State of Iowa
Nomination Petition for Partisan Office

Candidate Information

Candidate's Name: _____ Office Sought: _____

Candidate's County of Residence: _____ Office District (if any) _____

Type and Date of Election: ☐ General on ____/____/_____ ☐ Special on ____/____/_____

Is the candidate running to fill a vacancy due to the death, resignation, removal, or temporary appointment of an office holder? ☐ No ☐ Yes

Candidate's Affiliation (Candidate, please check one box.)

☐ Not affiliated with **any** organization.

OR ☐ Name of Non-Party Political Organization _____
(No more than 5 words; exactly as it should appear on the ballot)

Required For Federal and Statewide Petitions: Petition pages shall contain signatures from only one county. The name of the county must appear on each petition page. This petition page contains the signatures of eligible electors from _____county.

We, the undersigned eligible electors of the appropriate county, supervisor or legislative district in the state of Iowa, hereby make the nomination outlined above. If the candidate named above accepts the nomination, we believe the candidate is or will be a resident of the appropriate county, supervisor or legislative district within the time frame required by law (60 days prior to the general election for state senate and state house candidates).

Sign Your Name	Iowa Residential Address (where you live)		Today's Date
	House Number and Street	City	
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