



2018 Notice of Intent to Gather Signatures for Candidacy

Printed Name Tim Quinn (Print name exactly as it is to be printed on the official ballot)

Political Party Republican

Office HOUSE OF REPRESENTATIVES District 54

Physical Address 1882 S. 4800 E Heber City, UT 84032

Mailing Address 1882 S. 4800 E Heber City, UT 84032

Telephone Number 801-830-5765

Email Address tim@orasicorp.com Website orasicorp.com

Twitter Handle (optional)

Please read and initial the statements below:

- Initials: [Handwritten initials] 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.
Initials: [Handwritten initials] 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.
Initials: [Handwritten initials] I understand that candidate petition packet submissions are verified in the same order as they are received by the filing officer.
Initials: [Handwritten initials] 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.
Initials: [Handwritten initials] 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 9, 2018 to March 15, 2018 at 5:00 pm).

Signature of Candidate [Handwritten Signature] Date 1-2-18

Signature of Filing Officer [Handwritten Signature] Date / Time Submitted 1-2-18 8:30 AM/PM



# STATE OF UTAH

## 2018 PETITION PACKET SUBMISSION FORM

### TO BE FILLED OUT BY THE CANDIDATE OR DESIGNATED AGENT

Candidate Name

Designated Agent Name (if a designated agent, not the candidate, is submitting petition packets)

Estimated Number of Petition Packets in Submission

Estimated Number of Petition Signatures in Submission

Number of Required Petition Signatures

Please Indicate: \_\_\_\_\_ First submission  
\_\_\_\_\_ Supplemental submission

Please Initial:

\_\_\_\_\_ I understand the totals provided above are estimates, are not an official count, and may not reflect the final count of petition packets or verifiable signatures.

\_\_\_\_\_  
Signature of Candidate or Designated Agent

\_\_\_\_\_  
Date

### OFFICE USE ONLY

\_\_\_\_\_  
Signature of Candidate or Designated Agent

\_\_\_\_\_  
Date

Submission Date and Time

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

AM / PM