Council</u> for a <u>4</u> year term for the City of St. George.
State of Utah County of Washington ss.
1, Austin Hodges , being first sworn and under
penalty of perjury, say that I reside at
Street, City of St. George, County of Washington, state of Utah, Zip Code
Telephone Number (if any) 435 222.0332 ; that I am a registered voter:
Telephone Number (if any) <u>435</u> 222.0332 ; that I am a registered voter; and that I am a candidate for the office of <u>City Council</u> for the term of <u>4</u>
years. I will meet the legal qualifications required of candidates for this office. If filing via a
designated agent, I attest that I will be out of the state of Utah during the entire candidate
filing period. I will file all campaign financial disclosure reports as required by law and I
understand that failure to do so will result in my disqualification as a candidate for this office
and removal of my name from the ballot. I request that my name be printed upon the
applicable official ballots.
(Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number.
Alternate Address OR Phone Number <u>435.222.0332</u>
austindaustindstg.com austindstg.com
Email Address V (J Website (optional)
Signature of Candidate
Subscribed and sworn to (or affirmed before one by <u>AUSTIN HODDES</u> on this <u>1st</u> day of June, 2023.
(Wuthmy) Termila
Recorder or other officer qualified to administer oath
A TE OF UTA

St.George		
2023 DECLARATION OF CANDIDACY		
(print name exactly as it is to be printed on the official ballot; no amendments or modifications after 5:00 p.m. on June 7, 2023)		
for the office of <u>City</u> Council for a <u>4</u> year term for the City of St. George.		
State of Utah ss. County of Washington }		
I. <u>Katheryne Knight</u> , being first sworn and under penalty of perjuty, say that I reside at the same state of the same s		
Street, City of St. George, County of Washington, state of Utah, Zip Code <u>84770</u> , Telephone Number (if any) <u>435-817-2019</u> ; that I am a registered voter; and that I am a candidate for the office of <u>City Council</u> for the term of <u>4</u> years. I will meet the legal qualifications required of candidates for this office. If filing via a designated agent, I attest that I will be out of the state of Utah during the entire candidate filing period. I will file all campaign financial disclosure reports as required by Iaw and I understand that failure to do so will result in my disqualification as a candidate for this office and removal of my name from the ballot. I request that my name be printed upon the applicable official ballots.		
(Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number.		
Alternate Address OR Phone Number <u>435-817-2019</u>		
Kay focus 2020 agmail.com Email Address Website (optional)		
Signature of Candidate		
Subscribed and sworn to (or affirmed) before me by <u>Katheryne</u> Knight on this <u>7th</u> day of June, 2023.		

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EST. 1862-

E OF

Recorder or other officer qualified to administer oath



2023 DECLARATION OF CANDIDACY

	of
Steve k	Kem P
	to be printed on the official ballot;
	ions after 5:00 p.m. on June 7, 2023)
for the office of <u>City Council</u>	for a $_4$ year term for the City of St. George.
State of Utah ss. County of Washington	
. Steve Kemp	, being first_sworn and under
penalty of perjury, say that I reside at	
Street, City of St. George, County of Washin	ngton, state of Utah, Zip Code <u>84770</u> ,
and that I am a candidate for the office c	7007 ; that I am a registered voter; of City Council for the term of 4
	quired of candidates for this office. If filing via a
	of the state of Utah during the entire candidate
	ial disclosure reports as required by law and
	my disqualification as a candidate for this office . I request that my name be printed upon the
applicable official ballots.	. riequest indi my name be pinied upon me
so, you must provide an alternative add	es listed above as a protected record. By doing dress or phone number.
	,
Alternate Address OR Phone Number	50 East 100 South, Suite 101 St. George, NT 84170
tello,	51. 0001907 011 89110
nail Address	WWW. Stave Kemp. 0 rg Website (optional)
	GHV N
	Signature of Candidate
ubscribed and sworn to (or any mad) before me by une, 2023.	on this 1st day of
une, 2023.	1
(Citt of	Λ Λ Λ Λ
St. George	Allustin Honneles
- EST. 1862-	Recorder or other officer qualified to administer oath

EOFUT

St.George	
2023 DECLARATION OF CANDIDACY	
of DANNIELLE LAPKIN (print name exactly as it is to be printed on the official ballot; no amendments or modifications after 5:00 p.m. on June 7, 2023)	
for the office of $CITY COUNCIL$ for a 4 year term for the City of St. George.	
State of Utah ss. County of Washington	
I,	
(Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number.	
Alternate Address OR Phone Number435-619-9971	
<u>dannichelarkinegmail-com</u> Emoil Address dannichelarkine com viebsite (optional)	
Subscribed and sworn to (or affirmed) before me by <u>Part in Elle Lawem</u> on this <u>5</u> ^H day of June, 2023.	



