



2026 Declaration of Candidacy County Offices

Information entered on this form is a public record under Utah Code § 63G-2. This form will be posted online.

*PRINT YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON THE BALLOT

EDWARD [REDACTED]

FLINT

CANDIDATE FIRST, MIDDLE, and/or NICKNAME(S) in desired order

LEGAL LAST NAME

*if the name proposed for the ballot does not consist only of a candidate's legal first and legal last names, a *Name Affidavit* must also be submitted.

Candidates may provide their address, phone number, and email address on a **confidential contact form**.

County Attorney Democratic Specialedflint@gmail.com
OFFICE and DISTRICT POLITICAL PARTY you are a member of EMAIL ADDRESS

[REDACTED] St. George UT 84790 385-722-6930
RESIDENTIAL or MAILING ADDRESS CITY STATE ZIP CODE PHONE NUMBER

HOW ARE YOU SEEKING NOMINATION? (select one) HOW WILL YOU GATHER SIGNATURES? (if applicable)

Only the convention process.
 Only the signature-gathering process.
 Both the convention and signature-gathering processes.

Only the manual process.
 Only the electronic process.
 Both the manual and electronic processes.

Stop! The following section must be completed in the presence of the filing officer or notary public.

I, the candidate listed above, declare my candidacy for the office listed above, seeking the nomination of the political party of which I am a member. I do solemnly swear, under penalty of perjury, that:

- I will meet the qualifications to hold the office, both legally and constitutionally, if selected;
- I will not knowingly violate any law governing campaigns and elections;
- If filing via a designated agent, 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.

The address that I designate for receiving official election notices is the address listed above or on the confidential contact form.

SIGNATURE OF CANDIDATE (must be signed in the presence of the filing officer or notary public)

Subscribed and sworn to before me
this

1/5/2026

MONTH/DAY/YEAR

Adam Eaton

PRINTED NAME OF FILING OFFICER or Notary Public



SIGNATURE OF FILING OFFICER or Notary Public



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PLEASE INITIAL THE FOLLOWING

EF The filing officer read the constitutional and statutory qualifications listed above to me, and I meet those qualifications.

EF I agree to file all required campaign financial disclosure reports, and I understand that failure to do so may result in my disqualification as a candidate for this office, removal of my name from the ballot, possible fines, and criminal penalties.

EF I received a copy of the pledge of fair campaign practices, and I understand that signing this pledge is voluntary.

EF I received a copy of Utah Code § 20A-7-801 regarding the Statewide Electronic Voter Information Website Program and its applicable deadline.

EF I provided an actively monitored email address to the filing officer. I understand this email address will be used for official communications and updates from election officials and is not a record under Utah Code § 63G-2.

EF I submitted signed affidavits, as required, to have my name appear on the ballot as specified on this declaration of candidacy.

EF I understand any information entered on this form is a public record under Utah Code § 63G-2 and will be made available to the public. I understand a confidential contact information form is available.

EF I understand that I may not make any amendments or modifications to my candidate filing after 5:00 p.m. on the final day of the filing period.

Handwritten Signature

SIGNATURE OF CANDIDATE

11/6/26
DATE

Handwritten Signature

SIGNATURE OF FILING OFFICER or Notary Public

11/6/26
DATE



Conflict of Interest Disclosure

For each person seeking to become a candidate for a county office or local school board, a conflict of interest disclosure statement shall be filed with the declaration of candidacy. Declaration of candidacy applications may not be accepted without a complete conflict of interest disclosure statement (UCA 17-70-304). Responses listed below are per UCA 20A-11-1604(6). Attach additional sheets as necessary if there are more than one applicable answers, list all that apply; attach additional sheets as necessary.

Candidate Name: EDWARD FLINT Election Position: County Attorney

Are you *currently* employed? YES NO

If yes: Name of Current Employer Edward Flint Lawyer PLLC

Address of Current Employer 169 W 2710 S. Cir St 202-A St George UT 84790

Current Employment Job Title/Occupation Attorney

Current Employment Job Duties Lawyer stuff

Were you employed in the *previous year*? YES NO

If different than your current employer:

Preceding Year Employer _____

Preceding Year Employer Address _____

Preceding Year Employment Job Title/Occupation _____

Preceding Year Employment Job Duties _____

Are you *currently* an owner or officer of an entity? YES NO

If yes: Name of the entity Edward Flint Lawyer PLLC

Position/Title of officeholder in entity Benevolent Dictator

Brief description of the type of business or activity conducted by the entity

law office

Were you an owner or officer of an entity in the *previous year*? YES NO

If different than current year:

Name of the entity _____

Position/Title of officeholder in entity _____

Brief description of the type of business or activity conducted by the entity

Have you received \$5,000 or more in income from an individual or entity during the preceding year?

YES NO If yes: Individual/Entity Name Internal Revenue Service

Brief description of the type of business or activity conducted by the individual or entity

Tax refund ; State Tax Commission, Tax refund

Do you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of the disclosure form or during the preceding year (excluding any fund that is managed by a third party including a mutual fund, managed investment account, and blind trusts)?

YES NO If yes: Individual/Entity Name _____

Brief description of the type of business or activity conducted by the entity

Do you currently serve, or did you serve in the prior year, in a paid leadership capacity or in a paid or unpaid position on a board of directors?

YES NO If yes: Individual/Entity Name _____

Type of position held by the regulated officeholder _____

Brief description of the type of business or activity conducted by the entity

Please describe any real property you hold an ownership or other financial interest in that you believe may constitute a conflict of interest, including a description of the type of interest held. (OPTIONAL)

None

Name of Regulated Officeholder's Spouse: _____

The following questions pertain to the officeholder's spouse. If the officeholder's spouse is an at-risk government employee meeting the requirements of 20A-11-1604(7), the filing officer can redact the following information. Does the filing officer need to redact information per 20A-11-1604(7)? YES NO

Is your spouse *currently* employed? YES NO

If yes: Name of Current Employer Edward Flint Lawyer, PLLC

Address of Current Employer 169 W 270 S Civ St 202-A

Current Employment Job Title/Occupation Assistant

Current Employment Job Duties assistant stuff

Was your spouse employed in the *previous* year? YES NO

If different than your current employer:

Preceding Year Employer _____

Preceding Year Employer Address _____

Preceding Year Employment Job Title/Occupation _____

Preceding Year Employment Job Duties _____

Are there other adults residing in the candidate's household who are not related by blood or marriage?

YES NO

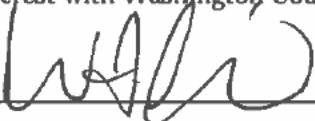
If yes: Other Adult Name(s): _____

If the officeholder believes a conflict exists or may exist because of another adult's residence in the officeholder's household, then provide a brief description of the adult's employment or occupation as well as any other matter or interest that may constitute a conflict of interest:

None

A description of any other matter or interest that the regulated officeholder believes may constitute a conflict of interest (OPTIONAL)

By my signature below, I hereby certify, that the foregoing information is a true and accurate disclosure of the conflict or potential conflict of interest with Washington County to the best of my knowledge.

Signature: 

Date: 1/4/2026

Washington County is a governmental entity that is subject to the Government Records Access Management Act (GRAMA). Information you provide on an application or form may be subject to GRAMA and available to the public if required by law. If information on the document is classified as private, protected, or controlled, it may be redacted. For more information regarding Washington County's privacy policy, scan the QR code.

