2025 MUNICIPAL DECLARATION OF CANDIDACY

Please note that the information on this form may be available to the public in accordance with Utah State Code 63G-2-301 and 63G-2-201.

| Variaba | |
|--|--|
| Vaughn | A . |
| FIRST NAME (as it will appear on the ballot) | MIDDLE NAME (as it will appear on the ballot) |
| JACOBSEN | |
| LAST NAME (as it will appear on the ballot) | - |
| for the office of City Council | for the 4-Yew (two or four-year) term |
| for the city/town of Fountain Gree | <u>.</u> |
| State of Utah County of San pete | } ss. |
| 1, Vaughn A. JACOBS | being first sworn and under |
| penalty of perjury, say that I reside at 31 | 5 5 LOD W |
| Street, City of Fountain breen | , County of San tete, state of |
| Utah, Zip Code 84632 , Telephone N | Number (if any) 801 - 589 - 6247; |
| that I am a registered voter; and that I am a cand | idate for the office of City Council 4-year term |
| (stating the term). I will meet the legal qualifications required of candidates for this office. If filing via a | |
| | te of Utah during the entire candidate filing period. I will file |
| all campaign financial disclosure reports as require | d by law and I understand that failure to do so will result in |
| my disqualification as a candidate for this office and | I removal of my name from the ballot. I request that my name |
| be printed upon the applicable official ballots. | , and a sequence of the second |
| Verughn @ Miller Jacobson, com Email Address (one that is closely monitored) | |
| Candidates must provide the filing officer with an ema | ail address at the time of filing if the candidate wishes to display |
| a candidate profile on the Statewide Electronic Voter Information website. 20Λ -9-203(4)(c)(iv)(B) | |
| Vall June Signatu | ure of Candidate e presence of the filing officer) |
| Subscribed and sworn to before MICHELLE M. WALKER Notary Public State of Utah My Commission Expires November 27, 2027 COMMISSION NO. 733972 | Thouse on this left 25 (month/day/year) |
| (Seal) (Ci | ty or town) (Date Received) |



* Total

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