



# STATE LEGISLATURE - INDEPENDENT COMPLETING THE PETITION OF CANDIDACY

## SECTION 1: OFFICE INFORMATION

1. Enter the office for which you will be a candidate to the right of "Filing for the Office of."
2. Select the check box to the left of "Unaffiliated (No political party affiliation)."

## SECTION 2: CANDIDATE INFORMATION

3. Enter your Name as it will appear on the ballot. Please print clearly. *(I.C. 34-903A)*
  - a. Nicknames may be included if it is a name that is commonly known. However, nicknames that promote a particular political platform or may be deemed offensive are not allowed.
  - b. Professional identifiers are not allowed on the ballot (i.e. Dr., M.D., PhD., Esq., CPA, etc.).

## SECTION 3: SIGNERS SECTION

1. Collect signatures of qualified electors within the legislative district (i.e. registered voters).
2. Each individual participating in the petition must:
  - a. Sign their name.
  - b. Print their name.
  - c. Print their residence address. *(Note: P.O. Boxes are not allowed. The listing of a P.O. Box will automatically invalidate the signature and it will not be counted.)*
  - d. Enter the date that they signed the petition.

## SECTION 4: CERTIFICATION

1. Enter the County in which the circulator is having the notarization completed to the right of "County of."
2. Enter the name of the circulator along with their county of residence in the Certification Statement.
3. In the presence of a notary, the circulator will sign and enter their address on the Petition of Candidacy.
  - a. The notary will then complete the bottom portion of the Petition of Candidacy.
  - b. Note: The candidate may have other individuals circulate petitions on their behalf. In this case, the individual circulating the petition will complete, sign and have notarized the Certification prior to returning the completed petition to the candidate.

## QUESTIONS

Contact the Elections Division of the Office of the Idaho Secretary of State:

**Email:** [elections@sos.idaho.gov](mailto:elections@sos.idaho.gov)

**Phone:** (208) 334-2852

**Fax:** (208) 334-2282

**Physical Address:**

700 W Jefferson Street, Suite E-205  
Boise, ID 83702

**Mailing Address:**

P.O. Box 83720  
Boise, ID 83720-0080

**Shipping Address:**

*(i.e. FedEx, UPS, DHL, etc.)*

450 N 4th St  
Boise, ID 83702



# STATE LEGISLATURE - INDEPENDENT PETITION FOR CANDIDACY

This petition must be filed in the Office of the Secretary of State with the Declaration of Candidacy by independent candidates for State Legislative office during the filing period below. The statutorily required number of signatures of qualified electors must be verified by the appropriate County Clerk prior to filing.

CANDIDATE FILING DATES (I.C. 34-704, 34-708)		OFFICE INFORMATION	
March 4 - March 15, 2024*		Filing for the Office of: <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative A <input type="checkbox"/> State Representative B	Legislative District #
CANDIDATE WITHDRAWAL DATES (I.C. 34-717)			
September 6, 2024*		Party Affiliation: <input type="checkbox"/> Unaffiliated (No political party affiliation.)	
*All deadlines are at 5:00 PM Local Time			

CANDIDATE INFORMATION
Candidate Name (As it will appear on the ballot.)

SIGNERS STATEMENT			
I, the undersigned, being a qualified elector in the State of Idaho, do hereby certify that I reside at the place set opposite my name, and that I join in the petition of the candidate for the office listed above to appear on the General Election ballot on November 5th, 2024, and that each for himself says: I have personally signed this petition; I am a qualified elector of the State of Idaho and my residence address is correctly written after my name.			
Signature of Petitioner	Printed Name	Residence Address	Date Signed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

CERTIFICATION	
State of Idaho 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 address and residence correctly, that each signer is a qualified elector of the State of Idaho, and a resident of the county of _____.	
Circulator Signature: _____	Address: _____

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_





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<b>CANDIDATE WITHDRAWAL DATES</b> (I.C. 34-717)		<input type="checkbox"/> State Representative A
September 6, 2024*		<input type="checkbox"/> State Representative B
*All deadlines are at 5:00 PM Local Time	<b>Party Affiliation:</b> <input type="checkbox"/> Unaffiliated (No political party affiliation.)	
	Legislative District # _____	

<b>CANDIDATE INFORMATION</b>
<b>Candidate Name</b> (As it will appear on the ballot.)
_____

<b>SIGNERS STATEMENT</b>			
I, the undersigned, being a qualified elector in the State of Idaho, do hereby certify that I reside at the place set opposite my name, and that I join in the petition of the candidate for the office listed above to appear on the General Election ballot on November 5th, 2024, and that each for himself says: I have personally signed this petition; I am a qualified elector of the State of Idaho and my residence address is correctly written after my name.			
Signature of Petitioner	Printed Name	Residence Address	Date Signed
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

<b>CERTIFICATION</b>	
State of Idaho 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 address and residence correctly, that each signer is a qualified elector of the State of Idaho, and a resident of the county of _____.	
Circulator Signature: _____	Address: _____

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

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

My Commission Expires: \_\_\_\_\_

