



STATE OF IDAHO
OFFICE OF THE SECRETARY OF STATE
LAWRENCE DENNEY

**APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER
FOR CANDIDATE**

(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 Secretary of State.

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

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

CERTIFICATION AND APPOINTMENT

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

Signature of Candidate

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

Signature of Political Treasurer

RETURN THIS FORM TO:
Lawrence Denney Secretary of State Elections Division
PO Box 83720 Boise, ID 83720-0080
(208) 334-2852 Fax: (208) 334-2282



STATE OF IDAHO
OFFICE OF THE SECRETARY OF STATE
LAWRENCE DENNEY

**APPOINTMENT AND CERTIFICATION OF POLITICAL TREASURER
FOR 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 Secretary of State.

Name of Committee:		
Name of Committee Chairman:	Party Affiliation:	
Home Phone:	Work Phone:	Cell Phone:
Committee Mailing Address:		
Chairman email address:		

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

CERTIFICATION AND APPOINTMENT

Party: Miscellaneous: Measure:

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

Signature of Chairman

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

Signature of Political Treasurer

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