State of Iowa
Political Party Convention Certificate of Nomination

_____ _____/_____/_____
Name of Political Party Date of convention

Nomination Made:

_____
Nominee's name

_____
Name of office and district, if any

_____
Nominee's residential house number and street name

_____
Nominee's residential city, state, and zip

_____
Nominee's mailing address (if different than above)

_____
Nominee's mailing city, state, and zip (if different than above)

Type and Date of Election:

☐ General on ____/_____/_____ ☐ Special on _____/_____/_____

Vacancy

Would the nominee be filling a vacancy due to the death, resignation, removal, or temporary appointment of an office holder? ☐ No ☐ Yes

We, the chairperson and secretary of the convention certify that, at a convention called by the chairperson of the party, all of the appropriate delegates or committee people met and selected the candidate named above as the party's nominee for the office indicated.

Signed by:

_____	_____
Convention Chairperson	Convention Secretary
_____	_____
House Number and Street Name	House Number and Street Name
_____	_____
City, State, Zip	City, State, Zip