

State of Iowa
Non-Party Political Organization Convention
Certificate of Nomination

_____ (Name of Non-Party Political Organization)	____/____/_____ (Date of convention)
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Nomination Made:

_____ (Nominee's name)
_____ (Name of office and district, if any)
_____ (Nominee's house number and street name)
_____ (Nominee's city, state and zip)

When more than one candidate has been nominated, those nominations may be added to the certificate by using a separate sheet of paper.

Type and Date of Election:

General on ____/____/____ City 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

Central Committee

The names and addresses of all members of the executive or central committee of this organization must be listed below.

Name	House number and street name	City, state, zip
Name	House number and street name	City, state, zip
Name	House number and street name	City, state, zip
Name	House number and street name	City, state, zip
Name	House number and street name	City, state, zip

Filling Vacancies

List this organization's provisions for filling vacancies in nominations (if any) below:

Affidavits of Candidacy

Affidavits of Candidacy for all candidates named on this certificate must be filed with the Certificate of Nomination. If a candidate fails to file an affidavit before the filing deadline, the candidate's name will not appear on the ballot. The affidavit of candidacy appears on page 3.

Attendance List

A list showing the names and addresses of each delegate in attendance at this convention must be included in this certificate. The attendance list form appears on page 4.

Affidavit of the Chairperson and Secretary

We, the undersigned Chairperson and Secretary of the convention of the _____
(Name of non-party political organization)
Non-Party Political Organization, hereby certify that this Certificate of Nomination is a true record of the proceedings of the Convention of this Non-Party Political Organization.

Convention Chairperson's Name

Convention Secretary's Name

House Number and Street Name

House Number and Street Name

City, State, Zip

City, State, Zip

(Must be signed in the presence of a notary)

X _____
(Signature of Chairperson)

X _____
(Signature of Secretary)

Notary Public Use Only

State of _____ County of _____ Signed and sworn (or affirmed) before me on: _____
(Date)

By the Chairperson, _____ and Secretary _____
(print name of chairperson) (print name of secretary)
of the convention of the _____ Non-Party Political Organization.
(Name of Non-Party Political Organization)

X _____
(Signature of Notary Public)

Notary
Stamp/Seal

STATE OF IOWA
Affidavit of Candidacy
City Election

This Affidavit of Candidacy must be filed with your nomination petition or convention certificate.

For the Office of _____ **District/Ward #** _____
(If applicable)

Check if election is to fill a vacancy.
[This means the office is on the ballot **before** the end of the regular term; because of a death or resignation.]

Name _____
(EXACTLY as you want it to appear on the ballot. Do not include titles, parentheses or quotation marks.)

Name of Political Organization, if any _____
(Required if nominated by non-party political organization convention)

Name Pronunciation (*sounds like*) _____
(This information is helpful during the recording of the audio ballots. Audio ballots are available for people with disabilities.)

Home Address _____
Street Address City State ZIP

County _____ **Date of Election** _____

***E-mail** _____ ***Phone** () _____

***NOTE:** This information is optional and WILL be published if it is provided.

I swear or affirm that the information I have provided above is correct. I am a candidate for the office indicated above and request that my name be printed on the official ballot for this election as a candidate of the organization named above. I am eligible to hold the office for which I am a candidate; if I am elected I will qualify by taking the oath of office. I know that I cannot hold a 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 organization statement and disclosure reports if my committee or I receive contributions, make expenditures, or incur indebtedness in excess of seven hundred fifty dollars (\$750) in a calendar year for the purpose of supporting my candidacy for public office.

I know that I cannot be a candidate for more than one office to be filled at this election. If I have filed nomination papers for more than one office I must file with the officer who accepted my nomination papers an affidavit indicating for which office I choose to be a candidate. I understand that if the affidavit is not filed by the last day candidates can file nomination papers, I cannot be a candidate for any office on the ballot at this election.

Candidate's Signature: _____
Candidate must sign this affidavit in the presence of a Notary Public

State of _____	County of _____
Signed and sworn to (or affirmed) before me on _____ Date	
by _____ Print Candidate's Name	Notary Stamp/Seal
_____ Signature of Notary Public	

State of Iowa

List of Delegates in Attendance at a Non-Party Political Organization Convention

(Name of Non-Party Political Organization)

(Date of Convention)

Name of delegate	Street name and house number	City	Zip code
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

** Organizations may make as many copies of this form as are necessary for the certificate.