

# PETITION of CANDIDACY

For \_\_\_\_\_  
(Please print name of candidate.)

FOR THE OFFICE OF \_\_\_\_\_ Seat/Position \_\_\_\_\_ for  
the \_\_\_\_\_ District. This petition must be filed in the  
office of the appropriate political sub-division filing office on or before 5 p.m. on the last day of filing for the  
\_\_\_\_\_ Election. The submitted petition must have affixed thereto the names of at least five (5)  
qualified electors which reside within the appropriate district or zone.

I, the undersigned, being a qualified elector of the \_\_\_\_\_ zone/district,  
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 \_\_\_\_\_, a candidate for the office of  
\_\_\_\_\_, to be voted for at the election to be held on the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

| Signature of Petitioner | Printed Name | Residence Address | Date Signed |
|-------------------------|--------------|-------------------|-------------|
| 1                       | _____        | _____             | _____       |
| 2                       | _____        | _____             | _____       |
| 3                       | _____        | _____             | _____       |
| 4                       | _____        | _____             | _____       |
| 5                       | _____        | _____             | _____       |
| 6                       | _____        | _____             | _____       |
| 7                       | _____        | _____             | _____       |
| 8                       | _____        | _____             | _____       |
| 9                       | _____        | _____             | _____       |
| 10                      | _____        | _____             | _____       |

STATE OF IDAHO

ss.

County of \_\_\_\_\_

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, that each signer is a qualified elector of the State of Idaho, and a resident of the county of  
\_\_\_\_\_.

Signed \_\_\_\_\_

Mailing Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal)

Signed \_\_\_\_\_

Notary Public Residing at \_\_\_\_\_

Commission Expires \_\_\_\_\_

# DECLARATION of CANDIDACY

For \_\_\_\_\_  
(Please print name exactly as you wish it to appear on the ballot.)

FOR THE OFFICE OF \_\_\_\_\_

Seat or Position *(if applicable)* \_\_\_\_\_

I, the undersigned, being a resident of \_\_\_\_\_ District,  
State of Idaho, do 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 \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_ and that my residence address is \_\_\_\_\_

I further certify that I possess the legal qualifications to hold said office.

Date: \_\_\_\_\_, \_\_\_\_\_ Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Notary Seal)

Signed \_\_\_\_\_

Notary Public

Residing at \_\_\_\_\_

Commission Expires \_\_\_\_\_

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## INSTRUCTIONS

**CANDIDATE:** This Declaration of Candidacy must be accompanied by the Petition of Candidacy signed by not less than 5 electors of your specific district or zone. It must also be submitted to the Clerk of the District no later than the last day of candidate filing.

**CLERK OF THE DISTRICT:** Upon receipt of this Declaration of Candidacy:

1. Verify that the Petition of Candidacy is signed by not less than 5 electors.
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 residents of the candidate's zone, verify that the electors are in the correct zone.
3. Stamp or write the date and time of receipt on the front of this document.
4. Complete the statement below and transmit a copy of this Declaration of Candidacy to the County Clerk for ballot preparation.

I, \_\_\_\_\_, certify that the qualifications of the candidate have been verified, including the validity of the electors signing the Petition of Candidacy, and that the individual meets the requirements to run for the office indicated on the Declaration of Candidacy.

\_\_\_\_\_  
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.