

Use this form to declare your candidacy for city office in Idaho.

## **Filing Dates and Deadlines**

You must submit your complete declaration of candidacy plus the petitions to the office of the City Clerk by 5:00 pm (local time) on the last day of the candidate filing period. (§50-410, Idaho Code)

All deadlines are at 5:00 pm (local time).

#### **Candidate Filing Period**

Filing Begins: Filing Ends:

August 18, 2025 August 29, 2025

#### Withdrawal Deadline

September 5, 2025

The Clerk of the Political District must notify the county within 24 hours of a filing (§34-1404, Idaho Code)

## **Filing Options**

Candidates for city office have two options when filing for placement on the ballot:

1. Pay the filing fee

City Office: \$40.00 filing fee

| Or |

#### 2. Submit nominating petitions

City Office: 5 valid signatures of eligible voters within the city

# **Completing the Declaration of Candidacy**

When completing the Declaration of Candidacy, be sure to complete all fields and questions. Any incomplete or missing information may void your filing.

#### **Section 1: Office Information**

Enter the name of the office you are running for and the seat or district number (if applicable). Then enter the name of the city in which you are running.

#### **Section 2: Candidate Information**

When entering your Ballot Name, the following will NOT be allowed on the ballot:

- Nicknames that promote a particular political platform or are deemed offensive.
- Professional or military identifiers such as Dr., M.D., PhD., Esq., CPA, Captain, General, etc.

A phone number and email address are both required and will become publicly available upon request.

#### Section 3: Registered Address

- This <u>MUST</u> be a physical address. P.O. Boxes will not be accepted.
- If your registered address is the same as your mailing address, check the box at the bottom of this section and skip section 4.

#### Section 4: Mailing Address

- · P.O. Boxes are acceptable.
- If your mailing address is the same as your registered address, check the box at the bottom of section 3 and leave this section blank.

#### Section 5: Homeowner's Exemption

If you or your spouse have claimed a Homeowner's exemption, list the address in this section.

#### Section 6: Campaign Finance

If your campaign finance contributions or expenditures exceed \$500, you **MUST** create a campaign finance account with the Idaho Secretary of State.

Visit <u>sunshine.voteidaho.gov</u> for more information.



# DECLARATION OF CANDIDACY CITY OFFICE

### **Candidate Filing Period**

Filing Begins: Filing Ends: August 18, 2025 August 29, 2025

Office name	4	Filing for the office of				Sea	Seat / District (if applicable)					
	1	City										
Candidate information Enter your name as it appears	First name					Midd	Middle name					
on your voter registration.		Last name Suffix (if applicable)										
Enter your name as you would like it to appear on the ballot.	2	Ballot name  NOTE: You may not use nicknames that promote a particular political platform or are deemed offensive.  Professional or military identifiers (Dr., M.D., PhD., Esq., CPA, Captain, General, etc.) are also not allowed on the ballot.										
Enter your phone number and email address.		Phone number Email address  NOTE: Your phone number and email address are both required and will become publicly available upon request.										
Registered address		Address	(not P.O. Box)					Un	it/Apt	·#		
Must be a street address. P.O. Boxes are not allowed.	3							0				
			anny address is the san			3. (1) you the	er ans box, then :	- AIP Sect				
Mailing address Provide the address where you receive mail.	4	Address City	or P.O. Box			State	Zip	Un	it/Apt	#		
Homeowner's exemption If you or your spouse have claimed a homeowner's exemption, provide the address.	5	☐ I or m Address City	ny spouse have claimed a	a homeowne	er's exemption.		ed to section 6)	Un	it/Apt	#		
Campaign finance Choose only one option.	6	Camp	e already created a paign Finance account appointed a Treasurer.	Or	or exceed	\$500, I will	ice contributions create a Campai of State and appo	gn Finai	nce ac	count with		
Signature Re-enter the city name, office, term length, and your residence address.	7	I, the undersigned, affirm that I am a qualified elector of the City ofthat I have resided in the city for at least thirty (30) days.  I hereby declare myself to be a candidate for the office ofbe voted for at the election to be held on the 4th day of November, 2025, and qualifications to fill said office, and that my residence address is						term of		_years, to		
		Candidate, sign and date here (Required)										
		X					Date (mm/dd/y	'yyy) _	1	1		
State of Idaho County of				y Use Only	***************************************							
This record was signed before												
by	Print	name of sig	iner(s)									
Notary Signature												
Notary Printed Name												
My Commission Expires					Į.	ı	Place Notary Seal	Above				



## **Candidate Filing Period**

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Office name		1	Filing for the office of	Seat / I	Seat / District (if applicable)					
			City							
Candidate name		2	Ballot name							
	5:00 p.m. on the ten	th Fric	NOTE: Enter the candidate's name as it in the office of the City Clerk no earli lay before election day. The submitted	er than 8:00 a.m. on the twelfth Mo d petition must have affixed thereto	nday and no later than o the names of at least					
——Peti	five (5) qualified ele tion signatures	ctors	who reside within the appropriate city							
J		3	I, the undersigned, being a qualified hereby certify and declare that I resid							
		3	petition of a candidate for the office of to be voted at the election to be held on the <u>4th</u> day of <u>November</u> , <u>2025</u> .							
1	Signature of Petitione		Printed Name	Residence Address	Date Signed					
1.	1.									
2.										
3.										
4.										
5.										
6.										
7.										
8.										
Circ	ulator Signature	4	I,	person who signed this sheet of the for e that each has stated his or her name of the State of Idaho, and the City of	egoing petition signed his or her and residence address correctly; and					
			x	D	ate (mm/dd/yyyy) / / /					
			Notary Us	e Only						
	te of Idaho unty of									
	-		n							
by		Print	name of signer(s)	·						
No	tary Signature									
No	tary Printed Name									
Му	Commission Expires			Plac	e Notary Seal Above					