

# PRECINCT COMMITTEEMAN WRITE-IN FILING INFORMATION

Use this form to declare your intent to be a writein candidate for precinct committeeman in Idaho.

# **Filing Dates and Deadlines**

You must submit your complete declaration by 5:00 pm (local time) on the candidate filing deadline. (§34-704, Idaho Code)

**Candidate Filing Deadline:** March 22, 2024

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

### **Completing the Declaration of Intent**

When completing the Declaration of Intent, 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



# WRITE-IN DECLARATION OF INTENT PRECINCT COMMITTEEMAN

**Candidate Filing Deadline:** March 22, 2024

Office name	1	Precinct Committeeman Precinct Name/Number:
Political party	2	□ Constitution Party □ Democratic Party □ Libertarian Party □ Republican Party <b>NOTE:</b> Candidates must be registered with the selected political party.
<b>Candidate information</b> Enter your name as it appears on your voter registration.		First name          Last name          Suffix (if applicable)
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.
<b>Residential address</b> Must be a street address. P.O. Boxes are not allowed.	4	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 Provide the address where you receive mail.	5	Address or P.O. Box       Unit/Apt #         City          State       Zip
Homeowner's exemption If you or your spouse	6	I or my spouse have claimed a homeowner's exemption. (If no, proceed to section 7)         Address
have claimed a homeowner's exemption, provide the address.		City State Zip
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	Official Use Only         ed.          ☐ Homeowner's exemption verified ( <i>if applicable</i> ).