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ELECTION FORMS

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Prescribed by
Secretary of State, **Paul D. Pate**

ELECTION FORMS PRESCRIBED BY THE IOWA SECRETARY OF STATE

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FORM 1-A

VOTER'S DECLARATION OF ELIGIBILITY

Iowa Code sections prescribing form: 43.43 and 49.77

Use: For use in all elections. Each voter must sign a declaration of eligibility before voting.

Retention period: Keep completed copies of this form for 22 months after elections for federal candidates; for 6 months after other elections.

FORM 1-A (Rev.-95)
Prescribed by the
Iowa Secretary of State

STATE OF IOWA
VOTER'S DECLARATION OF ELIGIBILITY

I do solemnly swear or affirm that I am a resident of the _____
precinct, _____ ward or township, city of _____, county of
_____, Iowa.

I am a registered voter. I have not voted and will not vote in any other
precinct in this election.

(For primary election only:)

I am affiliated with the _____ party. If my current voter registration
record indicates another party affiliation or no party affiliation, I swear or
affirm that I have in good faith changed my previously declared party
affiliation, or declared my party affiliation, and now desire to be a member
of the party indicated above.

I understand that any false statement in this declaration is a criminal offense
punishable as provided by law.

Signature of voter

Address

() _____
Telephone

Approved:

Board member Date

FORM 1-D

**NOTICE TO VOTER
OF REJECTION OF ABSENTEE OR SPECIAL BALLOT**

Iowa Code section prescribing form: 53.25

Use: To notify voters whose absentee ballots or special ballots were rejected before the envelope containing the ballot was opened. The special precinct board is required to notify the voters by the time the canvass is completed.

Retention period: This form is given to voters, and therefore is not kept in the office. However, a record should be kept showing the names of voters whose ballots were rejected and the reasons for rejection. Keep these records 22 months after elections for federal candidates; for 6 months after other elections.

FORM 1-D (Rev.-90)
Prescribed by the
Iowa Secretary of State

**STATE OF IOWA
NOTICE TO VOTER OF REJECTION OF ABSENTEE OR SPECIAL BALLOT**

TO:

You are hereby notified that your absentee or special ballot cast at the _____ election held on _____, _____, has been rejected for the following reasons:

Signature of Member of Absentee Ballot and
Special Voters Precinct Election Board

FORM 1-F

OATH FOR OFFICER OR CLERK OF ELECTION

Iowa Code section prescribing form: 48A.4

Use: Each person who becomes a clerk or other election officer must take the following oath before beginning the duties of the job.

Retention period: Keep for 22 months (or six months for local elections) after the last election at which the person worked.

FORM 1-F (Rev.-90)
Prescribed by the
Iowa Secretary of State

STATE OF IOWA
OATH FOR OFFICER OR CLERK OF ELECTION

I, _____, do solemnly swear or affirm that I will impartially, and to the best of my knowledge and ability, perform the duties of _____ and will endeavor to prevent fraud, deceit and abuse in performing those duties.

Signature of officer or clerk

Address

Officer administering oath Date

FORM 1-G

STATEMENT TO PERSON CASTING A SPECIAL BALLOT

Iowa Code section prescribing form: 49.81

Use: When a voter's qualifications are challenged at the polls, the voter must be given a copy of the following form. It explains why the person's right to vote was challenged and the procedure that will be followed in deciding whether the ballot will be counted.

Retention period: This form is given to voters, and therefore is not kept in the office. However, a record should be kept showing the names of voters whose ballots were rejected and the reasons for rejection. Keep these records 22 months after elections for federal candidates; for 6 months after other elections.

FORM 1- G (Rev.-95)
Prescribed by the
Iowa Secretary of State

STATE OF IOWA
STATEMENT TO PERSON CASTING A SPECIAL BALLOT

Your qualifications as a registered voter have been challenged for the following reason(s):

1. _____
2. _____
3. _____

Your right to vote will be reviewed by the special precinct counting board on _____. You have the right and are encouraged to make a written statement and submit additional written evidence to this board supporting your qualifications as a registered voter. This written statement and evidence may be given to an election official of this precinct on election day or mailed or delivered to the county commissioner of elections, but must be received before noon on _____ at _____. If your ballot is not counted you will receive notification of this fact.

FORM 1-H

ENVELOPE FOR SPECIAL BALLOT

Iowa Code section prescribing form: 49.81(4)

Use: When a voter's qualifications are challenged at the polls, the voter is provided with a special ballot. The special ballot must be sealed in an envelope which will be delivered to the special precinct board after the election.

The envelope must have a voter registration form attached to it in such a way that it can be easily removed at the proper time. Registration forms must be the current version and must be the correct size. If the registration form is printed on both sides, it must be attached to the envelope in such a way that it can be filled out without detaching it. It is not necessary to include the instructions.

The registration form is removed after the special precinct board has made its decision and will be used to be sure that the person does get registered to vote, regardless of whether or not the ballot is accepted.

Retention period: Keep completed copies of the envelope containing the statement by the challenged voter for 22 months after elections for federal candidates; for 6 months after other elections. The voter registration form should be detached and processed in the appropriate manner for voter registration forms.

The sample form appears on the next page.

FORM 1-H (Rev.-95)
Prescribed by the
Iowa Secretary of State

STATE OF IOWA
ENVELOPE FOR SPECIAL BALLOT

Do not remove the voter registration form!

[Attach voter registration form here.]

Statement of Challenged Voter

I believe that I am registered voter of
this precinct. I registered to vote in
_____ County on or about
_____ (date) at _____
(place). My name at that time was
_____.

I have not moved to a different county
since that time. I am a United States
citizen, at least 18 years of age.

X _____
Signature of Voter

Date: ___/___/___

*[The following information is to be provided
by the precinct election official.]*

Reason For Challenge:

Signature of Precinct Election Official

FORM 1-I

AFFIDAVIT OF VOTER REQUESTING ASSISTANCE

Iowa Code section prescribing form: 49.90, 49.91

Use: Voters requesting assistance must take an oath declaring their inability to vote without help. This form provides the oath and request for assistance. It also explains limitations in the Federal Voting Rights Act regarding restrictions on from whom a voter may receive assistance.

Please note that the precinct officials must mark the election register to show that the voter recieved help in casting the ballot.

Retention period: Keep completed copies of this form for 22 months after elections for federal candidates; for 6 months after other elections.

FORM 1-I (Rev.-95)
Prescribed by the
Iowa Secretary of State

**STATE OF IOWA
AFFIDAVIT OF VOTER REQUESTING ASSISTANCE**

I declare that I am unable to vote without help due to blindness, inability to read English, or any other physical disability. I request the help of the two precinct election officials designated to help voters in this precinct OR another person of my choice.

Please note: Under Federal law, a voter may not be assisted by the voter's employer, an agent of the voter's employer, or an officer or agent of the voter's union. [42 USC 1973aa-6]

Signature of voter: _____

Signature of precinct official: _____ Election date: ___/___/___

Reminder to precinct official: Please note on the election register that this person voted with assistance.

FORM 1-J

**DECLARATION OF INTENT
TO SERVE AS AN ELECTION OBSERVER**

Iowa Code section prescribing form: 49.104(6)

Use: At all elections except primary and general elections this form is to be used for applying to serve as an election observer by people who are interested in public measures.

Retention period: Keep completed copies of this form for six months after the election.
(This form is not used in primary or general elections.)

STATE OF IOWA

DECLARATION OF INTENT
TO SERVE AS AN ELECTION OBSERVER

Instructions: This form must be filed by any person who has an interest in a ballot question and wants to serve as an observer at the election at which the question is being voted upon. This form is not used for primary or general elections. Refer to *Iowa Code* section 49.104(6).

Provide all information requested.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone numbers -- Home: _____ Office: _____

Election name and date: _____

Public measure in which you are interested:

Please indicate your position on the public measure: Support Oppose

Precincts in which you would like to observe: _____

Time(s) you would like to be present in the precinct: _____

Statement of Applicant:

I would like to serve as an observer at the election listed above. I understand that no more than three people who are interested in ballot questions are permitted to be present in a precinct at one time.

Signature: _____

Date: ___/___/___

Please note: If more than three people file notices with the county auditor, the auditor has the authority to appoint three people to serve as observers. The appointees, whenever possible, shall include both supporters and opponents of the ballot issues.

FORM 1-K

BALLOT RECORD AND RECEIPT

Iowa Code sections prescribing form: 49.65 and 50.10

Use: The form on the following two pages provides a format for ballot accounting. *Iowa Code* section 49.65 requires that a receipt be taken as ballots are issued to the precinct officials. This receipt is required to include spaces to record the information to be collected when the ballots are returned.

Please refer to the detailed instructions on the back of the form.

Retention period: Keep completed copies of this form for 22 months after elections for federal candidates; for 6 months after other elections.

BALLOT RECORD AND RECEIPT

Precinct: _____ Polling place name: _____

Polling place address: _____

Ballots Delivered to the Precinct				
Type of ballot	Number Delivered	Date Time	Delivered to (Print name)	Delivered to (Signature of Recipient)
Total delivered:		*		

Ballots Returned from the Precinct							
Type of Ballot	Voted and Counted	Disputed	Spoiled	Special	Not Voted	Number Returned	
				Total number of ballots returned:			*

**The number of ballots returned must equal the number delivered.*

Ballots received from: _____

Received by: _____ Date: ___/___/___ Time: ___:___ a.m./p.m.

FORM 1-L

COUNTY ABSTRACT OF VOTES

Iowa Code section prescribing form: 50.24, as amended by 1995 Iowa Acts, House File 494, section 10.

Use: County boards of supervisors should follow this format in preparing abstracts at official canvasses of elections.

Please note that votes for any write-in candidates who receive less than 2% of the votes cast for an office are reported collectively under the heading "SCATTERING."

Retention period: Keep completed copies of this form as a permanent record of the outcome of the election. **Do not destroy.**

(The sample form begins on the following page.)

INSTRUCTIONS FOR BALLOT RECORD AND RECEIPT

Iowa law requires that records be kept of the number of ballots delivered to and returned from each precinct. These records are an important administrative audit trail to help you keep track of vital election documents -- the ballots. They may also be very important in recount proceedings or election contests. [See 49.65 & 50.10]

Even if voting machines are used, you will provide each precinct with paper ballots for use by voters who are unable to use the machine. [See 49.90] You must also provide an emergency supply of paper ballots to be available if one or more voting machines malfunction. [See IAC 721 -- 22.5(47).]

You will use at least one sheet for each precinct. If necessary, you may use more than one. After the election keep these records for 6 months -- 22 months if there were federal candidates on the ballot.

Explanation of Terms

"Type of ballot." If physically distinct ballots are used, indicate the quantity of each kind sent to the precinct. For example: public measure, candidate, township, city.

"Voted and counted ballots." Ballots which were counted by the precinct officials without any objections or unresolved disputes are returned in an envelope or container that must be sealed in the precinct. The seal must bear the signatures of all precinct officials. The seal should be placed on the envelope or container so that the package cannot be opened without breaking the seal. [50.12]

"Disputed ballots." These are ballots which were deposited in the ballot box, but the precinct officials found them to be defective in some way. There are two types of disputed ballots. Ballots that were not counted because they were folded together so that they appeared to be cast as a single ballot; and ballots that were counted without unanimous agreement of the precinct board. [50.3, 50.4, 50.5]

"Spoiled ballots." Voters who make errors in marking their ballots may return the spoiled ballots to the officials for a new one. The spoiled ballots are not counted, but must be returned to the commissioner. A receipt is required to be taken for spoiled ballots. [49.100 & 50.9]

"Special ballots." Voters who are challenged as unqualified to vote, or whose names do not appear on the election register and whose registration in the county cannot be verified by the election officials, have the right to vote. The ballots cast by challenged voters are placed into individual envelopes and are considered by the special precinct board after the election. [49.79 - 49.81]

"Not voted." Unused ballots must be accounted for and returned. [50.9]

"Number returned." Add together the number of ballots voted and counted, disputed, spoiled, special ballots, and not voted for each type of ballot. This number should equal the number of ballots of each type that were delivered to the precinct.

