



REPORT OF ALLEGED VIOLATION OF SUNSHINE ACT

This complaint is not confidential. Once filed it will be public record.

Witnesses or other involved persons

List witnesses or other persons who may have knowledge of the alleged violation.

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Witness 1

First name _____ Middle name _____

Last name _____

Address _____ Unit/Apt # _____

City _____ State _____ Zip _____

Other descriptive information: _____

Witness 2

First name _____ Middle name _____

Last name _____

Address _____ Unit/Apt # _____

City _____ State _____ Zip _____

Other descriptive information: _____

Witness 3

First name _____ Middle name _____

Last name _____

Address _____ Unit/Apt # _____

City _____ State _____ Zip _____

Other descriptive information: _____

Witness 4

First name _____ Middle name _____

Last name _____

Address _____ Unit/Apt # _____

City _____ State _____ Zip _____

Other descriptive information: _____

Signature

5

The information provided in this form is true and correct to the best of my knowledge.

Sign and date here (Required)

Date (mm/dd/yyyy) ____/____/____

Complaints regarding State offices or Political Committees , Return this form to: Secretary of State Elections Division PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Email: sunshine@sos.idaho.gov	Complaints regarding County offices or Political Committees , Return this form to: Your County Elections Office. Find yours using the attached list, or visit voteidaho.gov/county-clerks/
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