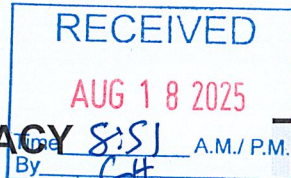




DECLARATION OF CANDIDACY CITY OFFICE



RECEIVED

AUG 18 2025

Candidate Filing Period

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

CITY CLERK

Office name

1

Filing for the office of MAYOR
City COEUR D'ALENE

Seat / District (if applicable) _____

Candidate information

Enter your name as it appears on your voter registration.

First name "WOODY" JON Middle name JON
Last name MCEVERS Suffix (if applicable) _____

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

2

Ballot name WOODY MCEVERS

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 208-691-5303 Email address WOODMAN@KEHOUSE.NET

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) 598 W. LAKE CITY LANE 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 _____ Unit/Apt # _____

City _____ State _____ Zip _____

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 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 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

598 W LAKE SIDE CITY LANE CDA, ID 83815

Candidate, sign and date here (Required)

X Woody McEvers

Date (mm/dd/yyyy) 8/18/2025

Notary Use Only

State of Idaho

County of Kootenai

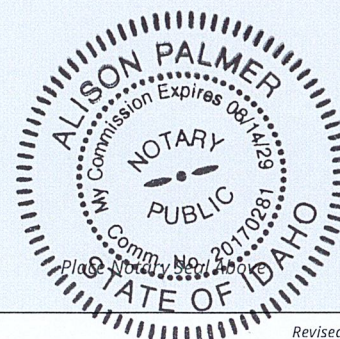
This record was signed before me on 8/18/2025

by Woody McEvers
Print name of signer(s)

Notary Signature Alison Palmer

Notary Printed Name ALISON PALMER

My Commission Expires 8/14/2029



STATE OF IDAHO)
) ss
County of Kootenai County)

To the honorable Renata McLeod,
City Clerk for the City of Coeur d'Alene,

I, Jennifer Locke, County Clerk of Kootenai County, hereby certify that
8 signatures on this petition are those of qualified electors.

Certified on this 18th day of August, 2025.

Signed: Colin Childreth

County Clerk or Deputy

County Seal



Candidate Name: Woody McEvers



PETITION FOR CANDIDACY CITY OFFICE

RECEIVED

AUG 18 2025

Time 8:51 A.M./P.M.
By CH

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 name

2

Ballot name WOODY MCEVERS

NOTE: Enter the candidate's name as it will appear on the ballot.

This petition must be filed in the office of the City Clerk no earlier than 8:00 a.m. on the twelfth Monday and no later than 5:00 p.m. on the tenth Friday before election day. The submitted petition must have affixed thereto the names of at least five (5) qualified electors who reside within the appropriate city.

Petition signatures

3

I, the undersigned, being a qualified elector of the City of COEUR D'ALENE in the State of Idaho, do hereby certify and declare that I reside at the place set opposite my name and that I do hereby join in the petition of WOODY MCEVERS, a candidate for the office of MAYOR to be voted at the election to be held on the 4th day of November, 2025.

| | Signature of Petitioner | Printed Name | Residence Address | Date Signed |
|-------|---------------------------|---------------------------|---|-----------------|
| OK 1. | <u>Sandra Bloem</u> | <u>Sandra Bloem</u> | <u>2805 Stone Pines Ct</u> | <u>8/8/25</u> |
| OK 2. | <u>Carol A Ingalls</u> | <u>Carol A Ingalls</u> | <u>3781 W Bernoulli Loop CDA ID 83815</u> | <u>8/8/25</u> |
| OK 3. | <u>John W. Bruning</u> | <u>John W. Bruning</u> | <u>618 Military Drive, CDA, ID 83814</u> | <u>8/8/25</u> |
| OK 4. | <u>Michael R. Kennedy</u> | <u>MICHAEL R. KENNEDY</u> | <u>2652 W. BOLIVAR CDA, ID 83815</u> | <u>8/8/25</u> |
| OK 5. | <u>Bentley E. Wolfman</u> | <u>BENTLEY E. WOLFMAN</u> | <u>2408 W. CANYON DR. CDA, ID 83815</u> | <u>8/8/2025</u> |
| OK 6. | <u>Varunee Phillips</u> | <u>Varunee Phillips</u> | <u>6245 N. Cezanne Dr, CDA ID 83815</u> | <u>8/14/25</u> |
| OK 7. | <u>Shannon Beyerhoff</u> | <u>Shannon Beyerhoff</u> | <u>3536 Highland Dr, CDA, ID 83815</u> | <u>8/14/25</u> |
| OK 8. | <u>Jon Ingalls</u> | <u>Jon Ingalls</u> | <u>3781 Bernoulli Loop CDA, ID 83815</u> | <u>8/15/25</u> |

Circulator Signature

4

I, WOODY MCEVERS, being first duly sworn, say: That I am a resident of the State of Idaho and at least eighteen (18) years of age; that every person who signed this sheet of the foregoing petition signed his or her name thereto in my presence; I believe that each has stated his or her name and residence address correctly; and that each signer is a qualified elector of the State of Idaho, and the City of COEUR D'ALENE.

Circulator, sign and date here (Required)

X

Woody McEvers

Date (mm/dd/yyyy) 8/18/2025

Notary Use Only

State of Idaho

County of Kootenai

This record was signed before me on 8/18/2025

by Woody McEvers

Print name of signer(s)

Notary Signature Alison Palmer

Notary Printed Name ALISON PALMER

My Commission Expires 8/18/2029

