

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 DON L. IPSON	
Mailing Address 539 DIHGONAL St. GREORGE,	UTAH 84770
Telephone Number 435-680 - 1041	
Signature of Filing Officer	1-2-2020 Date

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.

LOW L. JOSON	
Printed Name	
Political Party	
Printed Name Republican Political Party LUTAH Sevafe	29
Office	
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Telephone Number Low @ datstaucting-Com Emil Address	
Telephone Number	
Low @ Latstaucting Com (edanie pson
Email Address Twitter	Handle (optional)
Please read and initial the statements below:	
Lagree to file all campaign financial disclosure reports	
I agree to file all campaign financial disclosure reports, and I under in possible fines and/or criminal penalties.	stand that failure to do so may result
I understand that the filing officer will not begin verifying my petit	ion signatures until I bereat la tart
sufficient number of verifiable signatures to meet the signature three	eshold
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 va	lid 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 at 5:00 pm).	(March 13, 2020 to March 19, 2020
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	1-2-2020
Signature of Candidate	Date
And animal alamato	1121-
Signature of Filing Officer	AM/PM
Signature of Filing Officer	Date / Time Submitted