

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

# **Filing Dates and Deadlines**

You must submit your complete declaration of candidacy plus the petitions with the Clerk of the Political District by 5:00 pm (local time) on the last day of the candidate filing period. (§34-1404, Idaho Code)

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

NOTE: The candidate filing dates have recently been updated following the passage of House Bill 278. This form reflects the updated candidate filing deadlines.

# **Candidate Filing Period**

August 18-29, 2025

#### Withdrawal Deadline

September 5, 2025

# **Filing Options**

Candidates must submit the required number of signatures to qualify for the Election ballot:

Special District Offices: 5 valid signatures within the zone, district, or political subdivision

# 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 one of the following special district offices.

### **May Election:**

- Auditorium
- Highway
- HospitalLibrary
- Water and Sewer
- Weather Modification

### **November Election:**

- · Ambulance Service District Commissioner
- Cemetery
- Fire Protection
- Recreation
- School Trustee

## **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 <u>MUST</u> create a campaign finance account with the Idaho Secretary of State.

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



# DECLARATION OF CANDIDACY SPECIAL DISTRICT OFFICE

# **Candidate Filing Period:**

August 18-29, 2025

Office name	1	Filing for the office of	Term Length					
		District name Sub-district, zone, seat or position (if applicable)						
Candidate information Enter your name as it appears on your voter registration.		First name Middle name  Last name Suffix (if applicable)						
Enter your name as you would like it to appear on the ballot.	2							
Enter your phone number and email address.								
<b>Registered address</b> Must be a street address. P.O. Boxes are not allowed.	3	City	State Zip _ ny residential address. ( <i>If you check this box, the</i> .					
Mailing address Provide the address where you receive mail.	4	Address or P.O. Box	State Zip _	Unit/Apt #				
Homeowner's exemption If you or your spouse have claimed a homeowner's exemption, provide the address.	5	Address	eowner's exemption. ( <i>If no, proceed to section 6</i> )  State Zip _	Unit/Apt #				
Campaign finance Choose only one option.	6	☐ I have already created a ☐ If any campaign finance contributions or expenditures reach Campaign Finance account or exceed \$500, I will create a Campaign Finance account with the Idaho Secretary of State and appoint a Treasurer.						
Signature	7	I, the undersigned, do hereby declare myself a candidate for the office entered above. I certify under penalty of perjury that I possess the legal qualifications to hold said office and that the information on this declaration is true and accurate.  I submit herewith the nominating petitions containing the statutory number of signatures of qualified electors.  Candidate, sign and date here (Required)  Date (mm/dd/yyyy)						
☐ Candidate residency								



# **Candidate Filing Period:**

August 18-29, 2025

Office name			Filing f	or the office of					
		1	District	name	Su	ıb-district, zone, se	eat or position (if applicable,		
Candidate name			Ballot r	name					
		2	NOTE: Enter the candidate's name as it will appear on the ballot.						
Petition signatures 3		I, the undersigned, being a qualified elector of County 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 the candidate for the office listed above to appear on the election ballot for which they qualify, and that each for himself says: I have personally signed this petition; I am a qualified elector of the zone, district, or political subdivision listed above and the State of Idaho and my residence address is correctly written after my name.							
	Signature of Petitioner			Printed Name		Residence Addre	ess	Date Signed	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Circulator Signature		(18) yea thereto each si	ars of age: that every pe	erson who signed this eve that each has state or of the State of Idah	sheet of the foreg	of the State of Idaho and at oing petition signed his or , address and residence cor of the county of	her name		
			X				Date (mm/dd/yyyy)	1 1	
	itate of Idaho County of				tary Use Only				
Т	his record was signed befor	e me o	n						
by  Print name of signer(s)									
Notary Signature									
Ν	Notary Printed Name								
My Commission Expires							Place Notary Seal Above		