2025 MUNICIPAL WRITE-IN 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.

SCATT	4,
FIRST NAME	MIDDLE NAME
CJOADLI FFE LAST NAME	*
for the office of MAYAR	
State of Utah County of BOX ELDER ss.	
I, SLOTT L. CYDDDLIFFE	, declare my intention of becoming a candidate for
the office of MAYOR for the	district (if applicable). I do solemnly swear that:
I will meet the qualifications to hold the office, bo	th legally and constitutionally, if selected; I reside at
4813 W, BODD N. ELJOS	10, 117, 84334 in the City or Town
of ELIIAAD, Utah, Zip Code	9 4334, Phone No. 435-299-9404
I will not knowingly violate any law governing campa	igns and elections; if filing via a designated agent, 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	e to do so will result in my disqualification as a candidate
for this office and rejection of any votes cast for me.	
SGSSD LIFFE 52 @ CYMAIL. & Email Address (one that is closely monitored)	'sm
Candidates must provide the filing officer with an email a	ddress at the time of filing if the candidate wishes to display
a candidate profile on the Statewide Electronic Voter Info	ormation website. $20A-9-203(4)(c)(iv)(B)$
Auth And Signature (myst be signed in the pr	of Candidate resence of the filing officer)
Subscribed and sworn to before (filing officer name)	on this Tuy 425 (month/day/year)

(City or town)

(Date Received)