Use this form to declare your intent to be a write-in 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)

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 voteidaho.gov.

Section 3: Candidate Information
When entering your Ballot Name, the following will NOT 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 MUST 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**

**Office name**

| 1 | Precinct Committeeman | Precinct Name/Number: ____________________ |

**Political party**

| 2 | ☐ Constitution Party | ☐ Democratic Party | ☐ Libertarian Party | ☐ Republican Party |

**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.

| 3 | First name ____________________ | Middle name ____________________ |
|  | Last name ____________________ | Suffix (if applicable) ____________________ |

**Residential address**

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 have claimed a homeowner’s exemption, provide the address.

| 6 | ☐ I or my spouse have claimed a homeowner’s exemption. *(If no, proceed to section 7)* |
|  | Address ____________________ | Unit/Apt # ____________________ |
|  | City ____________________ | State ______ | Zip ______ |

**Signature**

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.

| 7 | Candidate, sign and date here *(Required)* |
|  | X | Date (mm/dd/yyyy) ______ / ______ / ______ |

**Official Use Only**

☐ Candidate residency verified. ☐ Homeowner’s exemption verified *(if applicable).* ☐ Party affiliation verified.