

Use this form to declare your candidacy for precinct committeeman in Idaho.

Filing Dates and Deadlines

You must submit your complete declaration 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

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 the precinct number in which you are running for precinct committeeman.

Section 2: Political Party

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

Section 3: Candidate Information

When entering your Ballot Name, the following will <u>NOT</u> 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 <u>MUST</u> be a physical address. P.O. Boxes will not be accepted.
- If your residential address is the same as your mailing address, make sure to check the box at the bottom of the section.

Section 6: Homeowner's Exemption

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

Office Requirements

Precinct Committeeman requirements are listed below.

Requirements for precinct committeeman

- 18 years of age
- United States Citizen
- Registered elector within the precinct for 6 months by the date of the election



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Office name	1	Precinct Commit	teeman		Preci	inct Na	ıme/Nu	mber:					
Political party	2	☐ Constitution F	-		☐ Demo		-		□ Libert party.	tarian l	Party		☐ Republican Party
Candidate information Enter your name as it appears on your voter registration.		First name Middle name Last name Suffix (if applicable)							ble)				
Enter your name as you would like it to appear on the ballot.	3	Ballot name											
Enter your phone number.		Phone number Email address NOTE: Your phone number is required and will become publicly available upon request.											
Residential address Must be a street address. P.O. Boxes are not allowed.	4								State		Zip		Unit/Apt #section 5)
Mailing address Provide the address where you receive mail.	5												Unit/Apt #
Homeowner's exemption		☐ I or my spous	e have cla	aimed	l a home	eownei	's exen	nption.	If no, pro	ceed to	section 7	7)	
If you or your spouse have claimed a homeowner's exemption, provide the address.		Address											Unit/Apt #
Signature	7	I, the undersigned, do hereby declare myself a candidate for the office entered above. I certify that I am registered with the political party selected, that I possess the legal qualifications to hold said office, and that the information on this declaration is true and accurate. Candidate, sign and date here (Required) X Date (mm/dd/yyyy)											
☐ Candidate residency	verifi	ed.	Homeown		cial Use	_	fied <i>(if</i> (applical	ile).				ion verified.