

## 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 \_\_\_/\_\_\_/\_\_\_\_\_  City/School 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?  No  Yes

**Type and Date of Election:**

- Primary on \_\_\_/\_\_\_/\_\_\_       General on \_\_\_/\_\_\_/\_\_\_  
 City/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. This does not apply to offices created by the U.S. Constitution. U.S. Term Limits, Inc. v. Thornton, 514 U.S. 779 (1995).*

*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 \$1,000 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 as otherwise provided by law.*

**Candidate's Signature:** \_\_\_\_\_  
Must be signed in the presence of a notary.

State of: _____ County of: _____	(Stamp)
Signed and sworn (or affirmed) before me on date of: _____	
By: _____ <small>Print Candidate's Name</small>	
Notary Signature: _____, Notary Public or authorized notary under §9B.10	