



SPECIAL DISTRICT OFFICE CANDIDATE FILING INFORMATION

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 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).

Candidate Filing Deadlines

May Election: March 21, 2025
November Election: September 5, 2025

Withdrawal Deadlines

May Election: April 4, 2025
November Election: September 19, 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
- Hospital
- Library
- 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 **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 3: Registered Address

- This **MUST** 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 **MUST** create a campaign finance account with the Idaho Secretary of State.

Visit sunshine.voteidaho.gov for more information.



DECLARATION OF CANDIDACY SPECIAL DISTRICT OFFICE

Candidate Filing Deadline:
May Election: March 21, 2025
November Election: September 5, 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 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., PhD., 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.

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

3 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 4)

Mailing address
Provide the address where you receive mail.

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

Homeowner's exemption
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 6)

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

Campaign finance
Choose only one option.

6 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

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) ____ / ____ / ____

Official Use Only

Candidate residency verified. 5 qualified elector signatures with residency verified.
 District requirements verified. Homeowner's exemption verified (if applicable).



PETITION FOR CANDIDACY SPECIAL DISTRICT OFFICE

Candidate Filing Deadline:

May Election: March 21, 2025
November Election: September 5, 2025

Office name**1**

Filing for the office of _____

District name _____ Sub-district, zone, seat or position *(if applicable)* _____**Candidate name****2**

Ballot name _____

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 Address	Date Signed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Circulator Signature**4**

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) X _____

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

Notary Use OnlyState 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