State of Iowa Abstract of Votes

_____ County

We, the undersigned Members of the Board of Supervisors and ex-officio County Board of Canvassers for _____ County, do hereby certify the following to be a true and correct abstract of the votes cast in this County at the [name of election] Election held on the [date] day of [month], [year], as shown by the tally lists returned from the several election precincts.

For the office of _____, there were a total of

_____ (total number of votes cast, in words) _____ (votes in numbers)

votes cast, of which

_____ received
(candidate's name)

_____ (number of votes cast, in words) _____ (votes in numbers)

_____ received
(candidate's name)

_____ (number of votes cast, in words) _____ (votes in numbers)

SCATTERING received

_____ (number of votes cast, in words) _____ (votes in numbers)

We therefore declare [name] duly elected to the office of [office and district, if any], for the term of [term].

Upon the public measure [list public measure letter and summary of question]

there were _____ (total number of votes cast, in words) _____ (votes in numbers)

Votes cast, as follows:

For the question, there were _____ (number of votes cast, in words) _____ (votes in numbers)

(Continued on next page.)

Against the question, there were _____
(number of votes cast, in words) (votes in numbers)

We therefore declare the public measure [list public measure letter and summary of
of question] to be adopted [or not to be adopted].

In testimony whereof, We have hereunto set our hands and caused this to be attested by the Clerk of the Board of Supervisors, with the seal of this county.

Done at _____, the county seat of _____ County, this _____ day of _____, _____.

Chairperson

*Members of the
Board of Supervisors
and ex-officio County
Board of Canvassers*

(Seal)

Attest: _____
County Auditor and Clerk to the Board of Supervisors

FORM 1-M
ACCREDITATION FORM -- POLLWATCHERS FOR POLITICAL PARTIES
(Challenging Committees)

Iowa Code section prescribing form: 49.104(2) [See also 53.23(4)]

Use: Pollwatchers (or challenging committees) must be accredited by the executive or central committees of their political parties. This form may be used to simplify accreditation. This form is not required; if the necessary information is presented in some other way, it is acceptable.

Retention period: Keep completed copies of this form for 22 months after elections for federal candidates; for 6 months after other elections.

FORM 1-M (93)
Prescribed by the
Iowa Secretary of State

FORM 1-M (93)
ACCREDITATION FORM -- POLLWATCHERS FOR POLITICAL PARTIES
(Challenging Committees)

Election: _____ Date of Election: ___/___/___

The people named on the attached list are designated to serve as challenging committees for the _____ Party for this election. Not more than three people have been assigned to any one precinct at a time.

If there are questions regarding the challenging committee please contact:

Name: _____

Telephone: _____

OR

Name: _____

Telephone: _____

Accreditation of challenging committees for this election was approved by the executive or central committee on ___/___/___.

Signed: _____ County Chairperson
or other central committee officer

(Attach list of accredited challenging committees)

FORM 1-N
ACCREDITATION FORM -- OBSERVERS FOR POLITICAL PARTIES
(To Witness the Counting of Ballots)

Iowa Code section prescribing form: 49.104(3), 51.11

Use: Observers designated to witness the counting of ballots during the hours when the polls are open must be accredited by the executive or central committees of their political parties. This form may be used to simplify accreditation. This form is not required; if the necessary information is presented in some other way, it is acceptable.

After the polls are closed the tabulation of ballots is a public process and observers do not need to have credentials. See *Iowa Code* sections 50.1 and 52.36.

Retention period: Keep completed copies of this form for 22 months after elections for federal candidates; for 6 months after other elections.

FORM 1-N (93)
Prescribed by the
Iowa Secretary of State

FORM 1-N (93)
ACCREDITATION FORM -- OBSERVERS FOR POLITICAL PARTIES
(To Witness the Counting of Ballots)

Election: _____ Date of Election: ___/___/___

The people named on the attached list are designated to serve as observers to witness the counting of ballots during the hours when the polls are open for the _____ Party for this election. Not more than three people have been assigned to any one precinct at a time.

If there are questions regarding the observers please contact:

Name: _____

Telephone: _____

OR

Name: _____

Telephone: _____

Accreditation of challenging committees for this election was approved by the executive or central committee on ___/___/___.

Signed: _____ County Chairperson
or other central committee officer

(Attach list of accredited observers.)

Form 1-O
LETTER OF APPOINTMENT
Pollwatchers for Nonpartisan and Nonparty Candidates
(Challenging Committees)

Iowa Code section prescribing form: 49.104(5)

Use: Nonpartisan and nonparty political organization candidates must provide their pollwatchers (or challenging committees) with letters of appointment. Pollwatchers should carry the letter of appointment with them to the polls on election day.

Retention period: This document is not required to be filed with the county auditor.

Form 1-O (95)
Prescribed by the
Iowa Secretary of State

Form 1-O
LETTER OF APPOINTMENT
Pollwatchers for Nonpartisan and Nonparty Candidates
(Challenging Committee)

Election: _____

Date of Election: _____

I hereby appoint:

Name: _____

Address: _____

Telephone: (____) ____ - _____

to serve as an observer for me at this election.

List precinct(s) and hours observer will serve:

My name will appear on the ballot at this election as a candidate for
the office of: _____.

Print Name: _____

Signed: _____

Date: ____/____/____

FORM 1-P
APPLICATION FOR ADDITIONAL BALLOTS

Iowa Code section prescribing form: 49.66

Use: To provide a record and instructions for requesting additional ballots for a precinct during the hours when the polls are open on election day.

Retention period: Twenty-two months for federal elections, six months for others.

Application for Additional Ballots

Precinct: _____

Election: _____

Date: ___/___/___

Additional ballots are needed for this precinct because

- the original ballots were lost or destroyed.
- the supply is expected to be exhausted before the polls close.

Ballots needed:

Type of Ballot	Number needed

- ☎ *If a telephone is available* the chairperson shall immediately contact the auditor's office by telephone.

Telephone request made to the county auditor at ___:___ am/pm.

Call made by: _____

- ☛ *If no telephone is available*, a messenger shall be sent with this written request.
We, the precinct election officials of this precinct hereby request the additional ballots indicated on the chart above.

This request must be signed by a majority of the election officials of this precinct:

Name of messenger: _____

Messenger left for auditor's office at ___:___ am/pm.

FORM 1-Q
APPLICATION FOR ADDITIONAL BALLOTS BY TELEPHONE

Iowa Code section prescribing form: 49.66

Use: To provide a record and instructions for requesting additional ballots for a precinct during the hours when the polls are open on election day.

Retention period: Twenty-two months for federal elections, six months for others.

Application for Additional Ballots

Auditor's Record of Telephone Request

Precinct: _____

Election: _____

Date: ___/___/___

Additional ballots are needed for this precinct because

- the original ballots were lost or destroyed.
- the supply is expected to be exhausted before the polls close.

Ballots needed:

Type of Ballot	Number needed

Telephone request received at ___:___ am/pm.

Call made by: _____

Call taken by: _____

Send a copy of the Ballot Record and Receipt with the ballots.

Ballots sent to the precinct with

Name of messenger: _____

Messenger left for auditor's office at ___:___ am/pm.

FORM 1-R
BALLOT PHOTOCOPY RECORD

Iowa Code section prescribing form: 49.66

Use: To provide a record and instructions for requesting additional ballots for a precinct during the hours when the polls are open on election day.

Retention period: Twenty-two months for federal elections, six months for others.

Ballot Photocopy Record

Precinct: _____

Election: _____

Date: ___/___/___

Ballots for this precinct were photocopied because

- the original ballots were lost or destroyed.
- the supply is expected to be exhausted before the polls close.

Location of photocopier: _____

Name of person making photocopies: _____

Ballots copied:

Type of Ballot	Number of copies

Statement:

This is a complete record of all ballots I have copied for this precinct at this time.

Signed by: _____

Date: ___/___/___ Time: ___:___ am/pm

FORM 1-S
IDENTIFICATION STATEMENT

Iowa Code section prescribing form: 49.77

Use: To provide a method for voters who do not possess any of the identification documents prescribed by IAC 721-21.3(49) to prove identity.

Retention period: Twenty-two months for federal elections, six months for others.

Identification Statement

Precinct: _____

Election: _____

Date: ___/___/___

Name of Person: _____

Address: _____

Statement of another registered voter of the county: I am a registered voter in this county. I have known the person named above for _____ (state the length of time).

Signed: _____

Print name: _____

Address: _____

City and Zip Code: _____

NOMINATION DOCUMENTS FORM USE GUIDE

Introduction

All candidates must file nomination papers before their names can be placed on the official ballot for an election. Nomination papers include affidavits by candidate, and nomination petitions or certificates. This guide is designed to show which forms to use in each election type.

Affidavit of Candidacy. Every candidate must file an "Affidavit of Candidacy." This is the declaration that the person nominated for an office actually intends to be a candidate. The affidavit includes important information for candidates regarding campaign finance disclosure requirements and certain election laws. Affidavits must be signed in the presence of a notary public, or other person empowered to witness oaths.

There are several versions of the Affidavit of Candidacy. The differences in the forms are due to variations in the requirements for different types of elections or methods of nomination.

Nomination petitions or certificates. With few exceptions candidates must file either a petition or certificate of nomination showing that the person running for office has sufficient support to be placed on the ballot. Depending upon the type of election and nomination this support may be shown either by signatures on a petition form, or by a nomination certificate showing that the candidate was selected at a convention. Nominations by petitions are the most common form. No candidate is required to file both forms for any election.

Some candidates do not need to file either a nomination petition or certificate, such as candidates who are nominated by write-in votes at primary elections. Partisan candidates for township offices on the ballot in primary elections are required to file only an Affidavit of Candidacy.

NOMINATION DOCUMENTS: FORM USE GUIDE

NOMINATION DOCUMENTS FORM USE GUIDE

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NOMINATION DOCUMENTS: FORM USE GUIDE

PART I. PRIMARY ELECTION

A. Petitions for Primary Ballot

There are three political parties in Iowa -- Democratic, Reform and Republican. Although there are other political organizations which are referred to as "parties," only these three are considered to be political parties under Iowa law. Only these three parties participate in the Primary Election. [43.2]

Candidates for the Primary (except township candidates) are required to file nomination petitions and affidavits by candidates. Township candidates may file only an affidavit; nomination petitions are optional.

NOTE: Political party candidates for Lieutenant Governor are nominated by convention. See forms 2-B and 2-L. [43.123]

FOR PRIMARY ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
U.S. Senator or Representative Statewide Offices	2-A	2-E	Secretary of State
State Senator	2-A	2-F	Secretary of State
State Representative	2-A	2-G	Secretary of State
Partisan County Offices: Auditor, Sheriff, Treasurer, Recorder, County Attorney, Supervisor	2-A	2-K	County Auditor
Township Clerk & Trustee	2-A	2-K (optional)	County Auditor

NOMINATION DOCUMENTS: FORM USE GUIDE

PART I. PRIMARY ELECTION

B. Write-In Nominees

Sometimes candidates are nominated by write-in votes at Primary Elections. Not everyone who receives write-in votes will have enough votes to win the nomination. Minimum vote requirements are described in section 43.53 for township offices and 43.66 for other offices.

Don't forget: County and township candidates who are nominated by write-in votes must be notified by the county auditor so that they may file the required Affidavit of Candidacy. [43.67]

Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
Write-in from Primary	All Offices: Nominees must be notified.	2-B	none	Secretary of State or County Auditor

PART II. GENERAL ELECTION

A. Nominations by Political Parties -- Ballot Vacancies

After the primary election if a political party has no nominee for a partisan office, the party may nominate a candidate by convention. Candidates nominated by conventions file affidavits by candidate and certificates of nomination. Refer to Iowa Code sections 43.78 and 43.88 for details.

