

State of Iowa
Affidavit of Candidacy
Nonpartisan Nominations

For the Office of _____
(Include district number, if any.)

Date of Election: _____

Name (exactly as you want it to appear on the ballot):

Home address: _____

City, State and Zip Code: _____

County: _____ **Telephone:** (____) ____ - ____ **Optional, will be published.**

I swear or affirm that the information I have provided above is correct. I am a candidate for the office indicated above and request that my name be printed on the official ballot for this election. I am eligible to hold the office for which I am a candidate; if I am elected I will qualify by taking the oath of office. I know that I cannot hold a 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 my committee or I receive contributions, make expenditures, or incur indebtedness in excess of five hundred dollars (\$500) in a calendar year for the purpose of supporting my candidacy for public office. [This paragraph does not apply to candidates for federal offices.]

I know that I cannot be a candidate for more than one office to be filled at this election. If I have filed nomination papers for more than one office I must file with the officer who accepted my nomination papers an affidavit indicating for which office I choose to be a candidate. I understand that if the affidavit is not filed by the last day candidates can file nomination papers, I cannot be a candidate for any office on the ballot at this election. [This paragraph does not apply to county agricultural extension council, soil and water conservation district commissioner, or regional library trustees.]

Signed: _____

Signed and sworn to (or affirmed) before me on _____ *(date)*
by _____ *(print candidate's name).*

**This affidavit must be filed
with your nomination papers.**

Signature of Notary Public (or other officer authorized to witness oaths)

Official Title: _____

My commission expires: _____