

RECEIVED

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AUG 29 2025



DECLARATION OF CANDIDACY CITY OFFICE

CITY CLERK Candidate Filing Period

Filing Begins: August 18, 2025
Filing Ends: August 29, 2025

Office name

1

Filing for the office of City CouncilSeat / District (if applicable) 2City ~~Coeur d'Alene~~ Coeur d'Alene

Candidate information

Enter your name as it appears
on your voter registration.

First name JEFFREYMiddle name FraserLast name Larson

Suffix (if applicable) _____

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

2

Ballot name JEFF "DOC" Larson

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 208 651 2776Email address JEFF.LARSON@PantheonBDG.com

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) 2248 W. Freeland Drive

Unit/Apt # _____

City Coeur d'AleneState IDZip 83815

☒ 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 _____

Unit/Apt # _____

City _____

State _____

Zip _____

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 CDA, 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

2248 W. Freeland Dr. CDA ID 83815

Candidate, sign and date here (Required)

X

Jeffrey Larson

Date (mm/dd/yyyy)

08/29/2025

Notary Use Only

State of Idaho

County of KootenaiThis record was signed before me on August 29, 2025by Jeffrey Larson

Print name of signer(s)

Notary Signature Melinda RoederNotary Printed Name Melinda RoederMy Commission Expires 11/21/2028

CITY OF COEUR D'ALENE

08/29/2025
12:25 PM

Receipt No.
03238841

Jeffrey Larson Election

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