

CAMPAIGN FINANCIAL REPORT

To Haley Obama of Town of Joseph
(City Recorder / Town Clerk) (Municipality)

For
Full name of candidate Douglas A. Nowell

Street Address 160s 100w

City Joseph, Utah Zip Code 84739

Name of office Councilman (District _____)

Contributions

1a. Aggregate total of contributions under \$500.00 \$ 0

OR

1b. Itemized total of contributions totaling \$500.00 or more \$ 0
(Form "A" total from other side of this sheet)

Expenditures

2a. Aggregate total of campaign expenditures under \$500.00 \$ 0

OR

2b. Itemized total of campaign expenditures \$ 0
(Form "B" total from other side of this sheet)

3. Balance at the end of the reporting period \$ 0
(Difference between lines 1 and 2)

Date 12-1-2021 Signed [Signature]
(Candidate)

NOTE: If a candidate receives \$500 or less and spends \$500 or less, he or she can report the total amount of all contributions and expenditures.

NOTE: Utah election code 10-3-208 states that all municipalities shall adopt an ordinance establishing campaign finance disclosure requirements for candidates running for city or town office. You should check with you city recorder or town clerk for the disclosure requirements which pertain to your municipality.

2021 MUNICIPAL DECLARATION OF CANDIDACY

of

Douglas A Nowell
(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, 2021)

for the office of Councilman for the 2022-2026 four-year term
for the town of Joseph

State of Utah }
County of Sevier } ss.

I, Douglas A. Nowell, being first sworn and under penalty of perjury, say that I reside at 160 South 100 W Street, City of Joseph, County of Sevier, state of Utah, Zip Code 84739, Telephone Number (if any) 435 2013864; that I am a registered voter; and that I am a candidate for the office of _____

(stating the term). 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.

Alternative Address OR Phone Number: _____

Doug.nowell47@icloud.com
Email Address

Website

[Signature]
Signature of Candidate

(Must be notarized or be signed in the presence of the filing officer. A designated agent may not sign on behalf of the candidate.)

Subscribed and sworn to (or affirmed) before me by Haley Doray on this 6-3-2021
(month/day/year)

[Signature]
Notary Public (Clerk or other officer qualified to administer oath)

(Seal)

(Town of Joseph)

(Date Received)