

State of Iowa Nomination Petition for Non-Partisan Office

Candidate Information

Name of Candidate: _____ Office Sought: _____

Candidate's County of Residence: _____ Candidate's City of Residence: _____

Type and Date of Election:

General on ___/___/___ Special on ___/___/___ School on ___/___/___ City on ___/___/___

Is the candidate running to fill a vacancy due to the death, resignation, removal, or temporary appointment of an office holder? No Yes

For School Elections Only

School District: _____ School Director District (if any): _____

For City Elections Only

Office Ward (if any): _____

For Other Elections Only

Office District (if any): _____

We, the undersigned eligible electors of the appropriate county, city, school district, school or community college director district, or other district as established by law, and the state of Iowa hereby make the nomination outlined above. If the candidate named above accepts the nomination, we believe the candidate is or will be a resident of the appropriate county, city, school district, school or community college director district, or other district established by law as required by law.

Sign your name	Address where you live in Iowa		Today's Date
	House number and street	City	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

**State of Iowa
Affidavit of Candidacy**

Candidate's Name (exactly as it should appear on the ballot – no titles, parentheses, or quotation marks): _____

Candidate's Name Sounds Like (phonetic spelling): _____

Office Sought: _____ **District or Ward** (if any): _____

Vacancy – Is the candidate running to fill a vacancy due to the death, resignation, removal, or temporary appointment of an office holder? Yes No

Type and Date of Election:

Primary on ___/___/___ General on ___/___/___ City on ___/___/___
 School on ___/___/___ Special on ___/___/___

Candidate's Affiliation (only complete for partisan offices or Ch. 44 city nominations):

Democratic Republican

Not affiliated with any organization

Name of Non-Party Political Organization: _____
No more than 5 words and exactly as it should appear on the ballot.

Candidate's Home Address:

Street (no P.O. boxes) _____ City _____ State _____ Zip _____ County _____

Candidate's Mailing Address (if different than above):

Street _____ City _____ State _____ Zip _____ County _____

Candidate's Phone: _____ **Email:** _____

Candidate's Affirmation

I swear (or affirm) that the information provided on this form is correct. I will be qualified to hold this office and if I am elected, I will qualify by taking the oath of office. I know that I cannot hold public office if I have been convicted of a felony or other infamous crime and my rights have not been restored by the governor or by the president of the United States.

I know that I am required to organize a candidate's committee, which shall file an organization statement and disclosure reports if I (or my committee) receive contributions, make expenditures, or incur indebtedness in excess of \$750 in a calendar year for the purpose of supporting my candidacy for public office. (This does not apply to candidates for federal office.)

I know that I cannot be a candidate for more than one office to be filled at this election (except in the case of county agricultural extension council or soil and water conservation district commission).

Candidate's Signature: _____
Must be signed in the presence of a notary.

State of: _____ County of: _____

Signed and sworn (or affirmed) before me on date of: _____

(Stamp)

By: _____
Print Candidate's Name

Notary Signature: _____

Notary Title: _____