State of Iowa Affidavit of Candidacy

NG SE '24 AMS:42

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: Township Trustee 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?
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 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:
6718 310th 5t. Dixon Jour 52745 South
Street (no P.O. boxes) City State Zip County
Candidate's Mailing Address (if different than above):
POBOX63 Dixon IA 52775 Scott
State Zip County
Candidate's Phone: 563-340-7444 Email: None
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 agreeignt in a table and if I am required to organize a candidate's committee, which shall file an agreeignt in a table and if I am required to organize a candidate's committee, which shall file an agreeignt in a table and if I am required to organize a candidate's committee.
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: IF County of: CINTON
Signed and sworn (or affirmed) before me on date of: 17 74
By: New York Number 832461 My Commission Expires Print Candidate's Name
Notary Signature:, Notary Public or authorized notary under §9B.10