

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 the he or she appoints a political treasurer and certifies the name and address of the treasurer to the County Clerk.

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

I, _____, hereby certify and appoint the following individual who is a registered elector of the state of
Name of Candidate

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 named candidate.

Signature of Political Treasurer

RETURN THIS FORM TO:

**Clerk Kim Keeley,
Teton County
150 Courthouse Dr #208,
Driggs, Idaho 83422
Ph (208)354-8780**

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 the he or she appoints a political treasurer and certifies the name and address of the treasurer to the County Clerk.

| | | |
|--------------------------------|-------------|--------------------|
| Name of Committee: | | |
| Name of Committee Chair: | | Party Affiliation: |
| Home Phone: | Work Phone: | Cell Phone: |
| Committee Mailing Address: | | |
| Committee Chair Email Address: | | |

I, _____, hereby certify and appoint the following individual who is a registered elector of the state of
Name of Committee Chair

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 Candidate

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

Signature of Political Treasurer

RETURN THIS FORM TO:

**Clerk Kim Keeley,
Teton County
150 Courthouse Dr #208,
Driggs, Idaho 83422
Ph (208)354-8780**