

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.

McKenzie

FIRST NAME (as it will appear on the ballot)

Nicole

MIDDLE NAME (as it will appear on the ballot)

Sorensen

LAST NAME (as it will appear on the ballot)

for the office of Town Council for the four (two or four-year) term

for the city/town of Howell

State of Utah
County of Box Elder } ss.

I, McKenzie Nicole Sorensen, being first sworn and under penalty of perjury, say that I reside at 14505 N 17200 W Street, City of Howell, County of Box Elder, state of Utah, Zip Code 84316, Telephone Number (if any) 435-279-0554; that I am a registered voter; and that I am a candidate for the office of Town 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.

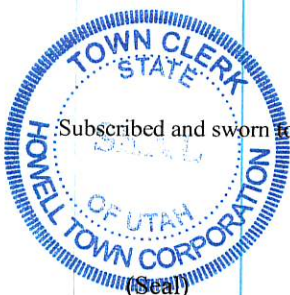
Ken2 - Sorensen@yahoo.com

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\(4\)\(c\)\(iv\)\(B\)](#)

McKenzie Nicole Sorensen

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



Subscribed and sworn to before

[Signature]
(filing officer name)

on this

6-6-2025
(month/day/year)

Howell
(City or town)

6-6-2025
(Date Received)

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.

Drew

FIRST NAME (as it will appear on the ballot)

alan

MIDDLE NAME (as it will appear on the ballot)

Sorensen

LAST NAME (as it will appear on the ballot)

for the office of Board member for the Four year (two or four-year) term
for the city/town of Howell

State of Utah }
County of Box Elder County } ss.

I, Drew alan Sorensen, being first sworn and under penalty of perjury, say that I reside at 15100 N 17200 W
Street, City of Howell, County of Box Elder, state of Utah, Zip Code 84316, Telephone Number (if any) 435 279-0496; 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.

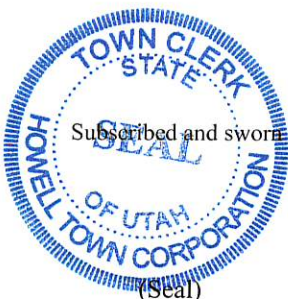
blue.creek.trucking@hotmail.com

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\(4\)\(c\)\(iv\)\(B\)](#)

[Signature]

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



Subscribed and sworn to before

[Signature]

(filing officer name)

on this

6-6-2025
6-5-2025 OR
(month/day/year)

Howell

(City or town)

(Date Received)

6-6-2025
6-5-2025 OR

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.

Arthur

FIRST NAME (as it will appear on the ballot)

Louis

MIDDLE NAME (as it will appear on the ballot)

Douglas

LAST NAME (as it will appear on the ballot)

for the office of Town Council for the 4 year (two or four-year) term

for the city/town of Howell

State of Utah }
County of Box Elder } ss.

I, Arthur L. Douglas, being first sworn and under penalty of perjury, say that I reside at Howell

Street, City of Howell, County of Box Elder, state of Utah, Zip Code Utah 84316 Telephone Number (if any) 435-279-0904;

that I am a registered voter; and that I am a candidate for the office of Town 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.

DFarms1914@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\(4\)\(c\)\(iv\)\(B\)](#)

Arthur L. Douglas
Signature of Candidate
(must be signed in the presence of the filing officer)

Subscribed and sworn to before



(Seal)

John R. [Signature]
(filing officer name)

on this 6-4-2025
(month/day/year)

Howell
(City or town)

6-4-2025
(Date Received)

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.

Kimi

FIRST NAME (as it will appear on the ballot)

LaRay

MIDDLE NAME (as it will appear on the ballot)

Rinderknecht

LAST NAME (as it will appear on the ballot)

for the office of Town Council for the 4 yr. ~~2 yr.~~ KR (two or four-year) term

for the city/town of Howell

State of Utah

County of Box Elder } ss.

I, Kimi Rinderknecht, being first sworn and under penalty of perjury, say that I reside at 14375 No. 18000w.

Street, City of Howell, County of Box Elder, state of Utah, Zip Code 84316, Telephone Number (if any) 435-230-2695;

that I am a registered voter; and that I am a candidate for the office of Town 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.

timberfamb@gmail.com

Email Address

(one that is closely monitored)

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[Signature]

Signature of Candidate

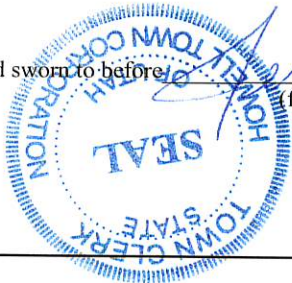
(must be signed in the presence of the filing officer)

Subscribed and sworn to before

[Signature]
(filing officer name)

on this 6-2-2025
(month/day/year)

(Seal)



(City or town)

Howell Utah

(Date Received) 6-2-2025