Lieutenant Governor: All political party candidates for Lieutenant Governor are nominated by convention and will use forms 2-B and 2-L. [43.123]

Nominations by Convention--Chapter 43

Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
General	All partisan offices	2-B	2-L	Secretary of State or County Auditor

NOMINATION DOCUMENTS: FORM USE GUIDE

PART II. GENERAL ELECTION

B. Nominations by Nonparty Political Organizations

Political organizations which are not political parties as defined in Iowa Code section 43.2 are called "nonparty political organizations." This includes any organization other than the Democratic, Reform, or Republican party which nominates candidates for the General Election ballot.

Nonparty political organizations may choose to nominate candidates by convention using the method described in Iowa Code Chapter 44. They may also nominate candidates by petition using the method described in Iowa Code Chapter 45.

NOMINATIONS BY CONVENTION, CHAPTER 44				
Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
General	All partisan offices	2-C	2-I	Secretary of State Auditor
NOMINATIONS BY PETITION, CHAPTER 45				
Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
General	President & Vice President	2-C	2-J & 2-R	Secretary of State
General	Governor & Lieutenant Governor	2-C	2-S	Secretary of State
General	U.S. Senator, U.S. Representative, State-wide Offices	2-C	2-H	Secretary of State
General	State Senator	2-C	2-H	Secretary of State
General	State Representative	2-C	2-H	Secretary of State
General	Partisan County Offices	2-C	2-H	County Auditor
General	Township Clerk, trustees	2-C	2-H	County Auditor

NOMINATION DOCUMENTS: FORM USE GUIDE

PART II. GENERAL ELECTION

C. Nonpartisan Nominations -- Partisan Offices

Candidates may seek nomination by petition to partisan offices appearing on the ballot at the General Election without being affiliated with a political party or a nonparty political organization. All nonpartisan candidates on the General Election ballot appear under the heading "Nominated by Petition." The provisions of chapter 45 apply to these candidates.

NOMINATIONS BY PETITION, CHAPTER 45				
Type of Election	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
General	President & Vice President	2-D	2-J & 2-R	Secretary of State
General	Governor & Lieutenant Governor	2-D	2-S	Secretary of State
General	U.S. Senator, U.S. Representative, State-wide Offices	2-D	2-H	Secretary of State
General	State Senator	2-D	2-H	Secretary of State
General	State Representative	2-D	2-H	Secretary of State
General	County Offices	2-D	2-H	County Auditor
General	Township Clerk, trustees	2-D	2-H	County Auditor

NOMINATION DOCUMENTS: FORM USE GUIDE

PART II. GENERAL ELECTION

D. Nonpartisan Nominations -- Nonpartisan Offices

Four offices appear on the ballot at the General Election for which only nonpartisan nominations are allowed. These offices appear on the ballot under the heading "Nominated by Petition." The provisions of Chapter 45 apply to candidates for these offices. [39.21]

NOMINATIONS BY PETITION, CHAPTER 45				
Type of Election	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
General	County Public Hospital Trustees, if necessary	2-D	2-H	County Auditor
General	Soil & Water District Conservation Comm.	2-D	2-H	County Auditor
General	Agricultural Extension Council	2-D	2-H	County Auditor
General	Regional Library Trustees	2-D	2-H	County Auditor

NOMINATION DOCUMENTS: FORM USE GUIDE

PART III. SPECIAL ELECTIONS TO FILL VACANCIES

For some partisan offices special elections may be held to fill vacancies. These offices are: U.S. House of Representatives, Iowa Senate or Iowa House of Representatives and partisan county offices.

A. Nominations by Political Parties

If a special election is called to fill a vacancy in a partisan county office, the U.S. House of Representatives, Iowa Senate or Iowa House of Representatives nominations by political parties are made by convention. [43.78(4), 69.14, 69.14A]

Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
Special, To Fill Vacancy	U.S. Representative, State Senator or Representative, Partisan County offices	2-B	2-L	Secretary of State or County Auditor

B. Nominations by Nonparty Political Organizations

Nonparty political organizations nominate candidates to run in special elections to fill vacancies in county, state or federal offices in the same way and using the same forms used in the General Election. Nominations may be made by petition (form 2-H) or by convention (form 2-I). [69.14, 69.14A]

Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
Special, To Fill Vacancy	U.S. Representative, State Senator or Representative, Partisan County offices	2-C	2-H or 2-I	Secretary of State or County Auditor

C. Nonpartisan Nominations

Candidates who are not affiliated with political organizations may seek nomination for special elections to fill vacancies in county, state or federal offices in the same way and using the same forms used in the General Election. [44.4, 45.4, 69.14, 69.14A]

Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
Special, To Fill Vacancy	U.S. Representative, State Senator or Representative, Partisan County offices	2-D	2-H or 2-I	Secretary of State or County Auditor

NOMINATION DOCUMENTS: FORM USE GUIDE

PART IV. CITY ELECTIONS

The type of nomination process used in each city may be chosen by the city council by ordinance. If no ordinance has been adopted, nominations are made by petition and a primary election is held if there are more than two candidates for an office.

Elections to fill vacancies in city offices use the same forms as scheduled elections.

Type of Nomination	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
By Petition	All elective city offices	2-M	2-H	City Clerk or County Auditor
By Convention	All elective city offices	2-N	2-I	City Clerk or County Auditor

PART V. SCHOOL ELECTIONS

All candidates for school elections are nominated by petition. Elections to fill vacancies in school offices use the same forms as scheduled elections.

Type of Nomination	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
School District	Director	2-M	2-H	School Secretary County Auditor
Merged Area Community College	Director	2-M	2-O	School Secretary County Auditor

FORM 2-A

AFFIDAVIT OF CANDIDACY -- Primary Election

Iowa Code sections prescribing form: 43.18 and 56.2(5).

Use: For political party candidates filing nomination petitions to get on the ballot at partisan PRIMARY ELECTIONS ONLY. This form must be filed with the appropriate nomination petition. See chart below. *Do not use this form for candidates in any other election.*

The Primary Election is the nomination process held in June of even-numbered years in which the political parties choose candidates for the General Election.

This form is not for use in city primary elections.

Do not use this form for nominations for partisan candidates for the General Election or for special elections. (See form 2-B.)

Retention period: Keep completed copies of this form until 10 days before the general election. Exception: Affidavits from candidates for federal offices shall be kept for 22 months.

FOR PRIMARY ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
U.S. Senator or Representative Statewide Offices	2-A	2-E	Secretary of State
State Senator	2-A	2-F	Secretary of State
State Representative	2-A	2-G	Secretary of State
Partisan County Offices: Auditor, Sheriff, Treasurer, Recorder, County Attorney, Supervisor	2-A	2-K	County Auditor
Township Clerk & Trustee	2-A	2-K (optional)	County Auditor

Please note: All partisan candidates for Lieutenant Governor are nominated by convention. Use form 2-B.

(See form 2-A on next page.)

**State of Iowa
Affidavit of Candidacy
Primary Election**

For the Office of _____
(Include district number, if any.)

Date of Election: _____

Name (exactly as you want it to appear on the ballot):

Home address: _____

City, State and Zip Code: _____

County: _____ **Telephone:** (____) ____ - ____ **Optional, will be published.**

Political party: _____

I swear or affirm that the information I have provided above is correct. I am a registered voter of the political party indicated above. I am a candidate for the office indicated above and request that my name be printed on the official ballot for this election. 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 (and never pardoned) of a felony or other infamous crime.

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 five hundred dollars (\$500) in a calendar year for the purpose of supporting my candidacy for public office. *[This paragraph does not apply to candidates for federal offices.]*

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. *[This paragraph does not apply to county agricultural extension council, soil and water conservation district commissioner, or regional library trustees.]*

Signed: _____

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (print candidate's name).

**This affidavit must be filed
with your nomination papers.**

Signature of Notary Public (or other officer authorized to witness oaths)

Official Title: _____

My commission expires: _____

FORM 2-B

AFFIDAVIT OF CANDIDACY -- Nominations by Political Parties

Iowa Code sections prescribing form: 43.67 and 56.2(5).

Use: For political party candidates who were nominated by write-in votes at the Primary Election or who were nominated by convention for other partisan elections. This form shall be used for political party candidates for the General Election or for special partisan elections to fill vacancies under section 69.14 or 69.14A.

Candidates nominated by convention must also file a certificate of nomination (form 2-L).

Retention period: Keep completed copies of this form for six months after the election.
Exception: Affidavits from candidates for federal offices shall be kept for 22 months.

FORM USE GUIDE

Type of Election	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
Write-in from Primary	All Offices: Nominees must be notified.	2-B	none	County Auditor
General	Lieutenant Governor	2-B	2-L	Secretary of State
General	All partisan offices	2-B	2-L	Secretary of State County Auditor
Special, to fill Vacancy	U.S. Representative, State Senator, State Representative Partisan County Offices	2-B	2-L	Secretary of State County Auditor

(See form 2-B on next page.)

State of Iowa
Affidavit of Candidacy
Nominations by Political Parties

For the Office of _____
(Include district number, if any.)

Date of Election: _____

Name (exactly as you want it to appear on the ballot):

Home address: _____

City, State and Zip Code: _____

County: _____ **Telephone:** (____) ____ - ____ **Optional, will be published.**

Political party: _____

I swear or affirm that the information I have provided above is correct. I am a candidate of the political party and for the office indicated above and request that my name be printed on the official ballot for this election. 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 (and never pardoned) of a felony or other infamous crime.

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 five hundred dollars (\$500) in a calendar year for the purpose of supporting my candidacy for public office. *[This paragraph does not apply to candidates for federal offices.]*

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. *[This does not apply to county agricultural extension council, soil and water conservation district commissioner, or regional library trustees.]*

Signed: _____

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (print candidate's name).

**This affidavit must be filed
with your nomination papers.**

Signature of Notary Public (or other officer authorized to witness oaths)

Official Title: _____

My commission expires: _____

FORM 2-C

AFFIDAVIT OF CANDIDACY
Nominations by Nonparty Political Organizations

Iowa Code section prescribing form: 44.3(2) and 56.2(5).

Use: Candidates of nonparty political organizations must use this form for the general election or for any special election to fill a vacancy in a county, state or federal office. A nonparty political organization is a political organization that is not the an officially designated political party.

Candidates must also file the appropriate nomination paper. Refer to the chart below.

Retention period: Keep completed copies of this form for six months after the election.
Exception: Affidavits from candidates for federal offices shall be kept for 22 months.

State of Iowa
Affidavit of Candidacy
Nominations by Nonparty Political Organizations

For the Office of _____
(Include district number, if any.)

Date of Election: _____

Name (exactly as you want it to appear on the ballot):

Home address: _____

City, State and Zip Code: _____

County: _____ Telephone: (____) ____ - ____ Optional, will be published.

Organization name: _____

I swear or affirm that the information I have provided above is correct. I am a candidate of the political organization and for the office indicated above and request that my name be printed on the official ballot for this election. 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 (and never pardoned) of a felony or other infamous crime.

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 five hundred dollars (\$500) in a calendar year for the purpose of supporting my candidacy for public office. *[This paragraph does not apply to candidates for federal offices.]*

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. *[This paragraph does not apply to county agricultural extension council, soil and water conservation district commissioner, or regional library trustees.]*

Signed: _____

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (print candidate's name).

**This affidavit must be filed
with your nomination papers.**

Signature of Notary Public (or other officer authorized to witness oaths) _____

Official Title: _____

My commission expires: _____

FORM 2-D

AFFIDAVIT OF CANDIDACY -- Nonpartisan Nominations

Iowa Code Section prescribing form: 45.3 and 56.2(5)

Use: Nonpartisan candidates (not affiliated with a political party or a nonparty political organization) who are seeking election to offices in the general election must file the following affidavit.

Candidates for school and city elections use Affidavit of Candidacy form 2-M.

Candidates must also file the appropriate nomination petition. Refer to the chart on the next page..

Retention period: Keep completed copies of this form for twenty-two months after the election. **Exception:** Affidavits from candidates in elections without candidates for federal offices may be discarded after six months.

