



# DECLARATION OF CANDIDACY CITY OFFICE

RECEIVED

Candidate Filing Period

AUG 29 2025

Filing Begins:  
Filing Ends:

August 18, 2025  
August 29, 2025

## Office name

1 Filing for the office of City Council **CITY CLERK** Seat District (if applicable) 4  
City Coeur D Alene

## Candidate information

Enter your name as it appears on your voter registration.

First name Dylan Middle name Timothy  
Last name Hughes Suffix (if applicable)

Enter your name as you would like it to appear on the ballot.

2 Ballot name Dylan Hughes  
**NOTE: You may not use nicknames that promote a particular political platform or are deemed offensive. Professional or military identifiers (Dr., M.D., PhD., Esq., CPA, Captain, General, etc.) are also not allowed on the ballot.**

Enter your phone number and email address.

Phone number 208 964 5249 Email address dylan@hughesclan.net  
**NOTE: Your phone number and email address are both required and will become publicly available upon request.**

## Registered address

Must be a street address. P.O. Boxes are not allowed.

3 Address (not P.O. Box) 1947 N 8th st Unit/Apt # \_\_\_\_\_  
City Coeur D Alene State ID Zip 83814  
☒ My mailing address is the same as my residential address. (If you check this box, then skip section 4)

## Mailing address

Provide the address where you receive mail.

4 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.

5 ☒ I or my spouse have claimed a homeowner's exemption. (If no, proceed to section 6)  
Address 1947 N 8th st Unit/Apt # \_\_\_\_\_  
City Coeur D Alene State ID Zip 83814

## Campaign finance

Choose only one option.

6 ☐ I have already created a Campaign Finance account and appointed a Treasurer. Or ☒ If any campaign finance contributions or expenditures reach or exceed \$500, I will create a Campaign Finance account with the Idaho Secretary of State and appoint a Treasurer.

## Signature

Re-enter the city name, office, term length, and your residence address.

7 I, the undersigned, affirm that I am a qualified elector of the City of Coeur D Alene, State of Idaho, and that I have resided in the city for at least thirty (30) days.  
I hereby declare myself to be a candidate for the office of City Council, for a term of 4 years, to be voted for at the election to be held on the 4th day of November, 2025, and certify that I possess the legal qualifications to fill said office, and that my residence address is 1947 N 8th st Coeur D Alene, ID 83814

Candidate, sign and date here (Required)

☒ [Signature]

Date (mm/dd/yyyy) 8/29/2025

Notary Use Only

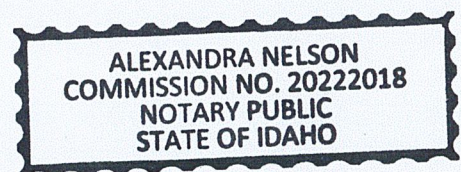
State of Idaho Kootenai  
County of \_\_\_\_\_

This record was signed before me on August 29th, 2025,  
by Dylan Hughes  
Print name of signer(s)

Notary Signature Alexandra Nelson

Notary Printed Name Alexandra Nelson

My Commission Expires 04/18/2028



Place Notary Seal Above



CITY OF COEUR D'ALENE

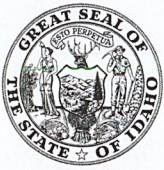
08/29/2025  
11:07 AM

Receipt No.  
03238831

Dylan Hughes Election

Miscellaneous receipts	40.00
Total	40.00
Cash	40.00
Change	0.00
Balance : \$\$0.00	





# WITHDRAWAL OF CANDIDACY

RECEIVED

SEP 04 2025

CITY CLERK

## IMPORTANT INFORMATION

Candidate withdrawal deadlines vary by type of election and office sought. Please consult Idaho Code, or contact the Secretary of State's Office or your County Clerk for specifics.

Once filed, a declaration of candidacy may not be altered. If the candidate decides during the filing period to change the declaration of candidacy, the candidate must first withdraw and then re-file.

**Note: Filing fees are nonrefundable**

## OFFICE INFORMATION

Jurisdiction and Office Name

Position Number (if applicable)

City of Lewer D'Alene city council

Council seat 4

## PERSONAL INFORMATION

First Name

Middle

Last Name

Dylan

T

Hughes

## REASON FOR WITHDRAWAL

Code 74-501 Conflict of interest

## CERTIFICATION

I withdraw my candidacy for the office listed above and understand that the filing fee is nonrefundable.

Signature

Date:

9/4/25

Subscribed and sworn to before me this 4th day of September, 2025

Signature:

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

Lingston

My Commission Expires: 4-18-29

