DECLARATION of CANDIDACY

For		
(Please print name exactly a	as you wish it to appear on the ballot.)	
FOR THE OFFICE OF		
Seat or Position (if applicable)	0	
I, the undersigned, being a resident of		
State of Idaho, do hereby declare myself to be a cano	lidate 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 m	y residence address is	
	5/	
I further certify that I possess the legal qualifi	cations to hold said office	
Date:		
Subscribed and sworn to before me this day		
(Notary Seal)	Signed	
,	Notary Public	
	Residing at	
	Commission Expires	
INSTR	UCTIONS	
candidacy must not less than 5 electors of your specific district or zone later than the last day of candidate filing.	at be accompanied by the Petition of Candidacy signed by the It must also be submitted to the Clerk of the District no	
CLERK OF THE DISTRICT: Upon receipt of 1. Verify that the Petition of Candidacy is sign	this Declaration of Candidacy:	
2. If the Petition of Candidacy was not verified	by the County Clerk prior to submission to your office	
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 resident.	dents of the candidate's zone, verify that the electors are	
in the correct zone.		
3. Stamp or write the date and time of receipt of	on the front of this document.	
Clerk for ballot preparation.	a copy of this Declaration of Candidacy to the County	
I. certify the	t the qualifications of the candidate have been verified,	
including the validity of the electors signing the Petition requirements to run for the office indicated on the Declar	of Candidacy, and that the individual meets the	
=		
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.

PETITION of CANDIDACY

ror	/P1		
FOR THE OFFICE OF	(Please print name of	,	C
FOR THE OFFICE OF			
the			
office of the appropriate political sub-d			
Election. The subn			of at least five (5)
qualified electors which reside within the			
I, the undersigned, being a qualified elector of the			
in the State of Idaho, do hereby certify a			
join in the petition of		, a candidate	e for the office of
	, to be voted for	at the election to be held on th	ne day of
,			
Signature of Petitioner Printed 1	Name Resid	ence Address	Date Signed
1			•
2			
3			
4			
6			
7			
3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			
STATE OF IDAHO		VE	
SS.			
County of			
Ι,	, being first duly	sworn, say: That I am a resid	ent of the State of
daho and at least eighteen (18) years of a igned his or her name thereto in my prese	ge; that every person vence: I believe that each	Who signed this sheet of the fo	oregoing petition
ddress correctly, that each signer is a qua	alified elector of the St	ate of Idaho, and a resident of	f the county of
	Signed		
		SS	
ubscribed and sworn to before me this			
(Notary Seal)			
,	Notary Public R	lesiding at	
C-1B, Approved Secretary of State, July 2014	Commission Ex	pires	-