

Filing Timeline

- Filing Period: Aug 18th – Aug 29th
 - Elections Office will validate candidate info and the petition signatures
 - Make appointment – Online or call
 - 30 min
- Additional information will be provided
- Ultimately a candidate is responsible to meet all deadlines



Candidates – Where to Start

- Petition Signature Verification with Ada County Elections
 - Validate Candidate Information
 - Validate Petition Signatures
 - Affidavit saying all information is valid and correct
- Open Mon – Fri 8am – 5pm
 - Book Appointments: <https://adacounty.id.gov/elections/schedule-candidate-appointment/>
- Then file with the District/City Offices



Before Filing

- Verify Candidate Eligibility
 - Confirm Voter info is up to date
 - Call (208) 287-6860
- Determine the position you are running for
 - Know the required qualifications
- Ballot Name – allow name variations
 - Titles are not allowed
 - Christopher to Chris works
- Have your campaign contact info available
 - Candidate filing information is a public record and will be posted online



Types of Filings – City Seats

- Only one Seat
- Complete the Declaration of Candidacy
 - Determine how name will appear on ballot
- May use Petition of Candidacy
 - 5 valid signatures required
 - Recommend collecting 7-10 signatures
 - Or \$40 Fee
 - Best practice is verifying w/clerk prior to filing
- Must be notarized

DECLARATION OF CANDIDACY CITY OFFICE		Candidate Filing Period
		File Begins: August 18, 2025 Filing Ends: August 26, 2025
Office name	1	Filing for the office of _____ City _____
Candidate information		
Enter your name as it appears on your voter registration.		
Enter your name as you would like it to appear on the ballot.		
Enter your phone number and email address.		
Phone number _____ Email address _____ <small>NOTE: Your phone number and email address are both required and will become publicly available upon request.</small>		
Registered address		
Must be a street address. P.O. Boxes are not allowed.		
3	City _____	State _____ Zip _____ <input type="checkbox"/> 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/Right # _____ City _____ State _____ Zip _____
Homeowner's exemption		
If you or your spouse have claimed a homeowner's exemption, provide the address.		
5	Address _____	Unit/Right # _____ City _____ State _____ Zip _____
Campaign finance		
Choose only one option:		
6	<input type="checkbox"/> I have already created a Campaign Finance account and appointed a Treasurer.	<input type="checkbox"/> Or <input type="checkbox"/> 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		
Re-enter the city name, office, term length, and your residence address.		
I, the undersigned, affirm that I am a qualified elector of the City of _____, State of Idaho, and that I have resided in the city for at least thirty (30) days.		
I 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 6th day of November, 2025, and certify that I possess the legal qualifications to fill said office, and that my residence address is _____.		
Candidate, sign and date here (Required): <input type="text"/> _____ Date (mm/dd/yyyy): / /		
Notary Use Only		
State of Idaho: _____ County of: _____		
This record was signed before me on _____ By _____ Attest Name of Notary _____		
Notary Signature _____ Notary Printed Name _____ My Commission Expires _____		
Notarization of Candidacy – City of _____ Notary Seal Above _____ Notary Seal Above _____		



DECLARATION OF CANDIDACY SPECIAL DISTRICT OFFICE

Office name		Candidate Filing Period:	
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) _____			
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., Ph.D., Esq., CPA, Captain, General, etc.) are also not allowed on the ballot.			
Enter your name as you would like it to appear on the ballot.			
Enter your phone number and email address.			
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 _____	
<input type="checkbox"/> 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 Address _____		Unit/Apt # _____	
City _____		State _____ Zip _____	
<input type="checkbox"/> I or my spouse have claimed a homeowner's exemption. (If no, proceed to section 6)			
6 <input type="checkbox"/> I have already created a Campaign Finance account and appointed a Treasurer. Or <input type="checkbox"/> 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)			
<input type="checkbox"/> X		Date (mm/dd/yyyy) / /	
Official Use Only			
<input type="checkbox"/> Candidate residency verified.		<input type="checkbox"/> 5 qualified elector signatures with residency verified.	
<input type="checkbox"/> District requirements verified.		<input type="checkbox"/> Homeowner's exemption verified (if applicable).	



DECLARATION OF CANDIDACY CITY OFFICE

Office name		Candidate Filing Period:	
1 Filing for the office of _____		Seat / District (if applicable) _____	
City _____		Seat / District (if applicable) _____	
Candidate information			
Enter your name as it appears on your voter registration.			
First name _____ Middle name _____			
Last name _____ Suffix (if applicable) _____			
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., Ph.D., Esq., CPA, Captain, General, etc.) are also not allowed on the ballot.			
Enter your name as you would like it to appear on the ballot.			
Enter your phone number and email address.			
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 _____	
<input type="checkbox"/> 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 _____	
<input type="checkbox"/> I or my spouse have claimed a homeowner's exemption. (If no, proceed to section 6)			
5 <input type="checkbox"/> 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.			
<input type="checkbox"/> I have already created a Campaign Finance account and appointed a Treasurer.		<input type="checkbox"/> 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			
I, the undersigned, affirm that I am a qualified elector of the City of _____ State of Idaho, and that I have resided in the city for at least thirty (30) days.			
I 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 4th day of November, 2025, and certify that I possess the legal qualifications to fill said office, and that my residence address is _____			
Candidate, sign and date here (Required)			
<input type="checkbox"/> 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			

