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C-1
Rev. 1/15

# APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER FOR CANDIDATES AND COMMITTEES

(Please Print or Type)

Pursuant to Section 67-6603(c1), Idaho Code. No contribution shall be received or expenditure made by or on behalf of a candidate or political committee until he or she appoints a political treasurer and certifies the name and address of the treasurer to the County Clerk.

Certification is for (check appropriate box below):

☐ CANDIDATE:

| | | |
|---|---|---|
| Name of Candidate: | | |
| Home Phone: | Work Phone: | Cell Phone: |
| Office Sought: | District Number: | Party: |
| Candidate Mailing address: | | |
| Candidate email address: | | |

☐ COMMITTEE:

Party: ☐
Miscellaneous: ☐
Measure: ☐
Candidate/Measure: ☐

| | | |
|---|---|---|
| Name of Committee: | | |
| Name of Committee Chairman: | | Party Affiliation (if any): |
| Home Phone: | Work Phone: | Cell Phone: |
| Committee Mailing address: | | |
| Chairman email address: | | |

## CERTIFICATION AND APPOINTMENT

I, _____, do hereby certify and appoint the following individual who is a registered elector of
Name of Candidate or Committee Chairman
the State of Idaho as the political treasurer for the above named candidate or committee:

| | | |
|---|---|---|
| Name of Political Treasurer: | | |
| Home Phone: | Work Phone: | Cell Phone: |
| Treasurer Mailing address: | | |
| Treasurer Residence address: | | |
| Treasurer email address: | | |

_____
Signature of Candidate or Committee Chairman

I, _____, do hereby accept the appointment as political treasurer for
Name of Political Treasurer
the above named candidate or committee.

_____
Signature of Political Treasurer

RETURN THIS FORM TO:
Ron Longmore
Bonneville County
Elections Office
825 Shoup Ave.
Idaho Falls, ID 83402
(208) 529-1363
Fax: (208) 529-1188
vote@co.bonneville.id.us