

RECEIVED
CITY OF LONG GROVE, IA
DATE: 9-18-25 TIME: 11:15 AM

State of Iowa
Affidavit of Candidacy

ACCEPTED
BY LS DATE 9-18-2025

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

Jill Grunwald

Candidate's Name Sounds Like (phonetic spelling):

Office Sought: Long Grove City Council

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 11/04/25

☒ City/School on 11/04/25

☐ Special on ___/___/___

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:

409 S. Schultz Drive 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: 563-343-3651 Email: jgrunwald@mail.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. This does not apply to offices created by the U.S. Constitution. U.S. Term Limits, Inc. v. Thornton, 514 U.S. 779 (1995).

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: IA County of: Scott

Signed and sworn (or affirmed) before me on date of: 9-18-25

By: Jill Grunwald
Print Candidate's Name

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



