

## APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER FOR CANDIDATES AND COMMITTEES

(Please Print or Type)

Pursuant to Sections 31-2012 and 67-6603(c1), Idaho Code. No contribution shall be received or expenditure made by or on behalf of a candidate or political committee until the candidate or political committee appoints a political treasurer and certifies the name and address of the treasurer to the County Clerk.

Certification is for: (check appropriate box)

**CANDIDATE:**

\_\_\_\_\_  
*Name of Political Candidate*

\_\_\_\_\_  
*Home Phone                      Work Phone                      Cell Phone*

\_\_\_\_\_  
*Office Sought                      District #                      Party*

\_\_\_\_\_  
*Candidate Mailing Address*

\_\_\_\_\_  
*Candidate E-mail address*

**COMMITTEE:**

Party

\_\_\_\_\_  
*Name of Committee*

Miscellaneous

\_\_\_\_\_  
*Name of Committee Chairman                      Party Affiliation (if any)*

Measure

\_\_\_\_\_  
*Home Phone                      Work Phone                      Cell Phone*

Candidate/Measure

\_\_\_\_\_  
*Committee Mailing Address*

\_\_\_\_\_  
*Chairman E-mail address*

### CERTIFICATION AND APPOINTMENT

I, \_\_\_\_\_, hereby certify and appoint the following individual who is a registered elector of the  
*Name of Candidate or Committee Chairman*  
State of Idaho as the political treasurer for the above named candidate or committee:

\_\_\_\_\_  
*Name of Political Treasurer*

\_\_\_\_\_  
*Home Phone                      Work Phone                      Cell Phone*

\_\_\_\_\_  
*Treasurer Mailing Address*

\_\_\_\_\_  
*Treasurer E-mail address*

\_\_\_\_\_  
*Signature of Candidate or Committee Chairman*

Return This Form To:  
**Kootenai County Elections**  
1808 N 3rd St  
Coeur d'Alene, ID 83814  
Phone: 208-446-1030  
Fax: 208-446-2184  
Email: [kcelections@kcgov.us](mailto:kcelections@kcgov.us)

I, \_\_\_\_\_, hereby accept the appointment as the political treasurer  
*Name of Political Treasurer*  
for the above named candidate or committee:

\_\_\_\_\_  
Signature of Political Treasurer

# PETITION of CANDIDACY

For \_\_\_\_\_  
(Please **print name** of candidate.)

FOR THE OFFICE OF \_\_\_\_\_

This petition must be filed in the office of the appropriate political sub-division filing office on or before 5 p.m. the \_\_\_\_\_ day prior to the Election Day. The submitted petition must have affixed thereto the names of at least five (5) qualified electors which reside within the appropriate district or zone.

I, the undersigned, being a qualified elector of the \_\_\_\_\_ zone/district, in the State of Idaho, do hereby certify and declare that I reside at the place set opposite my name, and that I join in the petition of \_\_\_\_\_, a candidate for the office of \_\_\_\_\_, to be voted for at the election to be held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

	Signature of Petitioner	Printed Name	Residence Address	Date Signed
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

STATE OF IDAHO

ss.

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, say: That I am a resident of the State of Idaho and at least eighteen (18) years of age; that every person who signed this sheet of the foregoing petition signed his or her name thereto in my presence; I believe that each has stated his or her name and residence address correctly, that each signer is a qualified elector of the State of Idaho, and a resident of the county of \_\_\_\_\_.

Signed \_\_\_\_\_

Mailing Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal)

Signed \_\_\_\_\_

Notary Public Residing at \_\_\_\_\_

# DECLARATION of CANDIDACY

For \_\_\_\_\_

(Please **print name** exactly as you wish it to appear on the ballot.)

**FOR THE OFFICE OF** \_\_\_\_\_

I, the undersigned, being a resident of \_\_\_\_\_ District,  
State of Idaho, do hereby declare myself to be a candidate for the office of \_\_\_\_\_,  
for a term of \_\_\_\_\_ years, to be voted for at the \_\_\_\_\_ Election to be held on the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_ and that my residence address is \_\_\_\_\_

I further certify that I possess the legal qualifications to hold said office.

Date: \_\_\_\_\_, \_\_\_\_\_

Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal)

Signed \_\_\_\_\_

Notary Public

Residing at \_\_\_\_\_

Commission Expires \_\_\_\_\_

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## INSTRUCTIONS

**CANDIDATE:** This Declaration of Candidacy must be accompanied by the Petition of Candidacy signed by not less than 5 electors of your specific district or zone. It must also be submitted to the Clerk of the District no later than the last day of candidate filing.

**CLERK OF THE DISTRICT:** Upon receipt of this Declaration of Candidacy:

1. Verify that the Petition of Candidacy is signed by not less than 5 electors.
2. Contact the County Clerk's Election Office to verify that the 5 electors are properly registered electors.
  - a. If the electors are required to be residents of the candidate's zone, verify that the electors are in the correct zone.
3. Stamp or write the date and time of receipt on the front of this document.
4. Complete the statement below and transmit a copy of this Declaration of Candidacy to the County Clerk for ballot preparation.

I, \_\_\_\_\_, have verified that the qualifications of the candidate have been verified, including the validity of the electors signing the Petition of Candidacy, and that the individual meets the requirements to run for the office indicated on the Declaration of Candidacy.

\_\_\_\_\_  
Signature of the Clerk of the District

\_\_\_\_\_  
Date

**COUNTY CLERK:** Upon receipt of this Declaration of Candidacy, stamp the date and time of receipt on the front of this document. This document is to be used for ballot preparation.

# Candidate Contact Information Form

As a political candidate in Kootenai County, your contact information will be included in our website information ([www.kcgov.us](http://www.kcgov.us)). This information will include your name, address where you can be reached, phone number, website, the name of your political treasurer and the date you filed.

As you or your Treasurer may have multiple contact numbers or addresses please provide the information that you would like to share with the public for purposes of your candidacy on the form below.

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*Candidate name (please print)*

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*Address*

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*City, State, Zip*

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*Phone*

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*Email address*

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*Website or other*

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*Political Treasurer (please print)*

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*Political Treasurer Phone*

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*Political Treasurer Email*

---

*Filing Date*

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*Candidate Signature*