2023 DECLARATION OF CANDIDACY

Kimball Willard	
(print name exactly as it is to be printed on the official ballot;	
no amendments or modifications after 5:00 p.m. on June 7, 2023)	
for the office of <u>City</u> Council for a <u>4</u> year term for the City of s	St. George.
State of Utah County of Washington	
I, <u>IS: willow</u> , being first sworn of penalty of perjury, say that I reside at	and under
Street, City of St. George, County of Washington, state of Utah, Zip Code 3974	90 ,
Telephone Number (if any) (435) $652-0549$; that I am a registrand that I am a candidate for the office of C:ty Council for the ter	ered voter;
and that I am a candidate for the office of C: by Council for the ter	m of <u> </u>
years. I will meet the legal qualifications required of candidates for this office. If	filing via a
	l upon the
(Optional) I wish to classify my addresses listed above as a protected record so, you must provide an alternative address or phone number.	
years. I will meet the legal qualifications required of candidates for this office. If designated agent, I attest that I will be out of the state of Utah during the entire filing period. I will file all campaign financial disclosure reports as required by understand that failure to do so will result in my disqualification as a candidate fo and removal of my name from the ballot. I request that my name be printed applicable official ballots.	filing via a candidate law and l r this office l upon the

Alternate Address OR Phone Number (435) 6-2059 229-345/

Clect OkinSall willowd.com

Hotps://elect.leimSallWillad.com Website (optional)

Signature of Candidate

Subscribed and sworn to (or affirmed) before me by Kimball Willawd on this Uthay of June, 2023. Recorder or other officer qualified to administer oath F OF



ŬI
(print/name exactly as it is to be printed on the official ballot; no amendments or modifications after 5:00 p.m. on June 7, 2023)
for the office of <u>C.F. Council</u> for a <u>4</u> year term for the City of St. George.
State of Utah County of Washington } ss.
I, <u>Maily</u> <u>Bify</u> , being first sworn and under penalty of perjury, say that I reside at <u>Street</u> , City of St. George, County of Washington, state of Utah, Zip Code <u>84790</u> , Telephone Number (if any) <u>801 - 608 - 6049</u> ; that I am a registered voter; and that I am a candidate for the office of <u>Gity Council</u> for the term of <u>4</u> years. I will meet the legal qualifications required of candidates for this office. If filing via a designated agent, I attest that I will be out of the state of Utah during the entire candidate filing period. I will file all campaign financial disclosure reports as required by law and I understand that failure to do so will result in my disqualification as a candidate for this office and removal of my name from the ballot. I request that my name be printed upon the applicable official ballots.
 (Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number.
Alternate Address OR Phone Number <u>801 - 608 - 6049</u>
MRigby 331 8 gmail. Com Email Address Website (optional)
Subscribed and sworn to (or affirmed) before me by MUMAN RIABY on this 15t day of
June, 2023.

St.George **2023 DECLARATION OF CANDIDACY** Prince (print name exactly as it is to be printed on the official ballot: no amendments or modifications after 5:00 p.m. on June 7, 2023) Nhci for the office of for a year term for the City of St. George. State of Utah County of Washington OND ١, being first sworn, and under penalty of perjury, say that I reside at Jt. Berge Street, City of St. George, County of Washington, state of Utah, Zip Code _____ 84790 1030-3366 ; that I am a registered voter; Telephone Number (if any) (435)and that I am a candidate for the office of $\underline{-c_i+V}$ Council ____ for the term of years. I will meet the legal qualifications required of candidates for this office. If filing via a designated agent, I attest that I will be out of the state of Utah during the entire candidate filing period. I will file all campaign financial disclosure reports as required by law and l understand that failure to do so will result in my disqualification as a candidate for this office and removal of my name from the ballot. I request that my name be printed upon the applicable official ballots. 1 (Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number. Alternate Address OR Phone Number dipbulkley @gmil. Com WWW. COM Signature of Candidate Subscribed and sworn to lor affirmed) before me by Windi Vrince Bulkleyn this The day of CIA June, 2023. officer aualified to administer oath



SRAD BENNETT
(print name exactly as it is to be printed on the official ballot; no amendments or modifications after 5:00 p.m. on June 7, 2023)
for the office of <u>City Council</u> for a <u>4</u> year term for the City of St. George.
State of Utah ss. County of Washington ss.
I, <u><u><u>RPAD</u></u><u><u>REWNER</u></u>, being first sworn and under penalty of perjury, say that I reside at <u><u>Street</u>, City of St. George, County of Washington, state of Utah, Zip Code <u><u>84790</u></u>, Telephone Number (if any) <u><u>435-703-6313</u></u>; that I am a registered voter; and that I am a candidate for the office of <u><u>City</u><u>Council</u></u> for the term of <u><u>4</u></u> years. I will meet the legal qualifications required of candidates for this office. If filing via a designated agent, I attest that I will be out of the state of Utah during the entire candidate filing period. I will file all campaign financial disclosure reports as required by Iaw and I understand that failure to do so will result in my disqualification as a candidate for this office and removal of my name from the ballot. I request that my name be printed upon the</u></u>
applicable official ballots.
(Optional) I wish to classify my addresses listed above as a protected record. By doing so, you must provide an alternative address or phone number.
Alternate Address OR Phone Number <u>435-703-6313</u>
elect brad bennetta <u>Sutv.brada</u> gnail.Com <u>Elect Brad Bennett.Com</u> Email Address
Signature of Candidate
Subscribed and sworn to (or affirmed) before me by Brad Bunnett on this 5 th day of June, 2023.
EST. 1862- CEST.