FORM USE GUIDE: FORM 2-D

NOMINATIONS BY PETITION, CHAPTER 45				
Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
General	President & Vice President	2-D	2-J & 2-R	Secretary of State
General	Governor & Lieutenant Governor	2-D	2-S	Secretary of State
General	U.S. Senator, U.S. Representative, State-wide Offices	2-D	2-H	Secretary of State
General	State Senator	2-D	2-H	Secretary of State
General	State Representative	2-D	2-H	Secretary of State
General	County Offices	2-D	2-H	County Auditor
General	Township Clerk, trustees	2-D	2-H	County Auditor
General	County public hospital trustees, if any	2-D	2-H	County Auditor
General	Soil & Water District Conservation Comm.	2-D	2-H	County Auditor
General	Agricultural Extension Council	2-D	2-H	County Auditor
Special, to Fill Vacancy	U.S. Representative, State Senator & Representative; Partisan County Offices	2-D	2-H	Secretary of State County Auditor

(See form 2-D on next page.)

**State of Iowa
Affidavit of Candidacy
Nonpartisan Nominations**

For the Office of _____
(Include district number, if any.)

Date of Election: _____

Name (exactly as you want it to appear on the ballot):

Home address: _____

City, State and Zip Code: _____

County: _____ Telephone: (____) ____-____ Optional, will be published.

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. 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 (and never pardoned) of a felony or other infamous crime.

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 five hundred dollars (\$500) in a calendar year for the purpose of supporting my candidacy for public office. *[This paragraph does not apply to candidates for federal offices.]*

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. *[This paragraph does not apply to county agricultural extension council, soil and water conservation district commissioner, or regional library trustees.]*

Signed: _____

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (print candidate's name).

**This affidavit must be filed
with your nomination papers.**

Signature of Notary Public (or other officer authorized to witness oaths)

Official Title: _____

My commission expires: _____

PERSONALIZED NOMINATION PAPERS

Although election commissioners are required by law to provide nomination papers free of charge to anyone who requests them, some candidates prefer to have their own petition forms printed. Some guidelines must be followed, but there is room for variety as well. [43.8, 43.9, 43.10]

WORDING --

All of the information at the top of the prescribed petition form beginning with the words "STATE OF IOWA" and ending with "Date of Signing" must be included on the petition form. This part of the form is prescribed by Iowa law and Administrative Code. [43.14]

NUMBER THE SIGNATURE LINES --

Numbering the lines makes it easy to count the signatures. This makes the filing process faster for everyone.

SIZE --

Petition pages must be 8 1/2" x 14" when they are filed. Larger or smaller forms will not be accepted. [43.14]

BINDING --

Nomination petitions must be bound together into one bundle when they are filed. Petition forms which are not bound will be returned without further examination. Two holes punched at the top of each sheet make binding easier. [43.15(4)]

PICTURES --

Pictures may be used on nomination petitions.

COLORS --

The paper and ink may be any color or colors. Be sure that there is sufficient contrast between paper and ink color for easy legibility.

FORM 2-E

NOMINATION PAPER

For U.S. Senator, U.S. Representative & State-wide offices

Iowa Code section prescribing form: 43.14

Use: For use in Primary Elections ONLY. This petition form is for use only by candidates for United States Senate, United States Representative, and statewide offices (Governor, Secretary of State, Auditor of State, Treasurer of State, Secretary of Agriculture, and Attorney General).

Candidates must also file Affidavit of Candidacy form 2-A.

Please note: Candidates for Lt. Governor are nominated by convention, see form 2-L.

FOR PRIMARY ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
U.S. Senator or Representative Statewide Offices	2-A	2-E	Secretary of State

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

An Affidavit of Candidacy
must be filed with this petition.

The 1993 version of the form may be used until supplies are exhausted.

An ***Affidavit of Candidacy***
 must be filed with this petition.

STATE OF IOWA NOMINATION PETITION

FOR UNITED STATES SENATOR, UNITED STATES REPRESENTATIVE AND STATE-WIDE OFFICES

For the office of _____

For use in _____ County.

I, the undersigned, an eligible elector of _____ County, and state of Iowa, hereby
 nominate _____ of _____ County, state of Iowa, who has
 registered with the _____ party, as a candidate for the office of _____
 to be voted for at the primary election to be held on June _____, 19 _____.

Name	Residence		Date of Signing
	Street and number, if any	City	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

[Additional lines shall be added to fill a 14" page]

FORM 2-F

NOMINATION PAPER
For State Senator

Iowa Code section prescribing form: 43.14

Use: For use in Primary Elections ONLY. This petition form is for use only by candidates for State Senator.

Candidates must also file Affidavit of Candidacy form 2-A.

See also *PERSONALIZED NOMINATION PAPERS* preceding form 2-E.

FOR PRIMARY ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
State Senator	2-A	2-F	Secretary of State

See FORM 2-F on following page.

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

An Affidavit of Candidacy
must be filed with this petition.

The 1993 version of the form may be used until supplies are exhausted.

An **Affidavit of Candidacy**
must be filed with this petition.

STATE OF IOWA NOMINATION PETITION

FOR STATE SENATOR

For the office of **STATE SENATOR**

For use in the _____ Senatorial District.

I, the undersigned, an eligible elector of the _____ Senatorial District, and state of Iowa, hereby
nominate _____ of the _____ Senatorial District, state of Iowa,
who has registered with the _____ party, as a candidate for the office of **STATE SENATOR** to be
voted for at the primary election to be held on June _____, 19 _____.

Name	Residence		Date of Signing
	Street and number, if any	City	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.	[Additional lines shall be added to fill a 14" page]		
18.	Forms Prescribed by the Iowa Secretary of State: 1997 Edition		
19.			

FORM 2-G

NOMINATION PAPER
For State Representative

Iowa Code section prescribing form: 43.14

Use: For use in Primary Elections ONLY. This petition form is for use only by candidates for State Representative.

Candidates must also file Affidavit of Candidacy form 2-A.

See also *PERSONALIZED NOMINATION PAPERS* preceding form 2-E.

FOR PRIMARY ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
State Representative	2-A	2-G	Secretary of State

See form 2-G on next page.

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

An Affidavit of Candidacy
must be filed with this petition.

The 1993 version of the form may be used until supplies are exhausted.

Affidavit of Candidacy
 must be filed with this petition.

STATE OF IOWA NOMINATION PETITION

FOR STATE REPRESENTATIVE

For the office of **STATE REPRESENTATIVE**

For use in the _____ Representative District.

I, the undersigned, an eligible elector of the _____ Representative District, and state of Iowa,
 hereby nominate _____ of the _____ Representative District,
 state of Iowa, who has registered with the _____ party, as a candidate for the office of **STATE
 REPRESENTATIVE** to be voted for at the primary election to be held on June _____, 19 _____.

Name	Residence		Date of Signing
	Street and number, if any	City	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

[Additional lines shall be added to fill a 14" page]

FORM 2-H

NOMINATION PETITION

For Nonpartisan Nominations and Nonparty Political Organizations

Iowa Code section prescribing form: Chapters 44 and 45

Use: For use in all elections except primary elections by candidates who are nominated either by nonparty political organizations or nonpartisan (unnamed) groups of petitioners. See also "Personalized Nomination Papers" notes preceding form 2-E. The petition must be filed with appropriate affidavit.

Retention period: Keep completed copies of this form for six months after the election.
Exception: Petitions from candidates for federal offices shall be kept for 22 months.

**NOMINATIONS BY
NONPARTY POLITICAL ORGANIZATIONS**

FORM USE GUIDE

NOMINATIONS BY PETITION, CHAPTER 45				
Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
General	U.S. Senator, U.S. Representative, State-wide Offices	2-C	2-H	Secretary of State
General	State Senator	2-C	2-H	Secretary of State
General	State Representative	2-C	2-H	Secretary of State
General	Partisan County Offices	2-C	2-H	County Auditor
General	Township Clerk, trustees	2-C	2-H	County Auditor
Special, to Fill Vacancy	U.S. Representative, State Senator & Representative; Partisan County Offices	2-C	2-H	Secretary of State County Auditor

NOMINATIONS BY NONPARTY POLITICAL ORGANIZATIONS

FORM USE GUIDE (Continued)

NOMINATIONS BY PETITION, CHAPTER 45				
Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
General	U.S. Senator, U.S. Representative, State-wide Offices	2-D	2-H	Secretary of State
General	State Senator	2-D	2-H	Secretary of State
General	State Representative	2-D	2-H	Secretary of State
General	County Offices	2-D	2-H	County Auditor
General	Township Clerk, trustees	2-D	2-H	County Auditor
General	Co. public hospital trustees, if any	2-D	2-H	County Auditor
General	Soil & Water District Conservation Comm.	2-D	2-H	County Auditor
General	Agricultural Extension Council	2-D	2-H	County Auditor
Special, to Fill Vacancy	U.S. Rep., State Senator & Rep.; Partisan Co. Offices	2-D	2-H	Secretary of State County Auditor
City Election	All city offices	2-M	2-H	City Clerk or Auditor
School Dist.	Director	2-M	2-H	School secretary or Auditor

(See form 2-H on next page.)

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

An Affidavit of Candidacy
must be filed with this petition.

The 1993 version of the form may be used until supplies are exhausted.

An **Affidavit of Candidacy**
 must be filed with this petition.

STATE OF IOWA NOMINATION PETITION

For Nonpartisan Nominations and Nonparty Political Organizations

For the office of _____

I, the undersigned, an eligible elector of the state of Iowa, _____ hereby
(District or other division)

nominate _____ of _____, Iowa, as a candidate of the
(Name of candidate) (Address)

_____ for the office of _____ to be voted
(Name of organization, if any)

for at the election to be held on _____
(Date of election)

Name	Residence		Date of Signing
	Street and number, if any	City	
1.			
2.			
3.			
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[Additional lines shall be added to fill a 14" page]

FORM 2-I

CERTIFICATE OF NOMINATION BY NONPARTY POLITICAL ORGANIZATION
(Chapter 44)

Iowa Code section prescribing form: 44.3.

Use: Nonparty political organizations¹ may nominate candidates by convention. The Certificate of Nomination provides a format for reporting the required activities and information from the convention.

Retention period: Keep completed copies of this form for six months after the election.
Exception: Keep certificates of nomination including candidates for federal offices for 22 months.

DO NOT USE FOR POLITICAL PARTY NOMINATIONS. See form 2-L.

FORM USE GUIDE

Type of Election	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
General	All partisan offices	2-C	2-I	Sec. of State or County Auditor
Special, to fill Vacancy	U.S. Rep., State Senator or Rep; partisan co. offices	2-C	2-I	Sec. of State or County Auditor
City Election	All elective offices	2-M	2-I	City Clerk or County Auditor

¹Political groups other than the Democratic and Republican parties.

STATE OF IOWA

CERTIFICATE OF NOMINATION

BY NONPARTY POLITICAL ORGANIZATION

(Iowa Code Chapter 44)

of the _____
(name of nonparty political organization²)

This certificate contains a record of the nominations and other proceedings of the
convention or caucus held at

(convention or caucus location)

on the following date: _____.

²The name of the organization shall not include more than five (5) words. [43.121]

1. The following nominations were made at the convention:

FOR THE OFFICE OF _____
(office and district, if any)

(name of candidate)

(street and number)

(city, state and zip code)

FOR THE OFFICE OF _____
(office and district, if any)

(name of candidate)

(street and number)

(city, state and zip code)

FOR THE OFFICE OF _____
(office and district, if any)

(name of candidate)

(street and number)

(city, state and zip code)

FOR THE OFFICE OF _____
(office and district, if any)

(name of candidate)

(street and number)

(city, state and zip code)

- 2. **An Affidavit of Candidate** is attached to this certificate for all candidates listed under item 1. We understand that if a candidate fails to file this affidavit, the candidate's name will not be certified by the Secretary of State for inclusion on the ballots. Number of affidavits attached: _____.

- 3. **Presidential electors.** If this convention or caucus has nominated candidates for the offices of President and Vice President of the United States, the names and addresses of seven presidential electors are attached to the certificate. Included in this list is the name of one person from each of the five congressional districts and two from the state at large.

- 4. **Vacancies.** This organization's provision, if any, for filling vacancies in nominations is as follows:

- 5. **Delegates.** Attached to this certificate is a list showing the name and address of each delegate or voter in attendance at this convention or caucus.

