

Use this form to declare your candidacy for precinct committeeman in Idaho.

Filing Dates and Deadlines

You must submit your complete declaration by 5:00 pm (local time) on the last day of the candidate filing period. (§34-704, Idaho Code)

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

Candidate Filing Period:

March 4, 2024 — March 15, 2024

Withdrawal Deadline

Primary Election: March 29, 2024

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 precinct number in which you are running for precinct committeeman.

Section 2: Political Party

You must be a registered member of the political party you are running for. Check your voter registration at <u>voteidaho.gov</u>.

Section 3: Candidate Information

When entering your Ballot Name, the following will <u>NOT</u> 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 is required and will become publicly available upon request.

Section 4: Residential Address

- This <u>MUST</u> be a physical address. P.O. Boxes will not be accepted.
- If your residential address is the same as your mailing address, make sure to check the box at the bottom of the section.

Section 6: Homeowner's Exemption

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

Office Requirements

Precinct Committeeman requirements are listed below.

Requirements for precinct committeeman

- 18 years of age
- United States Citizen
- Registered elector within the precinct for 6 months by the date of the election



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March 4, 2024 — March 15, 2024

Office name	1	Precinct Comm	itteeman		Preci	nct Nam	ne/Numb	oer:					
Political party	2	☐ Constitution	-				arty cted polit		ibertai	rian Pa	arty	∏ R€	epublican Party
Candidate information Enter your name as it appears on your voter registration.		Last name			Middle name Suffix (if applicable)								
Enter your name as you would like it to appear on the ballot.	3	Ballot name											
Enter your phone number.		Phone number Email address NOTE: Your phone number is required and will become publicly available upon request.											
Residential address Must be a street address. P.O. Boxes are not allowed.	4	Address (not P.0							State _		Zip _		
Mailing address Provide the address where you receive mail.	5	Address or P.O.											
Homeowner's exemption		☐ I or my spou	ıse have cla	aimed	a home	owner's	exempt	ion. (<i>If no</i>	o, proce	ed to s	ection 7)		
If you or your spouse have claimed a homeowner's exemption, provide the address.		Address										t/Apt #	
Signature	7	I, the undersigned, do hereby declare myself a candidate for the office entered above. I certify that I am registered with the political party selected, that I possess the legal qualifications to hold said office, and that the information on this declaration is true and accurate. Candidate, sign and date here (Required) Date (mm/dd/yyyy)											
☐ Candidate residency	verifi	ed.	Homeown		ial Use	-	ed (if app	olicable).				affiliation v	