DECLARATION OF CANDIDACY
CITY OFFICE

RECEIVED 12.29

AUG 2 6 2025

CITY CLERK

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

Office name

1
Filing for the office of _CdA City Council_   Seat / District (if applicable) _# 6_
City _Coeur d'Alene_

Candidate information

Enter your name as it appears on your voter registration.

2
First name _Bill_   Middle name _____
Last name _Brooks_   Suffix (if applicable) _____

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

Ballot name _Bill Brooks_

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 _208-699-0506_   Email address _brookshomes@gmail.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) _3544 Highland Dr_   Unit/Apt # _____
City _Coeur d'Alene_   State _ID_   Zip _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 _3544 Highland Dr_   Unit/Apt # _____
City _Coeur d'Alene_   State _ID_   Zip _83815_

Campaign finance

Choose only one option.

6
☐ I have already created a Campaign Finance account and appointed a Treasurer.

Or

Per phone #

☒ 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 _3544 Highland Dr CdA, ID 83815_

Candidate, sign and date here (Required)

X _B. W. Brooks_

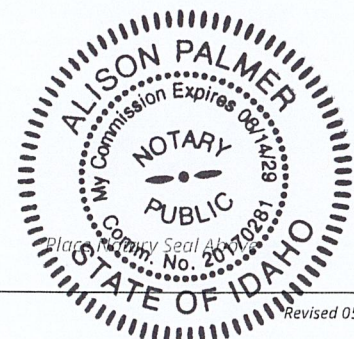Date (mm/dd/yyyy) _08/26/2025_

Notary Use Only

State of Idaho
County of _Kootenai_

This record was signed before me on _8/26/25_ ,
by _Bill Brooks_ .
     Print name of signer(s)

Notary Signature _Alison Palmer_

Notary Printed Name _ALISON PALMER_

My Commission Expires _8/14/29_

[Notary seal: ALISON PALMER, My Commission Expires 08/14/29, NOTARY PUBLIC, Commission No. 20170281, STATE OF IDAHO]
Place Notary Seal Above

CITY OF COEUR D'ALENE

08/26/2025
12:25 PM

Receipt No.
03237629

BILL BROOKS

40.00

ELECTION

40.00
40.00
0.00

Total
Cash
Change

Balance : $$0.00