Number of delegates attending _____
Number of counties represented _____
Number of precincts represented (if needed) _____
Number of pages in the list _____

- 6. **Central committee.** The names and addresses of all members of the executive or central committee of this organization are listed below:

<u>NAME</u>	<u>ADDRESS, CITY, AND ZIP CODE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(The affidavit on the next page must be completed.)

AFFIDAVIT

We, the undersigned Chairperson and Secretary of the Convention of the

Nonparty Political Organization, hereby certify that this Certificate of Nomination is a true record of the proceedings of the convention or caucus of this nonparty political organization.

Signed this _____ day of _____, _____, by

Signature of Chairperson

Signature of Secretary

(address)

(address)

(city, state and zip code)

(city, state and zip code)

Subscribed and sworn to (or affirmed) before me by _____

Chairperson, and _____, Secretary, of the Convention of
the _____

Nonparty Political Organization, this _____ day of _____, _____, at
_____, Iowa.

Name of notary public or other officer

Official title

STATE OF IOWA
PRESIDENTIAL ELECTORS

(Names of Candidates for President and for Vice President)

(name of nonparty political organization)

FIRST DISTRICT

SECOND DISTRICT

(name)

(name)

(address)

(address)

(city, state and zip code)

(city, state and zip code)

THIRD DISTRICT

FOURTH DISTRICT

(name)

(name)

(address)

(address)

(city, state and zip code)

(city, state and zip code)

FIFTH DISTRICT

(name)

(address)

(city, state and zip code)

AT LARGE

AT LARGE

(name)

(name)

(address)

(address)

(city, state and zip code)

(city, state and zip code)

STATE OF IOWA DELEGATE ATTENDANCE REQUIREMENTS

Iowa law sets a minimum attendance requirement at conventions and caucuses by nonparty political organizations. If the minimum attendance requirement is not met, the nominations made at the convention do not qualify for the ballot. Requirements apply separately to each office.

STATEWIDE OFFICES

Federal offices: President and Vice President of the United States (nominated as a team -- 2000, 2004), U.S. Senator (1998, 2002). State offices (1998, 2002): Governor and Lieutenant Governor (nominated as a team), Secretary of State, Auditor of State, Treasurer of State, Secretary of Agriculture, and Attorney General.

250 eligible electors³ who are residents of the State of Iowa, including at least one eligible elector from each of 25 counties must be present to nominate.

U.S. REPRESENTATIVES

50 eligible electors who are residents of the congressional district, including at least one eligible elector from at least one-half of the counties in the congressional district must be present to nominate.

IOWA SENATE

20 eligible electors who are residents of the senatorial district, including at least one eligible elector from at least one-half of the voting precincts in the senatorial district must be present to nominate.

IOWA HOUSE OF REPRESENTATIVES

10 eligible electors who are residents of the representative district, including at least one eligible elector from at least one-half of the voting precincts in the representative district must be present to nominate.

COUNTY OR CITY OFFICES

10 eligible electors who are residents of the county or city, including at least one eligible elector from at least one-half of the voting precincts in the county or city must be present to nominate.

³An eligible elector is a person who possesses all of the qualifications necessary to entitle the person to be registered to vote, whether or not the person is registered.

STATE OF IOWA
LIST OF DELEGATES
IN ATTENDANCE AT THE CAUCUS OR CONVENTION OF

 (name of political organization)

Name	Street Address	Precinct	City	County
1.				
2.				
3.				
4.				
5.				
6.				
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8.				
9.				
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18.				
19.				
20.				

Page ____ of ____

FORM 2-J

NOMINATION PETITION

For the offices of Electors for
President and Vice President of the United States

Iowa Code sections prescribing form: Chapters 44 and 45

Use: For use in general elections only. All nomination papers shall be 8 1/2 by 14 inches in size. Must be filed with appropriate affidavits by candidate (2-C or 2-D), and certification of presidential electors (form 2-R).

Retention period: Keep completed copies of this form for twenty-two months after the election.

FOR GENERAL ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
President & Vice President (Nominated by Nonparty political organization)	2-C	2-J & 2-R	Secretary of State
President & Vice President (Nominated by Petition)	2-D	2-J & 2-R	Secretary of State

See form 2-J on next page.

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

**Each candidate named
on this petition must
file an *Affidavit of Candidacy*.**

The 1993 version of the form may be used until supplies are exhausted.

Each candidate named
 on this petition must
 file an ***Affidavit of Candidacy***.

STATE OF IOWA NOMINATION PETITION

For the offices of Electors for
President and Vice President of the United States

Name of nonparty political organization, if any _____

For **President**: _____ of the State of _____

For **Vice President**: _____ of the State of _____

I, the undersigned, an eligible elector of the State of Iowa, do hereby nominate the slate of electors representing the candidates named above for the offices of President and Vice President of the United States to be voted for at the General Election to be held on November _____, _____.

Name	Residence		Date of Signing
	Street and number, if any	City	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
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16.			
17.	[Additional lines shall be added to fill a 14" page]		
18.	<i>Forms Prescribed by the Iowa Secretary of State: 1997 Edition</i>		
19.			

FORM 2-K

STATE OF IOWA

NOMINATION PAPER

For County Office

Iowa Code section prescribing form: 43.13

Use: For use by candidates for county offices on the ballot in primary elections ONLY. Candidates must also file Affidavit of Candidacy form 2-A.

See also "Personalized Nomination Papers" notes preceding form 2-E.

Retention period: Keep until 10 days before the general election.

FOR PRIMARY ELECTIONS ONLY

Office Sought	Forms to Use Affidavit ; Nomination		Source
Partisan county offices: Auditor, Sheriff, Treasurer, Recorder, Co. Attorney, Board of Supervisors	2-A	2-K	County Auditor
Township clerk, Trustee	2-A	2-K, optional	County Auditor

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

An Affidavit of Candidacy
must be filed with this petition.

The 1993 version of the form may be used until supplies are exhausted.

STATE OF IOWA

An Affidavit of Candidacy
must be filed with this petition.

Nomination Paper

For County Office

For the office of _____
(include district, if any)

I, the undersigned, an eligible elector of _____ County and
State of Iowa, hereby nominate _____
of _____ County, State of Iowa, who has registered with
the _____ Party, as a candidate for the office of
_____,
to be voted for at the Primary election to be held on June __, 19__.

Name	Residence Street and number, if any	City	Date of Signing
1.			
2.			
3.			
4.			
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[Additional lines shall be added to fill 14" page.]

FORM 2-L

NOMINATIONS BY CONVENTION
CERTIFICATE OF NOMINATION BY POLITICAL PARTY

Iowa Code section prescribing form: 43.88

Use: To report nominations made political party conventions. This form must be filed at the same time that the candidate's affidavit (2-B) is filed.

Convention nominations are made for--

- a. Offices on the general election ballot for which the political party has no nominee because no one was nominated in the primary, or a primary nominee withdrew or died. [43.78]
- b. Lieutenant Governor. [43.123]
- c. Special elections to fill vacancies in the U.S. House of Representatives, the Iowa House of Representatives, the Iowa Senate, or county offices. [69.14, 69.14A, 43.78(4)]

Retention period: Keep completed copies of this form for six months after the election.

Exception: Certificates including candidates for federal offices shall be kept for 22 months.

FORM USE GUIDE

Type of Election	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
General	Nominations by convention for all partisan offices	2-B	2-L	Sec. of State or County Auditor
Special, to fill Vacancy	U.S. Rep., State Senator or Rep; partisan co. offices	2-B	2-L	Sec. of State or County Auditor

(See form 2-L on next page.)

STATE OF IOWA
NOMINATIONS BY CONVENTION
CERTIFICATE OF NOMINATION BY POLITICAL PARTY

Please type or print neatly.

Nomination by the _____
(name of political party)

For the office of: _____
(include district if applicable)

To be voted for at the _____ Election, on ___/___/___.

Name of candidate: _____

Address: _____

City, zip: _____

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

Address

Address

City Zip Code

City Zip Code

Date of convention: ___/___/___

This form must be filed with the candidate's affidavit (form 2-B) at the appropriate office:

For state or federal office file with Secretary of State

For township or county office file with County Auditor

FORM 2-M

AFFIDAVIT OF CANDIDACY
School and City Elections

Iowa Code section prescribing form: 45.3(2), 56.2(5), 277.4, 376.4

Use: This form is for use by candidates nominated by petition to be on the ballot in school and city elections ONLY.

Retention period: Keep completed copies of this form for 6 months.

FORM USE GUIDE

Type of Election	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
City Election, nomination by petition	Any elective city office	2-M	2-H	City Clerk or County Auditor
School District	Director	2-M	2-H	School Secretary or County Auditor
Merged Area Community College	Director	2-M	2-O	School Secretary or County Auditor

(See form 2-M on next page.)

State of Iowa Affidavit of Candidacy School and City Elections

For the Office of _____
(Include district number, if any.)

Check here if election is to fill a vacancy.
[The seat is on the ballot before the end of the regular term, usually because of a death or resignation.]

Date of Election: _____

Name (exactly as you want it to appear on the ballot):

Home address: _____

City, State and Zip Code: _____

County: _____ **Telephone:** (____) ____ - ____ **Optional, will be published.**

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. 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 (and never pardoned) of a felony or other infamous crime.

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 five hundred dollars (\$500) 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.

Signed: _____

Signed and sworn to (or affirmed) before me on _____ (date)
by _____ (print candidate's name).

**This affidavit must be filed
with your nomination papers.**

Signature of Notary Public (or other officer authorized to witness oaths)

Official Title: _____

My commission expires: _____

FORM 2-N

AFFIDAVIT OF CANDIDACY
City Elections (Chapter 44)

Iowa Code section prescribing form: 44.3 and 56.2(5)

Use: This form is for use by candidates nominated by caucus or convention in cities which have adopted the nomination provisions of Chapter 44.

DO NOT USE FOR ANY OTHER ELECTION.

Retention period: Keep completed copies of this form for 6 months.

FORM USE GUIDE

Type of Election	Office Sought	Forms to Use		Source
		Affidavit	Nomination	
City Election, nomination by convention	Any elective city office	2-N	2-I	City Clerk or County Auditor

(See form 2-N on next page.)

**State of Iowa
Affidavit of Candidacy
City Elections (Chapter 44)**

For the Office of _____
(Include district number, if any.)

Check here if election is to fill a vacancy. Date of Election: _____
[The seat is on the ballot before the end of the regular term, usually because of a death or resignation.]

Name (exactly as you want it to appear on the ballot):

Home address: _____

City, State and Zip Code: _____ **County:** _____

Telephone: (____) ____-____ **Optional, will be published.**

Name of Nonparty Political Organization: _____

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 (and never pardoned) of a felony or other infamous crime.

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 five hundred dollars (\$500) 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.

Signed: _____

Signed and sworn to (or affirmed) before me on _____ *(date)*

by _____ *(print candidate's name).*

**This affidavit must be filed
with your nomination papers.**

Signature of Notary Public (or other officer authorized to witness oaths)

Official Title:

My commission expires:

FORM 2-O

STATE OF IOWA

NOMINATION PAPER
For Merged Area Schools

Iowa Code section prescribing form: 45.3 and 260C.15(2)

Use: For use by candidates for merged area school elections ONLY.

Retention period: Keep completed copies of this form 6 months.

See also "Personalized Nomination Papers" notes before form 2-E.

FORM USE GUIDE

Type of Election	Office Sought	Forms to Use Affidavit Nomination		Source
Merged Area Community College	Director	2-M	2-O	School Secretary or County Auditor

(See form 2-0 on next page.)

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

An Affidavit of Candidacy
must be filed with this petition.

The 1993 version of the form may be used until supplies are exhausted.

An Affidavit of Candidacy
 must be filed with this petition.

STATE OF IOWA
 NOMINATION PAPER

For Merged Area School Director, Director District _____
 Check here if election is to fill a vacancy.

