

RECEIVED 10:30 am

DECLARATION OF CANDIDACY
CITY OFFICE

AUG 29 2025

CITY CLERK

Candidate Filing Period

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

Office name

1 Filing for the office of Council Member Seat / District (if applicable) 6
City Coeur d'Alene

Candidate information

Enter your name as it appears on your voter registration.

First name Jerry Middle name Daniel
Last name Claridge Suffix (if applicable)

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

2 Ballot name JD Claridge**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 208-610-9878 Email address jdforcda@protonmail.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) 6733 N. Rendezvous 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
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 6733 N. Rendezvous 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 ☒ 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.

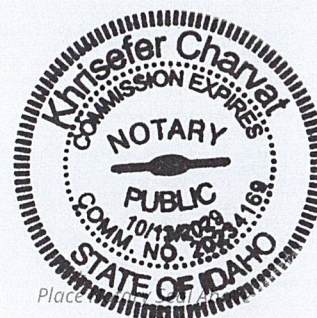
I, the undersigned, affirm that I am a qualified elector of the City of Coeur d'Alene, State of Idaho, and that I have resided in the city for at least thirty (30) days.7 I hereby declare myself to be a candidate for the office of Council Member, for a term of 4 years, to be voted for at the election 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 6733 N. Rendezvous Dr. CDA, ID 83815

Candidate, sign and date here (Required)

X

Date (mm/dd/yyyy) 08/29/2025

Notary Use Only

State of Idaho
County of KootenaiThis record was signed before me on 8/29/2025
by Jerry Claridge
Print name of signer(s)Notary Signature Khrisefer CharvatNotary Printed Name Khrisefer CharvatMy Commission Expires 10-13-2029

Transaction Information

Date Time: 2025-08-29 10:38

Payment Account Mask: XXXX6438

Sub Total: \$40.00

Fee: \$2.00

Total Amount Paid: \$42.00

Fee Payment Status: SUCCESS

Fee Payment Message: Approval (RPCT-000)

Fee Payment Transaction: 241378749138

Fee Payment Authorization: 007282

Balance Payment Status: SUCCESS

Balance Payment Message: Approval (RPCT-000)

Balance Payment Transaction: 241533249138

Balance Payment Authorization:

027603

Account Number(s):

MISC (ELECTION FEE) 40.00

Print Receipt? **Click Here** (/receipt/241533249138)

Download PDF? **Click Here** (/downloadpayment/207e6f5ec42bb8fd37823811c2fc2e7e)

Email Receipt?

Email:

SEND

Start Over? **Click Here** (/otc)