

State of Iowa
Affidavit of Candidacy

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

Gerrit Holst

Candidate's Name Sounds Like (phonetic spelling): Gar - it

Office Sought: Park View Water & Sanitary District Trustee

District or Ward (if any): n/a

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 / 05 / 24



City/School on ___/___/___



Special on ___/___/___

2024-07-23 09:07
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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:

7 Foster Ct.

Eldridge

IA

52748

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) 528-1657

Email: gerrit@njmiller-hawkeye.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:

Gerrit Holst

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: 8/14/24

By: Gerrit Holst

Print Candidate's Name



ERIN M HOLST
Commission Number 739858
My Commission Expires
March 24, 2027

Notary Signature:

Erin M. Holst

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