

Nomination Petition Circulator Information - Required by Iowa Code §45.5(1)(f)

Name: _____ Signature: _____
 Address: _____ Phone Number: _____

**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.

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	