



2020 Address Protection Form

This form allows a candidate to have their residential or mailing address on the Notice of Intent to Gather Signatures form classified as a protected record. By filling out this form, you are agreeing to provide a mailing address or phone number that will be made available to the public below.

Candidate Name	Ben McAdams
Mailing Address	PO Box 522167, Salt Lake City, UT 84152
Telephone Number	(801) 706-8598
Signature of Filing Officer	<i>Clutter Young</i>
Date	1/3/20

Received

JAN 03 2020

Spencer J. Cox
Lieutenant Governor

Office of the Lieutenant Governor
350 N. State Street, Suite 220 – P.O. Box 142325 – Salt Lake City, UT 84114-2325
Tel: 801-538-1041 Fax: 801-538-1133 Email: elections@utah.gov



2020 Notice of Intent to Gather Signatures for Candidacy

Ben McAdams

Printed Name

Democratic

Political Party

US Congress

Office

UT-4

District

Mailing Address

(801) 560-3988

Telephone Number

ben@benmcadams.com

Email Address

@benmcadams

Twitter Handle (optional)

Please read and initial the statements below:

- ☒ I agree to file all campaign financial disclosure reports, and I understand that failure to do so may result in possible fines and/or criminal penalties.
- ☒ I understand that the filing officer will not begin verifying my petition signatures until I have submitted a sufficient number of verifiable signatures to meet the signature threshold.
- ☒ I understand that candidate petition packet submissions are verified in the same order as they are received by the filing officer.
- ☒ I have provided a valid email, and I understand this will be used for official communications and updates from election officials. If no email is available I have provided a valid physical address.
- ☒ I understand this form is not a declaration of candidacy and I must declare candidacy, in-person, with the appropriate filing officer during the declaration of candidacy period (March 13, 2020 to March 19, 2020 at 5:00 pm). §20A-9-4-408(3)(a)

Signature of Candidate

Date

Signature of Filing Officer

Date / Time Submitted

Received

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