

2017 Candidate Filing Guidelines
For
KCFR Fire Commissioner Sub-District #5
November 7, 2017 Election

Thank you for your interest in running for Kootenai County Fire & Rescue Fire Commissioner, representing Sub-District #5.

Candidate Requirements:

1. At least 18 years of age
2. Citizen of the United States
3. Bonafide resident of Kootenai County Fire & Rescue within Sub-District #5.
4. Registered voter

Filing Deadline:

Declarations and Petitions of Candidacy must be submitted to the District Secretary no later than 5 pm on the 9th Friday before the Election (September 8, 2017). (Document attached)

Declarations of Intent for Write-In candidates must be submitted to the District Secretary no later than 5 pm on the 45th day before the Election (September 23, 2017). (Document attached)

Withdrawal Deadline:

Candidates may submit a Notarized Statement of Withdrawal to the District Secretary no later than 5 pm on the 45th day before the Election (September 23, 2017). (Document attached)

Required Forms for Filing for November Election:

Petition of Candidacy – Form EC-1B

1. Print name of Candidate.
 - a. Enter the Office Title, Filing Deadline, District or Zone Name or Designation, Candidate Name and Office Title, and Date of Election.
2. Candidate must collect signatures of at least five (5) eligible voters within the Candidate's District.
3. Signature of Candidate must be notarized.
4. Signatures of Petitioners must be certified by the Kootenai County Elections Office via in person (certification cannot be done electronically).

Declaration of Candidacy – Form EC-1A

1. Print name exactly as you wish it to appear on the ballot.
 - a. Enter the District Name, Office Title, Term of Office, Election and Date of Election, and Candidate Residence Address.
2. Signature of Candidate must be notarized.

Candidate Contact Information Form

Return Your Candidate Packet To (No Later Than 5 pm on Friday, Sept. 8, 2017):

Kootenai County Fire & Rescue
Attn: District Secretary
1590 E. Seltice Way
Post Falls, ID 83854

If you should have any questions or need more information, please call us at (208) 777-8500.

PETITION of CANDIDACY

For _____
(Please **print name** of candidate.)

FOR THE OFFICE OF _____ Seat/Position _____

This petition must be filed in the office of the appropriate political sub-division filing office on or before 5 p.m. on the last day of filing for the _____ Election. The submitted petition must have affixed thereto the names of at least five (5) qualified electors which reside within the appropriate district or zone.

I, the undersigned, being a qualified elector of the _____ zone/district, 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 _____, a candidate for the office of _____, to be voted for at the election to be held on the _____ day of _____, _____.

	Signature of Petitioner	Printed Name	Residence Address	Date Signed
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

STATE OF IDAHO

ss.

County of _____

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 and residence address correctly, that each signer is a qualified 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 _____

Notary Public Residing at _____

DECLARATION of CANDIDACY

For _____
(Please **print name** exactly as you wish it to appear on the ballot.)

FOR THE OFFICE OF _____

Seat or Position (if applicable) _____

I, the undersigned, being a resident of _____ District,
State of Idaho, do 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 _____
day of _____, _____ and that my residence address is _____.

I further certify that I possess the legal qualifications to hold said office.

Date: _____, _____ Signed _____

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

(Notary Seal)

Signed _____

Notary Public

Residing at _____

Commission Expires _____

INSTRUCTIONS

CANDIDATE: This Declaration of Candidacy must be accompanied by the Petition of Candidacy signed by not less than 5 electors of your specific district or zone. It must also be submitted to the Clerk of the District no later than the last day of candidate filing.

CLERK OF THE DISTRICT: Upon receipt of this Declaration of Candidacy:

1. Verify that the Petition of Candidacy is signed by not less than 5 electors.
2. If the Petition of Candidacy was not verified by the County Clerk prior to submission to your office, contact the County Clerk's Election Office to verify that the 5 electors are properly registered electors.
 - a. If the electors are required to be residents of the candidate's zone, verify that the electors are in the correct zone.
3. Stamp or write the date and time of receipt on the front of this document.
4. Complete the statement below and transmit a copy of this Declaration of Candidacy to the County Clerk for ballot preparation.

I, _____, certify that the qualifications of the candidate 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 on the Declaration of Candidacy.

Signature of the Clerk of the District

Date

COUNTY CLERK: Upon receipt of this Declaration of Candidacy, stamp the date and time of receipt on the front of this document. This document is to be used for ballot preparation.

CANDIDATE CONTACT INFORMATION FORM

As a candidate in Kootenai County, your contact information will be included in our website information (www.kcgov.us). This information will include your name, address where you can be reached, phone number, website, etc.

Please provide the information that you would like to share with the public for purposes of your candidacy on the form below.

Candidate name

Address

City, State, Zip

Mailing Address

City, State, Zip

Phone

E-mail address

Website or other

Candidate Signature

DECLARATION of INTENT

For

(Please print name.)

WRITE-IN CANDIDATE

To be filed not less than forty-five (45) days
before the date of the election.

I, the undersigned, hereby declare my intent to be a write-in candidate for the office of _____, to be voted on at the _____
Election to be held on the _____ day of _____, _____, and that my
residence address is _____.

I further certify that I possess the legal qualifications to hold said office.

Dated: _____, _____.

Signed _____

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

(Notary Seal)

Signed _____

Notary Public

Residing at _____

Commission Expires _____

Candidate Withdrawal Forms

Withdrawal of Declaration of Candidacy

I, _____, hereby withdraw my Declaration of Candidacy for the office of _____, of the City of _____, and authorize the County Clerk to remove my name from the ballot in the manner provided by law.

Candidate's Signature

Date

Subscribed and sworn to before me this ____ day of _____, ____.

Signed: _____
Notary Public in and for the State of Idaho
Residing At: _____
My Commission Expires: _____
(Notary Seal)

Withdrawal of Declaration of Intent

I, _____, hereby withdraw my Declaration of Intent for the office of _____, of the City of _____, and state that I am no longer a candidate for such office.

Candidate Signature

Date

Subscribed and sworn to before me this ____ day of _____, ____.

Signed: _____
Notary Public in and for the State of Idaho
Residing At: _____
My Commission Expires: _____
(Notary Seal)

CITY CLERK

A copy of this form must be transmitted to the County Clerk as soon as possible after it is filed.

COUNTY CLERK

Upon receipt of this Declaration of Intent, stamp the date and time of receipt on the front of this document.