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: _____
Print Candidate's Name

Notary Signature: _____, Notary Public or authorized notary under §9B.10

State of Iowa
Nomination Petition for Primary Election

Candidate Information

Candidate's Name: _____ Office Sought: _____

Candidate's County of Residence: _____ Office District (if any) _____

Date of Election: ___/___/_____

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

Candidate's Affiliation (Candidate, please check one box.)

☐ Democratic ☐ Republican

Required For Federal and Statewide Petitions: Petition pages shall contain signatures from only one county. The name of the county must appear on each petition page. This petition page contains the signatures of eligible electors from _____county.

We, the undersigned eligible electors of the appropriate county, supervisor or legislative district in 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, supervisor or legislative district within the time frame required by law (60 days prior to the general election for state senate and state house candidates).

Sign your name	Address where you live in Iowa:		Today's Date
	House number and street	City	
1.			
2.			
3.			
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