



COUNTY OFFICE CANDIDATE FILING INFORMATION

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

Filing Dates and Deadlines

You must submit your complete declaration of candidacy plus the filing fee or petitions by 5:00 pm (local time) on the last day of the candidate filing period. (*§34-704, Idaho Code*)

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

Candidate Filing Period:

March 4, 2024 — March 15, 2024

Withdrawal Deadline

Primary Election: March 29, 2024

General Election: September 6, 2024

Filing Options

Partisan Candidates have two options when filing for placement on the Primary Election ballot:

1. Pay the filing fee

County Offices: \$40.00 filing fee

|
Or
|

2. Submit nominating petitions

County Offices: 5 valid signatures within the county or district

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

County Offices: 5 valid signatures within the county or district

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 county offices:

- Assessor
- Clerk
- Commissioner (*include District*)
- Coroner
- Prosecuting Attorney
- Sheriff
- Treasurer

Section 2: Political Party

Partisan candidates:

You must be a registered member of the political party you are running for. Check your voter registration at voteidaho.gov.

Independent candidates:

Select the "Independent candidate" checkbox.

Section 3: Candidate Information

When entering your Ballot Name, the following will **NOT** 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 is required and will become publicly available upon request.

Section 4: Residential Address

- This **MUST** be a physical address. P.O. Boxes will not be accepted.
- If your residential address is the same as your mailing address, check the box at the bottom of this section.

Section 6: Homeowner's Exemption

If you or your spouse have claimed a Homeowner's exemption, list the address in this section.

Section 7: 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 sunshine.voteidaho.gov for more information.

Office Requirements

All county office requirements are listed below. Some offices have additional requirements, so make sure to review the requirements carefully. (*§34-617 through §34-625A, Idaho Code*)

Requirements for all county offices

- 21 years of age
- United States Citizen
- Reside within the county for 1 year by the date of the election

Additional requirements

County Commissioner

- Must reside within the district for 90 days by the date of the election
- Any petition signatures must be within the commissioner district

County Prosecuting Attorney

- Residence within the county must be at least 30 days by the date of the election
- Must be licensed to practice law within the State of Idaho



DECLARATION OF CANDIDACY COUNTY OFFICE

Candidate Filing Period:
March 4, 2024 — March 15, 2024

Office name 1 Filing for the office of _____
 District (if applicable) _____ Term length: _____

Political party 2
 Choose only one option.

Constitution Party Democratic Party Independent Candidate
 Libertarian Party Republican Party **Or**
NOTE: Partisan candidates must be registered with the selected political party. **NOTE: Independent candidates must be unaffiliated with any political parties.**

Candidate information 3
 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.

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., Ph.D., Esq., CPA, Captain, General, etc.) are also not allowed on the ballot.

Enter your phone number.

Phone number _____ Email address _____
NOTE: Your phone number is required and will become publicly available upon request.

Residential address 4
 Must be a street address. P.O. Boxes are not allowed.

Address (not P.O. Box) _____ Unit/Apt # _____
 City _____ State _____ Zip _____
 My mailing address is the same as my residential address. (If you check this box, then skip section 5)

Mailing address 5
 Provide the address where you receive mail.

Address or P.O. Box _____ Unit/Apt # _____
 City _____ State _____ Zip _____

Homeowner's exemption 6
 If you or your spouse have claimed a homeowner's exemption, provide the address.

I or my spouse have claimed a homeowner's exemption. (If no, proceed to section 7)

Address _____ Unit/Apt # _____
 City _____ State _____ Zip _____

Campaign finance 7
 Choose only one option.

I have already created a Campaign Finance account and appointed a Treasurer. **Or** 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 8

I, the undersigned, do hereby declare myself a candidate for the office entered above. I certify that I am either registered with the political party selected, or running independently and unaffiliated with any political party. I certify 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 either the statutory filing fee of \$40.00, or nominating petitions containing the statutory number of signatures of qualified electors.

Candidate, sign and date here (Required)

X _____ Date (mm/dd/yyyy) ____ / ____ / ____

Official Use Only

Candidate residency verified. Filing fee submitted —**OR**— 5 qualified elector signatures with residency verified.
 District requirements verified. Homeowner's exemption verified (if applicable). Party affiliation verified.



PETITION FOR CANDIDACY COUNTY OFFICE

Candidate Filing Period:
March 4, 2024 — March 15, 2024

Office name

1 Filing for the office of _____
District (if applicable) _____ Term length: _____

Political party

Choose only one option.

2 Constitution Party Democratic Party Independent Candidate
 Libertarian Party Republican Party **Or**
NOTE: Partisan candidates must be registered with the selected political party. **NOTE: Independent candidates must be unaffiliated with any political parties.**

Candidate name

3 Ballot name _____
NOTE: Enter the candidate's name as it will appear on the ballot.

Petition signatures

4 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 party and 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 County listed above and the State of Idaho and my residence address is correctly written after my name.

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

Circulator Signature

5 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 address and residence correctly, that each signer is a qualified elector of the State of Idaho, and a resident of the county of _____.

Circulator, sign and date here (Required)

_____ Date (mm/dd/yyyy) ____ / ____ / ____

Notary Use Only

State of Idaho
County of _____

This record was signed before me on _____,
by _____
Print name of signer(s)

Notary Signature _____
Notary Printed Name _____
My Commission Expires _____

Place Notary Seal Above