PETITION of CANDIDACY

For _____

(Please print name of candidate.)	
FOR THE OFFICE OF	Seat/Position for
the	District. This petition must be filed in the
office of the appropriate political sub-division	on filing office on or before 5 p.m. on the last day of filing for the
Election. The submitted	d petition must have affixed thereto the names of at least five (5)
qualified electors which reside within the ap	opropriate district or zone.
I, the undersigned, being a qualified	elector of the zone/district,
in the State of Idaho, do hereby certify and o	declare that I reside at the place set opposite my name, and that I
join in the petition of	, a candidate for the office of
	_, to be voted for at the election to be held on the day of
Signature of Petitioner Printed Nam	ne Residence Address Date Signed
1	
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STATE OF IDAHO ss. County of	
Idaho and at least eighteen (18) years of age signed his or her name thereto in my present address correctly, that each signer is a quality	, being first duly sworn, say: That I am a resident of the State of c; that every person who signed this sheet of the foregoing petition ce; I believe that each has stated his or her name and residence fied elector of the State of Idaho, and a resident of the county of
·	Signed
	Mailing Address
Subscribed and sworn to before me this	day of
(Notary Seal)	Signed
EC-1B. Approved Secretary of State. July 2014	Notary Public Residing at