I, the undersigned, an eligible elector of the state of Iowa and Merged Area ____,
 hereby nominate _____ of _____,
 state of Iowa, as a candidate for the office of Director of District ____, to be voted for
 at the school election to be held on September ____, ____.

Name	Residence		School District	Date Signed
	Street and Number, if any	City		
1.				
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16.				

[Additional lines shall be added to fill 14" page.]

FORM 2-P

PETITION REQUESTING ELECTION

Iowa Code sections prescribing form: 278.2, 331.362, 362.4

Use: To request that an election be held. Some elections are held because citizens request them by petition. Not all elections may be called by petition -- only the ones that are specifically authorized or required by law.

At the top of the form there is a place to state whether the petition should be signed by "eligible electors" or by "registered voters." The applicable term should be circled.

"Eligible elector" means a person who meets all of the qualifications to register to vote. An eligible elector may or may not be a registered voter.

Look in the Code of Iowa in the sections specifically about the type of election being requested to find information about what to say on the petition form.

This form shall be printed on 8 1/2 x 14 inch paper.

Retention period: Keep completed copies of this form for 6 months.

(See form 2-P on next page.)

STATE OF IOWA

PETITION REQUESTING ELECTION

I, the undersigned, an *eligible elector* / *registered voter* [circle appropriate one] of _____, hereby request that an election be
(city, school district, county or other political subdivision)

held for the following purpose: _____

Iowa Code Section(s) authorizing this petition: _____

Name (Signature)	Residence Street Address	City	Date of Signing
1.			
2.			
3.			
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[Additional lines shall be added to fill 14" page.]

FORM 2-Q
JUDICIAL DECLARATION OF CANDIDACY

Iowa Code section prescribing form: 46.20

Use: Judges standing for retention at the General Election must file this form in order to have their names placed on the ballot. Distributed by the Secretary of State.

FORM 2-Q (93)
Prescribed by the
Iowa Secretary of State

STATE OF IOWA

JUDICIAL DECLARATION OF CANDIDACY

NAME: _____
(Judge's name exactly as it should appear on the ballot)

HOME ADDRESS: _____
(Street address)

_____, Iowa _____
City Zip Code

COURT (check one): Supreme Court Court of Appeals
 District Court, Election District _____

District Court Judges indicate whether you are a
 District Court Judge
 District Associate Judge
 Alternate District Associate Judge

I do hereby declare my candidacy for retention in office at the judicial election to be held on November __, __. This is done pursuant to the provisions of *Iowa Code* section 46.20.

Signature of Judge

Date signed

PLEASE NOTE: *This declaration must be received in the Office of the Secretary of State no later than Wednesday, July __, __, (104 days before the judicial election).*

Send it to: The Elections Division
Office of the Secretary of State
Second Floor
Hoover State Office Building
Des Moines, Iowa 50319

FORM 2-R

CERTIFICATION OF PRESIDENTIAL ELECTORS

Iowa Code section prescribing form: 45.1(1), 54.5

Use: Organizations nominating candidates for presidential electors may use this form to report the names of those candidates.

Retention period: Keep for twenty-two months after the election

FOR GENERAL ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
President & Vice President (Nominated by Nonparty political organization)	2-C	2-J & 2-R	Secretary of State
President & Vice President (Nominated by Petition)	2-D	2-J & 2-R	Secretary of State

(See form 2-R on next page.)

STATE OF IOWA PRESIDENTIAL ELECTORS

(Names of Candidates for President and for Vice President)

(name of nonparty political organization)

FIRST DISTRICT

(name)

(address)

(city, state and zip code)

SECOND DISTRICT

(name)

(address)

(city, state and zip code)

THIRD DISTRICT

(name)

(address)

(city, state and zip code)

FOURTH DISTRICT

(name)

(address)

(city, state and zip code)

FIFTH DISTRICT

(name)

(address)

(city, state and zip code)

AT LARGE

(name)

(address)

(city, state and zip code)

AT LARGE

(name)

(address)

(city, state and zip code)

I hereby certify that this is a complete list of the candidates for presidential electors for the candidates for President and Vice President named above.

Signature

Date

FORM 2-S

NOMINATION PETITION

For the offices of Governor and Lieutenant Governor

Iowa Code sections prescribing form: Chapters 44 and 45

Use: For use by nonpartisan or nonparty political organization candidates in general elections only. Must be filed with Affidavit of Candidacy form 2-C or 2-D). All nomination papers shall be 8 1/2 by 14 inches in size.

Retention period: Keep for twenty-two months after the election

FOR GENERAL ELECTIONS ONLY

Office Sought	Forms to Use		Source
	Affidavit	Nomination	
Governor & Lt. Governor (Nominated by Nonparty political organization)	2-C	2-S	Secretary of State
Governor & Lt. Governor&2 (Nominated by Petition)	2-D	2-S	Secretary of State

(See form 2-S on next page.)

Revision Note:

The 1997 revision of this form adds to the upper left-hand corner of the petition the following:

**Each candidate named
on this petition must
file an *Affidavit of Candidacy*.**

The 1993 version of the form may be used until supplies are exhausted.

Each candidate named on this
 petition must file an
Affidavit of Candidacy.

STATE OF IOWA NOMINATION PETITION

For Nonpartisan Nominations and Nonparty Political Organizations

For the offices of Governor and Lieutenant Governor

Name of nonparty political organization, if any _____

FOR GOVERNOR: _____ of _____, Iowa

FOR LIEUTENANT GOVERNOR: _____ of _____, Iowa

I, the undersigned, an eligible elector of the state of Iowa, do hereby nominate the candidates named above for the offices of Governor and Lieutenant Governor of the State of Iowa to be voted for at the general election to be held on November _____, 19____.

Name	Residence		Date of Signing
	Street and number, if any	City	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
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18.			

[Additional lines shall be added to fill a 14" page],

FORM 3-A (Rev.-97)
APPLICATION FOR ABSENTEE BALLOT

Iowa Code section prescribing form: 53.2

Use: This form may be used to apply for absentee ballots. Absentee ballots shall be mailed to an address where the voter receives mail. It is illegal to preprint an address on an absentee ballot application that will direct the ballot to an address controlled by a political campaign.

Retention period: Completed forms should be kept for 22 months after federal elections and for 6 months after other elections.

STATE OF IOWA

APPLICATION FOR ABSENTEE BALLOT

Name * _____ Precinct _____

Social Security or
Voter ID Number: _____ Birth Date: ___/___/___ Sex: ___

Address at which Registered to Vote: _____ Voter's Mailing Address, if different from registration address: _____

* _____
* _____
* _____

Check here if you have moved from the address at which you are registered to vote. A change of address form will be sent to you.

For Primary Elections only: I request a ballot for the

Democratic Party Reform Party Republican Party

Please note: Your voter registration record will be changed if you ask for a ballot for a political party different from the party shown on your voter registration record.

Please send an absentee ballot to me at the address indicated above for the _____ Election to be held on ___/___/___.

For Office Use Only

* _____
Signature of Voter Date

*This information must be provided.

PLEASE NOTE: Absentee ballots shall be mailed to an address where the voter receives mail. It is illegal to preprint an address on an absentee ballot application that will direct the ballot to an address controlled by a political campaign.

ABSENT VOTER'S AFFIDAVIT AND ENVELOPE

Iowa Code section prescribing form: 49.77 and 53.13

Use: The envelope and affidavit are designed to provide the voter with instructions to help ensure that the voter understands technical requirements of the law. The instructions and affidavit shall be printed with the largest possible type. At least 14 point type is recommended. The same serial number that is affixed to the application for the ballot shall be affixed to this envelope.

Retention period: Completed forms should be kept for 22 months after federal elections and for 6 months after other elections.

[Print on the affidavit envelope flap:]

Don't forget to --

- Put your ballot in the Affidavit Envelope
- Complete and sign the Affidavit
- Seal the Affidavit Envelope
- Put the Affidavit Envelope in this Return Envelope

Absentee Ballot

Affidavit Envelope

Instructions

1. Return the ballot even if you do not vote it. If you decide to vote at the polls on election day, take this ballot and the envelopes with you.
2. After you vote, put your ballot in the **Secrecy Envelope**, if one was provided.
3. **Your ballot won't count unless you-**
 - Complete the affidavit on the other side.
 - Sign the affidavit
 - Put the voted ballot in this envelope.
Don't share your affidavit envelope with another voter. If there is more than one ballot in this envelope, none of the ballots will be counted.
 - Seal this Affidavit Envelope.
4. Put the Affidavit Envelope inside the Return Envelope. Seal the envelope.
5. Return the ballot on time (late ballots don't count).
 - a. By mail: Postmark before election day.
 - b. In person: You, or someone you choose, may take the ballot to the County Auditor's office. Deadline: __ p.m. election day.

[Auditor's Address here.]

Affidavit

Complete and sign or your ballot will not be counted.

I do solemnly swear or affirm that I am a resident of the _____ ward or township, city of _____, county of _____, Iowa.

I am a registered voter. I have not voted and will not vote in any other precinct in this election.

[Auditor: Put name and date of election here.]

[For Primary Election only:] I am affiliated with the
 Democratic Party Reform Party Republican Party

I understand that making a false statement on this affidavit is a crime.

Address where you live:

House number and street

For instructions turn the envelope over.

Sign here:

✕ _____

Date: __/__/__

FORM 3-C (Rev.-90)

**AFFIDAVIT
FOR VOTER WHO DID NOT RECEIVE ABSENTEE BALLOT**

Iowa Code section prescribing form: 53.19

Use: A voter who has requested an absentee ballot and appears at the polls on election day may be permitted to vote only if the voter surrenders an unvoted ballot or signs an affidavit declaring that the ballot was never received.

Retention period: Completed forms should be kept for 22 months after federal elections and for 6 months after other elections.

FORM 3-C (Rev.-90)
Prescribed by the
Iowa Secretary of State

**STATE OF IOWA
AFFIDAVIT FOR VOTER WHO DID NOT RECEIVE ABSENTEE BALLOT**

I do solemnly swear or affirm that I requested an absentee ballot by mail for this election, but I have not received the ballot. I am therefore eligible to vote in person at my precinct voting place.

I understand that if I receive the absentee ballot, I must return the ballot and all other accompanying materials to the county auditor.

Signature of Voter

Address

Approved:

Election Board Member

Date of Election

ABSENTEE BALLOT RETURN CARRIER ENVELOPE

Iowa Code section prescribing form: 53.2

Use: "The carrier envelope shall indicate that greater postage than ordinary first class mail may be required. The commissioner shall pay any insufficient postage due on a carrier envelope bearing ordinary first class postage and accept the ballot." In order to comply with this requirement the following form is prescribed. FORM 3-I (97)

Prescribed by the
Iowa Secretary of State

Retention period: Completed forms should be kept for 22 months after federal elections and for 6 months after other elections.

[Print below the envelope flap:]

Return your ballot on time --

By mail: Postmark before election day.

In person: Deliver to county auditor by __ p.m. on election day.

Return Address

Stamp

Postage=

Extra postage may be needed.

Return Envelope

This envelope contains an Official Absentee Ballot

To the County Auditor

_____, Iowa _____

FORM 3-E (93)

STATEMENT OF VOTER
LOST ABSENTEE BALLOT

Iowa Code section prescribing form: 53.21

Use: A voter who has lost an absentee ballot, or whose absentee ballot did not arrive in the mail, may request a replacement ballot. Enclose two copies of this form with the replacement ballot.

Retention period: Completed forms should be kept for 22 months after federal elections and for 6 months after other elections.

FORM 3-E (93)
Prescribed by the
Iowa Secretary of State

STATEMENT OF VOTER
LOST ABSENTEE BALLOT

Instructions:

1. Please provide the date you requested your absentee ballot. If you are not sure of the exact date, please provide a reasonable guess.
2. Sign the form.
3. Write today's date.
4. Do not enclose this statement with the ballot in the affidavit envelope. Put one copy in the outer envelope addressed to the county auditor.
5. Keep one copy.

The absentee ballot which I requested on (1) _____ [date] has been lost or was never received. If I find this absentee ballot I will return it, unvoted, to the commissioner.

