SCOTT COUNTY AUDITOR
AUG 7 '26 AM10:20

State of Iowa
Affidavit of Candidacy

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

Candidate's Name Sounds Like (phonetic spelling): PAWL KAHN-klin

Office Sought: Park View Water & Sanitary District **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 ____/____/____

☐ City/School on ____/____/____ ☐ 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:

115 Shawnee Circle	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: 563-343-1299 **Email:** pconk@csteldridge.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. I am aware that by filing this affidavit, I am ineligible to appear on the ballot for the same office other than as a candidate for the political party or nonparty political organization indicated on the affidavit.

Candidate's Signature: Paul Conklin
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: Aug. 5 2026

By: Paul Conklin
Print Candidate's Name

(Stamp)
NOTARIAL SEAL IOWA
REGAN IAMS
Commission Number 845527
My Commission Expires
12/7/2029

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