Revised 05/29/2025



Declaration of Candidacy - City Offices

DECLARATION OF CANDIDACY CITY OFFICE AUG 1 9 2025

Time 10 21 (A.M./ P.M.

Candidate FiAb@Perbd025

Filing Begins: August 18, 2025
Filing Ends: CITAYGUET 2P, 162RK

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Office name	1	Filing for the office of CITY COUNCIL City COEURD'ALENE	Seat / District (if applicable) 4		
Candidate information		First name KENNETH	Middle name GUY		
Enter your name as it appears on your voter registration.		Last name GABRIEL Suffix (if applicable)			
Enter your name as you would like it to appear on the ballot.	2	Ballot name KENNY GABRIEL 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.		The state of the s	Email address contact@kennygabrielforcda.com		
Registered address Must be a street address. P.O. Boxes are not allowed.	3	Address (not P.O. Box) City COEURD'ALENE My mailing address is the same as my resident	State ID Zip 83814 al 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 #		
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 ex Address 311 W Mill Ave City COEURD'ALENE	emption. (If no, proceed to section 6) Unit/Apt # State ID Zip 83814		
Campaign finance Choose only one option.	6	I have already created a Campaign Finance account or exceed \$500, I will create a Campaign Finance account with and appointed a Treasurer.			
Signature Re-enter the city name, office, term length, and your residence address.	7	that I have resided in the city for at least thirty (30). I hereby declare myself to be a candidate for the o	ffice of <i>City Council</i> , for a term of <u>4</u> years, to any of November , 2025 , and certify that I possess the legal		
State of Idaho County of	~ @	Notary Use Only			
This record was signed before	et		Son Expires		
Notary Signature	W	sontalmer	SE LOTARY &		
Notary Printed Name		ISON PALMER	O PUBLIC SO		
My Commission Expires	9	3/14/29	No. 20 Applications of the Control o		

STATE OF IDAHO)							
) ss County of Kootenai County)							
To the honorable Renata McLead							
City Clerk for the City of Ollvo Alene,							
I, Jennifer Locke, County Clerk of Kootenai County, hereby certify that							
signatures on this petition are those of qualified electors.							
Certified on this day of							
Signed: <u>Ingela Temp</u>							
County Clerk or Deputy							
County Seal							
OFFICE AUDITOR SO							
Candidate Name: <u>Henneth Cabrie</u>							
STATE OF STATE OF							



PETITION FOR CANDIDACY **CITY OFFICE**

RECEIVED

AUG 1 9 2025

Time 1021 (A.M.) P.M.

Candidate Filing Period

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

According to the proof of the second contract		
Office name	Filing for the office of City Council Seat / District (if appl)	icable) +
	City Coeur d'Alere	
Candidate name	Ballot name Kenny Gabriel NOTE: Enter the candidate's name as it will appear on the ballot.	
5:00 p.m. on the te	be filed in the office of the City Clerk no earlier than 8:00 a.m. on the twelfth Monday and no l nth Friday before election day. The submitted petition must have affixed thereto the names o ectors who reside within the appropriate city.	ater than f at least
Petition signatures	I, the undersigned, being a qualified elector of the City of Council Alene in the shereby certify and declare that I reside at the place set opposite my name and that I do he petition of Kenny Gabric, a candidate for the office of City to be voted at the election to be held on the 4th day of November, 2025.	ereby join in the
Signature of Petition	Printed Name Residence Address	Date Signed
1. John W. Bre	nog John W. Bruning 619 Military Dry	1/A 8-15-2
2. Woody McGe		8/15/75
3. John Degale	Jun Ingalls 3781 Bernoulli Loop CDA 10 830	813 8/15/
4. Carola Inga	els Curol In galls 3781 Bernoulli loop CON-ID 83815	8/15/2
5. Theresa Po	the Theresa Potts 4103W. Arrowhead Ro	4 81152
6. Macy For E 7. Xandi Bl	Led MARY LOW REED 601 Front #1502 Vem Sandra Bloem 2805 Stone Pines CT	8/15/2
Circulator Signature	I January Juena, being first duly sworn, say: That I am a resident of the State eighteen (18) years of age; that every person who signed this sheet of the foregoing petition name thereto in my presence; I believe that each has stated his or her name and residence at that each signer is a qualified elector of the State of Idaho, and the City of Circulator, sign and date here (Required) X Date (mm/dd/yy)	n signed his or her address correctly; and
State of Idaho County of	Notary Use Only	
This record was signed before by Sand co. Notary Signature (Notary Printed Name	e me on 8 19 2025	MC BOUNTS OF SECOND
My Commission Expires etition for Candidacy - City Offices	OF I	Revised 05/29/2025
	***************************************	207 207 200 200

STATE OF IDAHO)
) ss County of Kootenai County)
To the honorable Remta McLevol
City Clerk for the City of Ocural Alene,
I, Jennifer Locke, County Clerk of Kootenai County, hereby certify that
signatures on this petition are those of qualified electors.
Certified on this 9 day of agust 2025.
Signed: <u>Angela Tem</u>
County Clerk or Deputy
County Seal THE 187 OFFICE AUDITOR AND RECORDER STATE OF

Candidate Name: <u>Kenneth Gabriel</u>



PETITION FOR CANDIDACY **CITY OFFICE**

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AUG 1 9 2025

Candidate Filing Period

Filing Begins: Filing Ends:

August 18, 2025 August 29, 2025

Office name	Filling for the office of City City Coeur d'Ale		District (if applicable)			
Candidate name		2 Ballot name Kenny Gabriel NOTE: Enter the candidate's name as it will appear on the ballot.				
5:00 p.m. on the te	t be filed in the office of the City Clerk no e enth Friday before election day. The submi electors who reside within the appropriate	itted petition must have affixed thereto				
Petition signatures	3 hereby certify and declare that I repetition of Kenny Gabi	ried elector of the City of <i>Cocurd All</i> reside at the place set opposite my name a riel and the office of the office of the office of the day of November, 2025.	and that I do hereby join in the			
Signature of Petition	1 SIM MARKISON	Residence Address J 2520 W. BallVAr Ade	COA, ID Date Signed 83815 8/14/25			
3. //ws	Vanessa Moos 3	n 2520 W. Bolivar Ave 3251 Northalta Court, 402 Ash Ave Coerry	83815 8/14/25 CDA, ID 83815 8/14/25			
15. STephen D.	loss Steve Moss	DEN 1010 MULLANT	10 83848 75-			
8. Jan Fals	Sp SACK RIGG	801 S. 1174 ST. Cd AND 8015. 11th ST. CDA	4 ID 83814 8/17/25			
Circulator Signature	name thereto in my presence; I bel		egoing petition signed his or her and residence address correctly; and			
State of Idaho County of 1400 TEN		/ Use Only				
by JAN LY Notary Signature Lyl	Print name of signer(s) Le Elizabeth Kunt	Notary Pul My Commis Commis	Elizabeth Kime blic, State of Idaho slon Expires 05/09/2031 slon # 20251896			
Notary Printed Name My Commission Expires	Kylie Elizabeth Kime 15/09/2031		Notary Seal Above			