(2) _____
Signature of Voter

(3) Date: _____

FORM 3-F (93)

ABSENTEE DELIVERY TEAM LOG

Iowa Code section prescribing form: 53.22

Use: Provides a format for record keeping for absentee ballot delivery teams.

Each absentee ballot delivery team consists of one Democrat and one Republican chosen from the election board panel. The team members deliver absentee ballots to nursing homes and health care facilities during the ten days before an election. There are some exceptions. See Iowa Code section 53.22 for specific requirements.

Retention period: Completed forms should be kept for 22 months after federal elections and for 6 months after other elections.

The form appears on the following two pages.

FORM 3-F (93) ABSENTEE DELIVERY TEAM LOG

Records of absentee ballots to be delivered to a single health care facility or nursing home are to be listed on this form. The team members are to travel together in the same vehicle and deliver and return the voted ballots on the same day. Both officials shall remain with each voter while the person is voting and shall assist the voter only if requested to do so. Voted ballots shall be deposited in a sealed ballot box and returned to the county auditor's office the same day.

DATE: ___/___/___

Name of nursing home or health care facility: _____

Address: _____

Team Members: _____

Democratic Party

Republican Party

Ballots Provided to Delivery Team

Number of people to receive ballots	
Number of extra ballots provided to team	
Total number of ballots	*

Type of ballot	Number delivered
Total Ballots Delivered	*

Received by:

X _____, Democrat

X _____, Republican

Date: ___/___/___ Time: _____ am/pm

** All totals should be the same.*

Ballots Returned by Delivery Team				
Type of Ballot	Number Voted	Number Spoiled	Not Voted	Total Returned
Totals				*

Received by:

X _____

Date: _____

Time: _____ a.m./p.m.

FORM 3-F (93)
ABSENTEE BALLOT DELIVERY TEAM LOG

Voter's Name	Ballot number	Ballot Type	Registration Address and/or Room Number	Time & Comments
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

COMMENT CODES: A = *absent or did not vote*; V = *present and voted*;
HT = *helped by team*; HO = *helped by other person*

CHALLENGE OF ABSENTEE VOTER

Iowa Code sections prescribing form: 49.79 - 49.81; 53.31

Use: For both challengers and challenged voters to report the information needed to resolve questions regarding the qualifications of certain voters.

The form is in two parts. The challenged voter should receive a voter registration form, as well as a copy of the *Statement by Challenger* to keep.

Retention period: Completed forms should be kept for 22 months after federal elections and for 6 months after other elections.

CHALLENGE OF ABSENTEE VOTER

Part I -- Statement by Challenger

Election: _____ Date: ___/___/___

Name of Person being Challenged: _____

Registration Address: _____

Telephone Number: _____ Registration Number: _____

Absentee Ballot Number: _____ Date Issued: ___/___/___

REASON FOR CHALLENGE: _____

CHALLENGE SUBMITTED BY (Print name): _____

Signature: X _____

Address: _____

Telephone: _____ Date: ___/___/___

NOTICE TO VOTER: *Your qualifications as a registered voter have been challenged for the reasons stated above. Your right to vote will be reviewed by the special precinct counting board. You have the right and are encouraged to make a written statement and submit additional written evidence to this board supporting your qualifications as an elector. This written statement and evidence may be personally delivered, mailed, or FAXed to the county auditor no later than:*

_____:___ am/pm Date: ___/___/___

Send to: _____ County Auditor
 Courthouse _____, Iowa _____
 Office telephone: () _____

Facsimile machine telephone: () _____
 Mail original of facsimile to address at left.

The Special Precinct Board will convene at _____ am/pm, ___/___/___.

If your ballot is not counted you will be notified.

OFFICE USE ONLY: *Keep the original in your office, and send a copy to the voter. Notice of this challenge was provided to the voter by:* Telephone Mail FAX

Note date and time of notice: ___/___/___ _____:___ am/pm
Response received: ___/___/___ _____:___ am/pm

CHALLENGE OF ABSENTEE VOTER

Part II -- Statement by Challenged Voter

Please answer each question carefully and completely. Return this form and the enclosed voter registration form to the address on the first page.

1. Where is your home? Please give the street address, if you have one. If you don't have a street address, describe where your home is.

2. How long has your home been at this place? _____

3. Do you have a home anywhere else? YES NO

If yes, where: _____

4. How old are you? _____ years.

5. Additional information showing that you are a legally registered voter for this election may be added here:

If you need more space, please feel free to attach extra pages. You may also attach copies of any documents which you believe show that you are a legally registered voter for this election.

6. *Statement:* I believe I am a registered voter of this precinct. I registered to vote

in _____ County on or about ___/___/___ [date] at _____

_____ [place]

My name at that time was: _____

I have not moved to a different county since that time. I am a United States citizen, at least eighteen years of age.

Print your name: _____

X _____

Signature of voter

Date: ___/___/___

Notice to Voter of CHANGE OR DECLARATION OF PARTY AFFILIATION

Iowa Code section prescribing form: 43.42 and 53.2

Use: For use in Primary Elections only. This form is required to be mailed with absentee ballots sent to voters who request a ballot for a political party other than the political party on the voter's registration. The voter's registration record is changed to reflect the party indicated on the ballot request. The following notice is sent to the voter.

Retention period: The form is sent to the absentee voter, not to be retained by auditor.

FORM 3-H (Rev.-97)
Prescribed by the
Iowa Secretary of State

STATE OF IOWA NOTICE TO VOTER OF CHANGE OR DECLARATION OF PARTY AFFILIATION

Dear Voter:

The absentee ballot application you sent for the Primary Election to be held on June __, ____, asked for a ballot for a political party different from the party preference shown on your voter registration record. Because you requested a

Democratic Reform Republican

ballot you are now registered with that party. The enclosed ballot includes candidates only from that party.

You were previously registered with

Democratic Party Reform Party Republican Party No Party

If you believe this change of party to be in error, please call () _____ or return your ballot packet. If you want the ballot for another party mark the appropriate party below and sign your name on the lower left corner of this form and return the form with your unvoted ballot. Mark the outside of the return envelope: Wrong Ballot.

Democratic Reform Republican

Date: _____

Signed: _____

✕ _____

County Auditor and
Commissioner of Elections

**Notice to Voter of
CHANGE OR DECLARATION OF PARTY AFFILIATION**
for use when voter is in a Nursing Home or Hospital

Iowa Code section prescribing form: 43.42 and 53.2

Use: For use in Primary Elections only when the voter is in a nursing home or hospital. This form is required to be mailed with absentee ballots sent to voters who request a ballot for a political party other than the political party on the voter's registration. The voter's registration record is changed to reflect the party indicated on the ballot request. The following notice is sent to the voter.

Retention period: The form is sent to the absentee voter, not to be retained by auditor.

FORM 3-I (97)
Prescribed by the
Iowa Secretary of State

**STATE OF IOWA
NOTICE TO VOTER OF
CHANGE OR DECLARATION OF PARTY AFFILIATION**

Dear Voter:

The absentee ballot application you sent for the Primary Election to be held on June __, _____, asked for a ballot for a political party different from the party preference shown on your voter registration record. Because you requested a

Democratic Reform Republican
ballot you are now registered with that party. The ballot which will be delivered to you includes candidates only from that party.

You were previously registered with

Democratic Party Reform Party Republican Party No Party

If you believe this change of party to be in error, please call () _____.
If you want the ballot for another party mark the appropriate party below and sign your name on the lower left corner of this form and return the form.

Democratic Reform Republican

Date: _____

Signed: _____

✕ _____

County Auditor and
Commissioner of Elections

FORM 3-J (97)

SECURITY ENVELOPE

Iowa Code section prescribing form: 49.25(4)

Use: To protect the confidentiality of the absentee ballot as it is removed from the affidavit envelope.

Retention period: Unless signed by precinct election officials or otherwise marked this form may be reused. If signed it shall be retained for 22 months after a federal election; 6 months after any other election.

FORM 3-J
Prescribed by the
Iowa Secretary of State

Secrecy Envelope

After you vote, put your ballot in here.

ARMED FORCES OR OVERSEAS BALLOT -- ENVELOPES

Iowa Code section prescribing form: 53.46(2)


Use: These envelopes are available only from the Secretary of State. They are for use only by qualified armed forces or overseas voters. These envelopes may be used in any election.

Retention period: Both of the envelopes (4-B and 4-C) in which absentee ballots are returned to the auditor shall be kept for 22 months after elections for federal offices and for six months after all other elections.

Facsimiles of the envelopes appear on the following six pages.

FORM 4-A (Rev.-97)
ARMED FORCES OR OVERSEAS BALLOT -- DELIVERY ENVELOPE

[front]

Name and complete address		U.S. Postage Paid 39 USC 3406
<hr/> <hr/> <hr/> <hr/> <hr/>		PAR AVION
OFFICIAL ABSENTEE BALLOTING MATERIAL—FIRST-CLASS MAIL		
NO POSTAGE NECESSARY IN THE U.S. MAILS-DMM E080		
	TO:	
	•	•
DELIVERY ENVELOPE 4-A (Rev.-97)	•	•

FORM 4-A (Rev.-97)
ARMED FORCES OR OVERSEAS BALLOT -- DELIVERY ENVELOPE

[back]

ARMED FORCES OR OVERSEAS BALLOT
For use in all elections.

**DELIVERY
ENVELOPE**

4-A
(Rev.-97)

(Stamp or print the name and date of the election here.)

FORM 4-B (Rev.-97)
ARMED FORCES OR OVERSEAS BALLOT -- RETURN CARRIER ENVELOPE

[front]

Name and complete address

|||||

U.S. Postage Paid
39 USC 3406

PAR AVION

OFFICIAL ABSENTEE BALLOTING MATERIAL—FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAI LS-DMM E080

• TO THE COUNTY AUDITOR •

• U.S.A. •

RETURN
ENVELOPE
4-B
(Rev.-97)

FORM 4-B (Rev.-97)
ARMED FORCES OR OVERSEAS BALLOT -- RETURN CARRIER ENVELOPE

[back]

No stamp is needed if you use the U.S. Postal Service or FPO/APO system.
If you use another postal system, you must pay the postage.

ARMED FORCES OR OVERSEAS BALLOT
For use in all elections.

**RETURN
ENVELOPE
4-B
(Rev.-97)**

(Stamp or print the name and date of the election here.)

ARMED FORCES OR OVERSEAS BALLOT

For use in all elections.

(Stamp or print the name and date of the election here.)

Instructions for the voter:

- Return the ballot even if you do not vote.
- After you vote, put your ballot in the **Secrecy Envelope**, if one was provided.
- **Your ballot won't count unless you --**
 - **Complete the affidavit on the other side of this envelope.**
 - **Sign the affidavit**
 - **Put the voted ballot in this envelope.**
Don't share your affidavit envelope with another voter. If there is more than one ballot in this envelope, none of the ballots will be counted.
 - **Seal this Affidavit Envelope.**
- **Put Affidavit Envelope (4-C) inside the Return Envelope (4-B).** Seal the envelope.
- **Return your ballot on time (late ballots don't count).**
 - By mail: Postmark before election day. Your ballot must be received before noon on the Monday after the election.
 - In person: This ballot must be delivered to the Auditor's Office before the polls close on election day.

[Auditor's address here.]

**Affidavit
Envelope
4-C
(Rev.-97)**

Affidavit Envelope 4-C (Rev.-97)

Please fill out the following affidavit carefully--

- ☛ This form is also your voter registration record.
- ☛ If this form is not properly completed and signed, your ballot will not be counted.

Affidavit

Qualifications for Voter Registration

To register to vote in Iowa, you must:

- ★ be a citizen of the United States
- ★ be a resident of Iowa, as defined by the armed forces and overseas voting provisions of Iowa law
- ★ be at least 17½ years old (must be 18 to vote)
- ★ not have been convicted of a felony (or have had your rights restored)
- ★ not currently be judged "mentally incompetent" by a court
- ★ give up your right to vote in any other place.

