

**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 ("Nominated by Petition" will be listed with the candidate's name on the ballot.)  
 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: _____	(Stamp)
Signed and sworn (or affirmed) before me on date of: _____	
By: _____ Print Candidate's Name	
Notary Signature: _____	