



# DECLARATION OF CANDIDACY CITY OFFICE

RECEIVED

AUG 26 2025

CITY CLERK

Candidate Filing Period

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

## Office name

1

Filing for the office of Mayor Seat / District (if applicable) \_\_\_\_\_  
City Coeur d'Alene

## Candidate information

Enter your name as it appears on your voter registration.

First name Debra Middle name Kay  
Last name Loffman Suffix (if applicable) \_\_\_\_\_

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

2

Ballot name Debbie Loffman

**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 208-626-2343 Email address debbie@debbieloffmanforIdaho.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) 2588 W. Thiers Drive 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 2588 W. Thiers Drive 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.

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 Mayor, 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

2588 W. Thiers Drive, Coeur d'Alene, Idaho 83815.

Candidate, sign and date here (Required)

X

Debra Loffman

Date (mm/dd/yyyy) 8/26/2025

## Notary Use Only

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

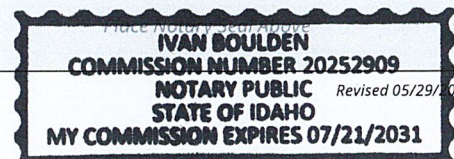
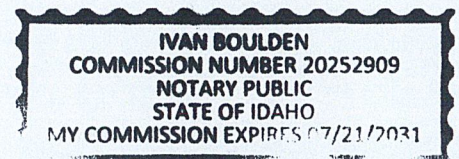
This record was signed before me on 8-26-25  
by Debra Loffman

Print name of signer(s)

Notary Signature Ivan Boulden

Notary Printed Name Ivan Boulden

My Commission Expires 7-21-31



Revised 05/29/2025



CITY OF COEUR D'ALENE  
08/26/2025  
01:49 PM  
Receipt No.  
03237631

Debra Kay Loffman Campaign

Campaign		
Total		40.00
Check	296	40.00
Change		40.00
Balance : \$\$0.00		0.00