



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**

Sarah N.

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

Anderson

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 Commissioner
Seat B

OFFICE and DISTRICT

Democratic

POLITICAL PARTY you are a member of

sarahandersoncommissioner@gmail.com

EMAIL ADDRESS

RESIDENTIAL or MAILING ADDRESS CITY UT 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 manual process.

☐ **Only** the signature-gathering process.

☐ **Only** the electronic process.

☐ **Both** the convention and signature-gathering processes.

☐ **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.

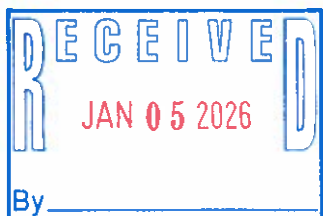
Sarah Anderson

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

Catherine Doyle
PRINTED NAME OF FILING OFFICER or Notary Public



Catherine Doyle
SIGNATURE OF FILING OFFICER or Notary Public



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PLEASE INITIAL THE FOLLOWING

- SA The filing officer read the constitutional and statutory qualifications listed above to me, and I meet those qualifications.
- SA 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.
- SA I received a copy of the pledge of fair campaign practices, and I understand that signing this pledge is voluntary.
- SA I received a copy of Utah Code § 20A-7-801 regarding the Statewide Electronic Voter Information Website Program and its applicable deadline.
- SA 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.
- SA I submitted signed affidavits, as required, to have my name appear on the ballot as specified on this declaration of candidacy.
- SA 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.
- SA 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.

Sarah Andersen

SIGNATURE OF CANDIDATE

1-5-2026

DATE

Catherine Doyle

SIGNATURE OF FILING OFFICER or Notary Public

1.5.2026

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: Sarah N. Anderson Election Position: County Commissioner seat B

Are you *currently* employed? ☒ YES ☐ NO

If yes: Name of Current Employer Southwest Behavioral Health Center (SBHC)

Address of Current Employer 474 W. 200 N. St. George UT 84770

Current Employment Job Title/Occupation Adult Substance Use Disorder Therapist

Current Employment Job Duties Facilitate intensive outpatient groups and sessions with Adults

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

If different than your current employer:

Preceding Year Employer SAME

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 N/A

Position/Title of officeholder in entity N/A

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

N/A

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

If different than current year:

Name of the entity N/A

Position/Title of officeholder in entity N/A

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

N/A

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 N/A

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

N/A

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 N/A

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

N/A

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 N/A

Type of position held by the regulated officeholder N/A

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

N/A

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)

Name of Regulated Officeholder's Spouse: N/A

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 _____

Address of Current Employer _____

Current Employment Job Title/Occupation _____

Current Employment Job Duties _____

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): N/A

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:

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: Sarah Anderson Date: 1-3-25

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.