St.George 2023 DECLARATION OF CANDIDACY

Paula Smith	
(print name exactly as it is to be pr	inted on the official ballot:
no amendments or modifications aft	
for the office of <u>City Council</u> for a	a $\underline{\mathcal{U}}$ year term for the City of St. George.
State of Utah County of Washington } ss.	
1. Paula Smith	, being first sworn and under
penalty of perjury, say that I reside at	state of litch Zin Code SU190
Street, City of St. George, County of Washington, Telephone Number (if any) <u>435-414-0113</u>	
and that I am a candidate for the office of $\underline{C_{\ell}}$	the Council for the term of 4
years. I will meet the legal qualifications required	of candidates for this office. If filing via a
designated agent, I attest that I will be out of the	-
filing period. I will file all campaign financial dis	-
understand that failure to do so will result in my dis	equalification as a candidate for this office
and removal of my name from the ballot. I requ	uest that my name be printed upon the
applicable official ballots.	
(Optional) I wish to classify my addresses listed so, you must provide an alternative address of	
Alternate Address OR Phone Number _/070_	W. 1600 S. # A104 St George 94770
aula Smith City Councile gmail. COM	PaulaSmith City Council Com Website (optional)
ŝ	Jaula Suctar
,	
Subscribed and sworn to (or affirmed to fore me by Va	uld Smith on this 2nd day of
Subscribed and sworn to (or affirmed) before me by $\underline{\Gamma}\mathcal{U}$ June, 2023.	
(City of) St. George	Misting Junified to administer oath
-EST. 1862-	
TEOF	



STEVEN G JENNING	5<	
(print name exactly as it is to be printed on the official ballot;		
no amendments or modifications of	after 5:00 p.m. on June 7, 2023)	
for the office of CITY Courses for	r a $\underline{}$ year term for the City of St. George.	
State of Utah County of Washington		
1, STELEN JENWINKS	, being first sworn and under	
penalty of perjury, say that I reside at		
Street, City of St. George, County of Washington		
Telephone Number (if any) $(435)632 - 2511$ and that I am a candidate for the office of \leq		
years. I will meet the legal qualifications require		
designated agent, I attest that I will be out of th	•	
filing period. I will file all campaign financial d	-	
understand that failure to do so will result in my c	, , ,	
and removal of my name from the ballot. I re		
applicable official ballots.		
 (Optional) I wish to classify my addresses listers so, you must provide an alternative address 	ed above as a protected record. By doing or phone number.	
Alternate Address OR Phone Number (433)	(37-7910	
Allemate Address OK Phone Nomber (12)		
steve @ uoteforsteve jeanings.c		
Steve (junips: com Email Address	Vote for steve jennings. com Website (optional)	
τ.	Signature of Candidate	
Subscribed and sworn to (or affirmed) before me by S	Wen Jennings on this 5th day of	
June, 2023.	9	
City of	Recorder or other officer gualified to administer oath	
-EST, 1862-		
Y FOFUTA		



2023 DECLARATION OF CANDIDACY

of		
Jackson Jones		
(print name exactly as it is to be print no amendments or modifications after		
for the office of $(, +)$ ($0un S_1$) for a	year term for the City of St. George.	
State of Utah County of Washington		
IJucksun Jones penalty of perjury, say that I reside at	, being first sworn and under	
Street, City of St. George, County of Washington, s Telephone Number (if any) $435-216-3466$ and that I am a candidate for the office of (1) years. I will meet the legal qualifications required designated agent, I attest that I will be out of the filing period. I will file all campaign financial disc understand that failure to do so will result in my disc and removal of my name from the ballot. I requ applicable official ballots.	; that I am a registered voter; for the term of $\underline{4}$ of candidates for this office. If filing via a state of Utah during the entire candidate closure reports as required by law and I qualification as a candidate for this office	
(Optional) I wish to classify my addresses listed so, you must provide an alternative address or		
Alternate Address OR Phone Number $435-7$	183466	
Julkson Jonessty@gmw.1. Lom	NWW. Juckson Stg. Lum	
	MM Jum gnature of Candidate	
	clusm Jones on this 6th day of	
OFFIC/VISEP	ecorder or other officer qualified to administer oath	

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