



**SIGNATURE AUTHORIZATION**  
**For ELECTRONIC FINANCIAL DISCLOSURE**

I, \_\_\_\_\_  
(print name of candidate)

\_\_\_\_\_  
(Address)

candidate for \_\_\_\_\_ office,  
(print name of office)

affirm that reports of Contributions and Expenditures filed electronically with the Office of the Salt Lake City Recorder, Elections Division, using the Salt Lake City Campaign Finance Disclosure System, will be complete, true and correct in accordance with Salt Lake City Code § 2.46.090.

I authorize the Office of the Salt Lake City Recorder to accept my reports filed electronically.

\_\_\_\_\_  
Signature of Candidate

**To File this Form**

Mail or deliver to:  
Office of Salt Lake City Recorder  
451 S. State St., Room 415  
Salt Lake City, UT 84111

**For Office Use Only**

Date Received