RECEIVED

DECLARATION OF CANDIDACY **Candidate Filing Period** ERMing Begins: August 18, 2025 Filing Ends: August 29, 2025 MAYOR Filing for the office of Seat / District (if applicable) 0- ALENE COEUR Candidate information DANIEL KENT First name Middle name Enter your name as it appears G 00 KIN Last name Suffix (if applicable) on your voter registration. MAG GOOKIN Enter your name as you would Ballot name 2 like it to appear on the ballot. 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. Phone number 208 · 667 · 5200 Email address dan (d gookin, com Enter your phone number and NOTE: Your phone number and email address are both required and will become publicly available upon request. email address. Address (not P.O. Box) 714 W EMPINE AJE
City COEUN D'ALENE State Registered address Unit/Apt# Must be a street address. 3 P.O. Boxes are not allowed. My mailing address is the same as my residential address. (If you check this box, then skip section 4) Mailing address Address or P.O. Box Unit/Apt # 4 Provide the address where State City Zip you receive mail. Homeowner's I or my spouse have claimed a homeowner's exemption. (If no, proceed to section 6) exemption If you or your spouse Unit/Apt# have claimed a homeowner's City COEUN N'ALENE exemption, provide the address. Campaign finance I have already created a ☐ If any campaign finance contributions or expenditures reach 6 Campaign Finance account Or or exceed \$500, I will create a Campaign Finance account with Choose only one option. and appointed a Treasurer. the Idaho Secretary of State and appoint a Treasurer. I, the undersigned, affirm that I am a qualified elector of the City of COEUN 7ALENE, State of Idaho, and Signature that I have resided in the city for at least thirty (30) days. Re-enter the city name, office, term length, and your I hereby declare myself to be a candidate for the office of MAYON residence address. be voted for at the election to be held on the <u>4th</u> day of <u>November</u>, <u>2025</u>, and certify that I possess the legal qualifications to fill said office, and that my residence address is 7 714 W EMPINE AVE, COA, 19, Candidate, sign and date here (Required) Date (mm/dd/yyyy) & 11817025 **Notary Use Only** State of Idaho This record was signed before me on **Notary Signature**

Notary Printed Name ___ My Commission Expires

CITY OFFICE

Candidate Filing Period

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

	A				
Office name		Filing for the office of	Ayon	Seat / District (if applicable)	
	1	city COEUN D	ALEHE		
Candidate name	2	Ballot name OAN NOTE: Enter the candidate's na	GOOK I		
5:00 p.m. on the te	nth Frid	in the office of the City Clerk r	no earlier than 8:00 a	a.m. on the twelfth Monday and no later th st have affixed thereto the names of at lea	
Petition signatures	3	hereby certify and declare tha	t I reside at the place	City of COEUN O ALE/LE in the State of set opposite my name and that I do hereby jugar a candidate for the office of MAYOF	oin in the
Sign As of Retition			i		
Signatule of Petition	er	Printed Name PADIEC K GOOKIN	714 W 61	Residence Address HPINE AVE CNA 119, \$3814	Date Signed
Avan V Su	Jul"	FRIANNE ISPLNEMANG	ookin 719	WEMPIRE AVE, Cd'A, ID PIRE AVE, CDA, ID, 83814	18AUG202
July B. Mock	shie	NOLAB MACASKILL	704 W.EM	PIREAVE CDA ID 88814 93714 Hu. Empire Ave, CDA, ID	8/19/25
6.	re (M	TEVEN 19	14118,1170	M W. F. Apire A VE, CIVA, LU	1779-21
7.					
8.					
Circulator Signature	4	eighteen (18) years of age; that name thereto in my presence; I	every person who sig believe that each has lector of the State of I	rn, say: That I am a resident of the State of Idal gned this sheet of the foregoing petition signe is stated his or her name and residence address idaho, and the City of COEON FALE.	d his or her s correctly; and
State of Idaho County of Roter This record was signed before by Notary Signature Notary Printed Name My Commission Expires	500	8120125	ary Use Only	Date (mm/dd/yyyy) O NOTAD NOTAD NO 202162 Place Notary Seal Above	

STATE OF IDAHO) .					
County of Kootenai County)					
To the honorable Benata McLeod					
City Clerk for the City of Cocur d'alene,					
I, Jennifer Locke, County Clerk of Kootenai County, hereby certify that					
signatures on this petition are those of qualified electors.					
Certified on this 20th day of allgust, 2025.					
Signed: Olda Lantrus					
County Clerk or Deputy					

OFFICE AUDITOR AND RECORDER IN STATE OF IDAHO

Candidate Name: Daniel Gookin