

State of Iowa  
Affidavit of Candidacy

REC'D MAIL  
JUG 5 24 AM 9:50

Candidate's Name (exactly as it should appear on the ballot - no titles, parentheses, or quotation marks):  
CHARLES L BROCKMANN

Candidate's Name Sounds Like (phonetic spelling): \_\_\_\_\_

Office Sought: TRUSTEE-WINFIELD TNSHP

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 11/5/24  
 City/School on \_\_\_/\_\_\_/\_\_\_  Special on \_\_\_/\_\_\_/\_\_\_

Candidate's Affiliation (only complete for partisan offices or Ch. 44 city nominations):

Democratic  Libertarian  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:

28945 CADD RD LONG GROVE IA 52756 SCOTT  
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: 563/285-7789 Email: brockmannfarms@aol.com

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: \_\_\_\_\_

Charles L Brockmann

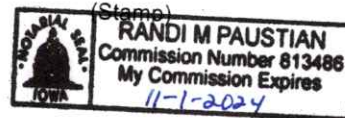
Must be signed in the presence of a notary.

State of: IA County of: Scott

Signed and sworn (or affirmed) before me on date of: 8/1/2024

By: Charles L Brockmann

Print Candidate's Name



Notary Signature: Randi M Paustian

Notary Public or authorized notary under §9B.10