Contact info

Homeowner's Exemption

Notarized (Petition page)

Qualifications

- Each office has specific requirements
 - Code Title 34 Chapter 6
 - Or in your code sections
- Qualified Elector
 - Registration length in district/subdistrict



Additional Dates/Info

- Deadlines
 - Write in: Sep 5th by 5pm
 - Separate form
 - Name WILL NOT be on the ballot
 - Withdraw: Sep 5th by 5pm
 - If you miss this window, your name WILL BE on the ballot
- Name and Filing Forms posted online
- Candidate Portal
 - Link can be found on our website



Withdrawal

- “Reason for Withdrawal” is a mandatory section
- These forms will be filed with us
 - If a candidate withdraws with you, please send them to us



WITHDRAWAL OF CANDIDACY

IMPORTANT INFORMATION

Candidate withdrawal deadlines vary by type of election and office sought. Please consult Idaho Code, or contact the Secretary of State's Office or your County Clerk for specifics.

Once filed, a declaration of candidacy may not be altered. If the candidate decides during the filing period to change the declaration of candidacy, the candidate must first withdraw and then re-file.

Note: Filing fees are nonrefundable

OFFICE INFORMATION

Jurisdiction and Office Name	Position Number (if applicable)
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PERSONAL INFORMATION

First Name	Middle	Last Name
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REASON FOR WITHDRAWAL

CERTIFICATION

I withdraw my candidacy for the office listed above and understand that the filing fee is nonrefundable.

Signature	Date:
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Subscribed and sworn to before me this _____ day of _____, _____.

Signature: _____

Notary Public in and for the State of Idaho, residing at _____

My Commission Expires: _____

NOTARY
SEAL
HERE

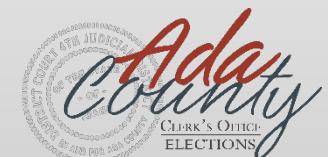
Am I going to Ballot?

- Our office will handle logistics after the filing
- We will contact each candidate with more information at this point
 - Campaign Finance Responsibility
 - Ballot Rotation



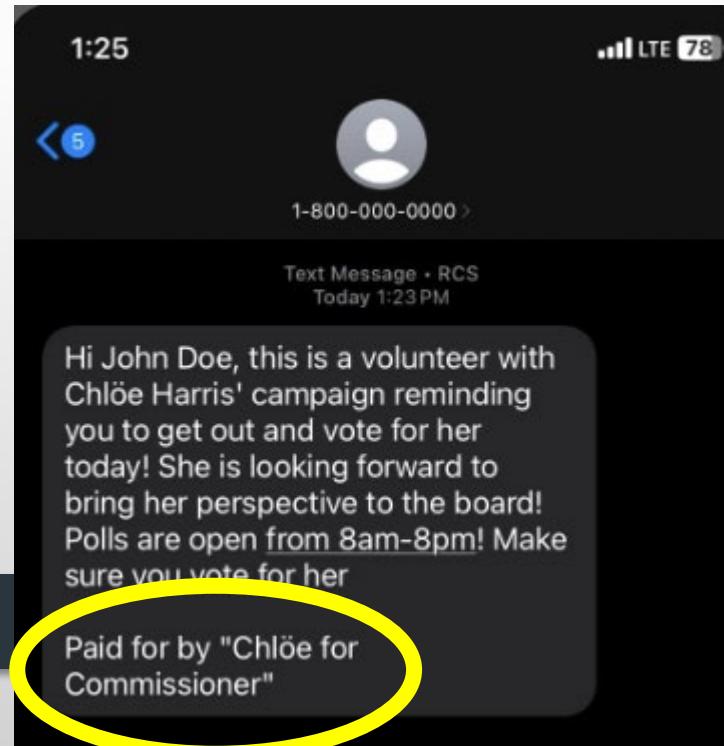
Campaign Finance – When to Report

- If a candidate plans on raising or spending money – create an account on Sunshine Portal
 - Our office will help candidates understand their responsibilities
 - First \$500 report due 7 days after receiving or spending \$500
- Electioneering Considerations
 - 250ft from any polling place- including early voting
 - Cannot be a poll worker in early voting or precinct where they are on the ballot



Campaign Finance – Campaign Disclosures

- Mandatory “Paid for By” disclosures on campaign material
 - Road/yard signs, mailers/flyers, door hangers, billboards, broadcasts, social media, SMS/email
 - When in doubt, disclose



Campaign Finance – Where to Report

- ALL candidates for ALL seats report online
 - Can take up to a week for Secretary of State to approve Registrations



Campaign Finance – Post-Election

- If you win...
 - Congratulations!!!
 - We can contact you for next steps in reporting
- If you lose...
 - Close out a campaign finance account – reach out for guidance
 - File a zero-balance report
 - Can opt to leave it open if planning on running for the office again in the future



Contact Information

Chlöe Harris
Candidate Services

(208) 287-6863

charris@adacounty.id.gov

