

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: August 18, 2025 Filing Ends: 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, then enter the name of the city in which you are running.

Section 2: 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 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.



Candidate Filing Period

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

Office name	1	Filing for the office of							
	•	City							
Candidate information Enter your name as it appears		First name Middle name Last name Suffix (if applicable) 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.							
on your voter registration. Enter your name as you would like it to appear on the ballot.	2							ed offensive.	
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.							
Registered address Must be a street address. P.O. Boxes are not allowed.	3	City	P.O. Box)			State	Zip		
Mailing address Provide the address where you receive mail.	4		O. Box				Zip		
Homeowner's exemption If you or your spouse have claimed a homeowner's exemption, provide the address.	5	Address	ouse have claimed						t#
Campaign finance Choose only one option.	6	☐ I have already created a ☐ If any campaign finance contributions or expenditures reach Campaign Finance account and appointed a Treasurer. ☐ If any campaign finance contributions or expenditures reach or exceed \$500, I will create a Campaign Finance account with the Idaho Secretary of State and appoint a Treasurer.							
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 of, State of Idaho, and that I have resided in the city for at least thirty (30) days. I 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 <u>4th</u> day of <u>November</u> , <u>2025</u> , and certify that I possess the legal qualifications to fill said office, and that my residence address is							
		Candidate, si	ign and date here	(Required)		C	Date (mm/dd/y	yyy)/_	/
State of Idaho County of			Nota	ry Use Only	,				
This record was signed before by Notary Signature	Prin	name of signer(s)	;)	·					
Notary Printed Name My Commission Expires						Plac	ce Notary Seal i	Above	



Candidate Filing Period

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Office name		Filing for the office of									
	1										
Candidate name		Ballot name									
	2	NOTE: Enter the candidate's name as it will appear on the ballot.									
5:00 p.m. on the ter	nth Frid	in the office of the City Clerk no ea lay before election day. The submit who reside within the appropriate o	ted petition must have affixed th								
Petition signatures	3	I, the undersigned, being a qualified elector of the City of, in the State of Idaho, do hereby certify and declare that I reside at the place set opposite my name and that I do hereby join in the petition of, a candidate for the office of									
			eld on the <u>4th</u> day of <u>November</u> , <u>20</u>								
Signature of Petitioner		Printed Name	Residence Addr	ess	Date Signed						
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
Circulator Signature	4	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; and that each signer is a qualified elector of the State of Idaho, and the City of Circulator, sign and date here (Required)									
		x		Date (mm/dd/yyyy)	/ /						
Chata of Idaha		Notary	Use Only								
State of Idaho County of											
_		n	,								
by	Prin	t name of signer(s)	·								
Notary Signature											
My Commission Expires				Place Notary Seal Above							