



APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER FOR CANDIDATES AND COMMITTEES

C-1
Rev. 1/15

(Please Print or Type)

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

Certification is for (check appropriate box below):

CANDIDATE:

| | | |
|----------------------------|------------------|-------------|
| Name of Candidate: | | |
| Home Phone: | Work Phone: | Cell Phone: |
| Office Sought: | District Number: | Party: |
| Candidate Mailing address: | | |
| Candidate email address: | | |

COMMITTEE:

Party:

Miscellaneous:

Measure:

Candidate/Measure:

| | | |
|-----------------------------|-----------------------------|-------------|
| Name of Committee: | | |
| Name of Committee Chairman: | Party Affiliation (if any): | |
| Home Phone: | Work Phone: | Cell Phone: |
| Committee Mailing address: | | |
| Chairman email address: | | |

CERTIFICATION AND APPOINTMENT

I, _____, do hereby certify and appoint the following individual who is a registered elector of the 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 Residence address: | | |
| Treasurer email address: | | |

RETURN THIS FORM TO:
 Lawrence Denney
 Secretary of State
 Elections Division
 PO Box 83720
 Boise, ID 83720-0080
 (208) 334-2852
 Fax: (208) 334-2282

Signature of Candidate or Committee Chairman

I, _____, do hereby accept the appointment as political treasurer for the above named candidate or committee.

Signature of Political Treasurer