

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.

Krista

FIRST NAME (as it will appear on the ballot)

K

MIDDLE NAME (as it will appear on the ballot)

Hardman

LAST NAME (as it will appear on the ballot)

for the office of City Council for the four (two or four-year) term
for the city/town of Corinne.

State of Utah
County of Box Elder } ss.

I, Krista Hardman, being first sworn and under penalty of perjury, say that I reside at 3976 W. Montana St
Street, City of Corinne, County of Box Elder, state of Utah, Zip Code 84301, Telephone Number (if any) 435-671-1917; that I am a registered voter; and that I am a candidate for the office of City Council (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.

KristaKay1717@gmail.com

Email Address
(one that is closely monitored)

Candidates must provide the filing officer with an email address at the time of filing if the candidate wishes to display a candidate profile on the Statewide Electronic Voter Information website. [20A-9-203\(4\)\(c\)\(iv\)\(B\)](#)

Krista Hardman

Signature of Candidate
(must be signed in the presence of the filing officer)



Subscribed and sworn to before Kendra Norman on this 6/3/2025
(filing officer name) (month/day/year)

(Seal)

(City or town)

(Date Received)