



# 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 with the Clerk of the Political District 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).

**NOTE:** The candidate filing dates have recently been updated following the passage of House Bill 278. This form reflects the updated candidate filing deadlines.

### Candidate Filing Period

August 18-29, 2025

### Withdrawal & Write-in Deadline

September 5, 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 and email address are both 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](https://sunshine.voteidaho.gov) for more information.



# DECLARATION OF CANDIDACY SPECIAL DISTRICT OFFICE

**Candidate Filing Period:**

August 18-29, 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.

1

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 and email address.

2

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

**NOTE:** Your phone number and email address are both 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.

5

☐ I or my spouse have claimed a homeowner's exemption. (If no, proceed to section 6)

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)**

X

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 Period:

August 18-29, 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 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



# CERTIFICATION OF CANDIDATE FILING SPECIAL DISTRICT OFFICE

## Filing Dates and Deadlines

Candidates must submit a 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: August 29, 2025

## Withdrawal Deadlines

May Election: April 4, 2025

November Election: September 5, 2025

## Instructions for Certification

Upon receipt of both the Declaration of Candidacy and the Petition of Candidacy:

1. **Verify** the qualifications of the Candidate. (*A checklist is included on the bottom of the Declaration of Candidacy form*)
  - a. Some offices include **age requirements**. Age requirements must also be verified at the time of filing.
2. **Verify** that the Petition of Candidacy is signed by not less than 5 electors and has been certified by the County Clerk's Office.
  - a. If the Petition of Candidacy was not verified by the County Clerk prior to submission to your office, deliver the original petition to the County Clerk's Election Office to have 5 electors verified that they are properly registered electors.
  - b. If the electors are required to be residents of the candidate's sub-district or zone, verify that the electors are in the correct sub-district or zone.
3. **Stamp** or write the date and time of receipt on the front of the Declaration of Candidacy and Petition of Candidacy.
4. **Complete** the fields and statement below.
5. **Transmit a copy of this Certification AND a copy of the Declaration of Candidacy** to the County Clerk for ballot preparation.

### IMPORTANT

1. Verification of the candidate's qualifications and the validity of the signers of the petition should occur immediately upon receipt of the filing. This allows the candidate time to correct any errors in the filing.
2. Certification to the County Clerk should occur upon the verification of the candidate's qualifications and the validation of the signers of the petition. To assist the County Clerk in ballot preparation, do not HOLD these until the last day of filing.

### Office name

1

Filing for the office of \_\_\_\_\_ Term Length \_\_\_\_\_

District name \_\_\_\_\_ Sub-district, zone, seat or position (*if applicable*) \_\_\_\_\_

### Candidate name

2

Ballot name \_\_\_\_\_

### Certification

3

I, \_\_\_\_\_, certify that the qualifications of the candidate listed above 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 above and on the attached Declaration of Candidacy to be voted on at the Election to be held on the \_\_\_\_\_ day of \_\_\_\_\_, 2025.

Clerk of the District, sign and date here (*Required*)

X

Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_