Armed Forces, Overseas voters: A person whose last residence was in Iowa before becoming a member of the army, navy, air force, marine corps, coast guard, merchant marine, civilian employee of the US serving outside territorial limits, member of a religious group or welfare agency assisting members of the armed forces, a spouse or dependent of any of the above, or other eligible citizen residing outside the US.

I, _____ do solemnly swear or affirm
First name Middle name Last name
 that my Iowa voting residence is _____
Street & number or rural route
 _____, Iowa. Sex: M F
Ward, precinct & school district (if known) City County

My date of birth is: ___/___/____. My social security number is: _____

Name and address given on last previous registration if different from above:

_____ Full name Full address
 I am affiliated with the _____ Party. (Required only for primary election.)

I swear or affirm that:

- I am the person named above
- I am a United States citizen
- I am eligible to register to vote at the address listed above
- I am at least 18 years old
- I have not been convicted of a felony (or have received a restoration of rights)
- I am not currently judged mentally incompetent by a court
- I do not claim the right to vote anywhere else.

Sign Here: X _____ Date _____

WARNING: If you sign this statement and you know it is not true, you can be convicted and fined up to \$7,500 and/or jailed for up to five years.

FORM 4-D
PROXY ABSENTEE BALLOT REQUEST FORM

Iowa Code section prescribing form: 53.40

Use: In the General Election only this form may be used by certain relatives to request absentee ballots for family members who are in the armed forces or who are overseas. The family member requesting the ballot must live in the same county as the Iowa voting residence of the person who will receive the ballot. Qualifying family members include:

- Spouse
- Parent
- Parent-in-Law
- Sibling (adult)
- Child (adult)

The request may be filed no earlier than 70 days before the general election. It may not be used for other types of elections.

Retention period: Completed copies of this form shall be kept for 22 months after the election.

STATE OF IOWA

PROXY ABSENTEE BALLOT REQUEST FORM

This form may be used by certain relatives to request general election absentee ballots for family members who are in the armed forces or who are overseas. The request may be filed no earlier than 70 days before the general election.*

☆ This is a request for an absentee ballot for the General Election to be held on November __, _____. ☆

1. Name of voter: _____

2. Iowa voting address:

4. Mail ballot to:

3. Length of residence in city or township, county & state: _____

5. Voter's birth date: ___/___/___

6. Voter's social security number, if known: _____

7. The person for whom this ballot is requested is eligible to vote in Iowa and is (check one):
- a. A member of the army, navy, marine corps, air force, coast guard, merchant marine, or a spouse or dependant.
 - b. A member of a religious group or welfare agency assisting members of the armed forces, who is officially attached to and serving with the armed forces, or a spouse or dependant.
 - c. A civilian employee of the United States serving outside the U.S. territorial limits, or a spouse or dependant residing with a civilian employee.
 - d. An eligible citizen residing outside the U.S.

8. Name and address } _____
of person making } _____
this request. } _____

9. Relationship* to voter: _____

10. Signature of requestor: **X** _____

11. Date of request: _____

* Request may be made by the voter's spouse, parent, parent-in-law, adult sibling, or adult child who lives in the same county as the voter's residence.

**CERTIFICATE OF TEST FOR VOTING EQUIPMENT
CENTRAL COUNT SYSTEMS**

Iowa Code Section prescribing form: 52.35

Use: Electronic voting equipment is required to be tested before use in any election. The test shall be open to the public. The following form is designed to report that the required procedures were followed.

This form includes instructions and consists of three pages.

Retention Period: Keep completed copies of this form for 22 months after federal elections and for 6 months after other elections.

STATE OF IOWA

CERTIFICATE OF PUBLIC TEST FOR VOTING EQUIPMENT

CENTRAL COUNT SYSTEMS

INSTRUCTIONS

1. This form is required to be used only by counties with optical scan central count systems.
2. The form is designed to guide you step by step through the legal requirements of the test. Read the entire form thoroughly so that you are aware of all of your responsibilities.
3. Keep a copy for your files. Keep test certificates for 22 months after federal elections and for six months after all other elections.

STATE OF IOWA
CERTIFICATE OF PUBLIC TEST FOR VOTING EQUIPMENT
CENTRAL COUNT SYSTEMS

Iowa Code Section implemented by this form: 52.35

Use: Electronic voting equipment is required to be tested before use in any election. A public test shall be held in addition to other equipment tests. The following form is designed to report that the required procedures were followed.

Name of election: _____ Date: ___/___/___

Public test date: ___/___/___ *This date must be within five days before the date of the election.*

Time: _____ Place: _____

1. The county chairperson of each political party shall be notified in writing of the time of the public test so that the chairperson or a representative may attend.

Political party: _____

Date notified: ___/___/___

County Chairperson: _____

Reply received: ___/___/___

Address: _____

Will Attend Will not attend

City, zip code: _____

Designee, if any:

Political party: _____

Date notified: ___/___/___

County Chairperson: _____

Reply received: ___/___/___

Address: _____

Will Attend Will not attend

City, zip code: _____

Designee, if any:

2. NOTE: Notice of the public test may be published with the notice of election.

3. Test ballots shall be prepared to include a predetermined number of valid votes for each candidate and each public question on the ballot. For each office and question one or more ballots in the test deck shall have votes in excess of the number allowed by law in order to test the ability of the equipment to reject overvotes. Was the test deck prepared in this way?

yes no

4. The chairperson of each political party shall be offered the opportunity to submit an additional test group of ballots. If additional test decks are submitted they shall be used at the public test.

Democratic party chairperson: accepted declined.

Republican party chairperson: accepted declined.

5. If errors are detected in the test, the cause must be determined and corrected before the equipment is approved. Were errors noted during the test? yes no

Was the cause of the error determined and corrected? yes no

6. An errorless test was obtained at [time]: ____:____ am/pm

7. The test ballots shall be clearly labeled and retained in the counting center. Initial when completed: ____

I hereby certify that the tabulating equipment prepared for use in this election has been publicly tested according to Iowa Code section 52.35. The equipment is approved for use in this election.

County Auditor and
Commissioner of Elections

Signatures of political party observers, if any were present:

Democratic Party observer

Republican Party observer

Checklist of Additional Test Requirements

1. The test shall be repeated immediately before tabulation begins on election day. Time test was completed: ____:____ am/pm

2. The test shall be repeated immediately after tabulation is completed. Time test was completed: ____:____ am/pm

3. The test ballots shall be sealed and retained for 22 months after elections at which federal candidates appear on the ballot (primary, general and special elections to fill vacancies in Congress). The retention period for other elections is six months. Retain the test ballots from this election until: ____/____/____.

**CERTIFICATE OF TEST FOR VOTING EQUIPMENT
PRECINCT COUNT SYSTEMS**

Iowa Code **Section prescribing form:** 52.35

USE: Electronic voting equipment is required to be tested before use in any election. The test shall be open to the public. The following form is designed to report that the required procedures were followed.

This form includes instructions and consists of four pages.

Retention Period: Keep completed copies of this form for 22 months after federal elections and for 6 months after other elections.

**STATE OF IOWA
CERTIFICATE OF PUBLIC TEST FOR VOTING EQUIPMENT**

PRECINCT COUNT SYSTEMS

INSTRUCTIONS

1. This form is required to be used only by counties with precinct count optical scan voting systems.
2. Keep the originals and make copies for use in each election.
3. The form is designed to guide you step by step through the legal requirements of the test. Read the entire form thoroughly so that you are aware of all of your responsibilities.
4. On the equipment test list fill in each column to indicate:
 - A. The name or number of the precinct.
 - B. The address or name of the polling place.
 - C. The serial number of the tabulating device.
 - D. The date of the public test in the precinct.
 - E. Check to indicate that an error-free test was run.
 - F. Check to indicate that all vote totals in the memory were returned to zero after the test, and that a zero report was produced.
 - G. Check to indicate that the device was locked or sealed.
6. Keep test certificates for 22 months after federal elections and for six months after all other elections.
7. In the records of this election note where the test deck and other materials from this election are stored and when they can be destroyed if no contest or other legal action is pending.

STATE OF IOWA
CERTIFICATE OF PUBLIC TEST FOR VOTING EQUIPMENT
PRECINCT COUNT SYSTEMS

Iowa Code section implemented by this form: 52.38

USE: Electronic voting equipment is required to be tested before use in any election.
A public test shall be held in addition to other equipment testing. The following form is
designed to report that the required procedures were followed.

Name of election: _____ Date: ___/___/___

Public test to begin (date and time): ___/___/___ @ ___:___ am/pm
The testing must be completed within twelve hours before the polls open on election day.
The tabulating equipment must be tested at the polling places where it is to be used.

5. The county chairperson of each political party shall be notified in writing of the time of the
public test so that the chairperson or a representative may attend.

Political party: _____ Date notified: ___/___/___
County Chairperson: _____ Reply received: ___/___/___
Address: _____
City, zip code: _____
Will Attend Will not attend
Designee, if any: _____

Political party: _____ Date notified: ___/___/___
County Chairperson: _____ Reply received: ___/___/___
Address: _____
City, zip code: _____
Will Attend Will not attend
Designee, if any: _____

6. NOTE: Notice of the public test may be published with the notice of election.

7. Test ballots shall be prepared to include a predetermined number of valid votes for each
candidate and each public question on the ballot. For each office and question one or more
ballots in the test deck shall have votes in excess of the number allowed by law in order to
test the ability of the equipment to reject overvotes. Was the test deck prepared in this way?
yes no

8. The chairperson of each political party shall be offered the opportunity to submit an additional test group of ballots. If additional test decks are submitted they shall be used at the public test.
- Democratic party chairperson: accepted declined.
 Republican party chairperson: accepted declined.
9. If errors are detected in the test, the cause must be determined and corrected before the equipment is approved. Were errors noted in any precinct during the test? yes no
- Was the cause of the error determined and corrected in each instance? yes no
10. Following the test were the vote totals erased from the memory of each portable vote tabulating device? yes no
11. Was a report produced showing that all vote totals in the memory of each device were set at 0000? yes no
12. Were all the devices securely locked or sealed? yes no
13. The serial numbers and locations of the devices which were tested are included on the attached list. yes no
14. The test ballots shall be clearly labeled, sealed, and retained by the commissioner for 22 months (if prepared for a primary or general election, otherwise for 6 months). These ballots are to be retained until: ___/___/___.

*The undersigned certify that we were present and witnessed the testing of the portable tabulating devices in the precincts included on the attached list. We believe the devices are in proper condition for use in the election of ___/___/___.
 We certify that the procedures above were followed satisfactorily.*

 Voting equipment custodian

Signatures of political party observers, if any were present:

 Democratic Party observer

 Republican Party observer

☛ **Keep this certificate for your files.**

5-C (Rev.--97)	State of Iowa PRECINCT COUNT EQUIPMENT TEST LIST
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ELECTION DOCUMENT RETENTION RECORD

Iowa Code sections prescribing form: 43.61, 48A.32, 50.3, 50.4, 50.5, 50.9, 50.12, 50.19, 50.26, 50.28, 52.23, 52.35(3), 53.26, and 53.30.

Use: To explain which election records are required by state or federal statute to be kept after an election, cite the appropriate Code sections, and provide a method for recording the storage locations of retained documents.

Retention period: Permanent record.

Comments:

Election records are kept for at least two reasons: to show how the election was prepared if there are formal questions raised by an election contest or other legal inquiry into the conduct of the election and to use as a model for preparing the next election.

Ballots are retained to be available if a recount is required.

☛ *If an election contest or other legal inquiry into the conduct of an election is pending DO NOT destroy any documents from the election.*

Ballots and voting system documents which demonstrate how the votes were tabulated for each election must be sealed by the precinct officials who tabulated the votes when tabulation is completed. These documents are NOT to be opened unless there is a recount or an election contest which requires the examination of the ballots. At the time the ballots are to be destroyed the packages may be opened only if the ballots are to be shredded before recycling. [50.12, 50.13]

PLEASE NOTE: County (or city or school) officials do not have the authority to open these documents to resolve questions about the manner in which the votes were tabulated. Only a recount board or contest court may open them.

The records of all federal elections must be kept for at least 22 months. A federal election is one in which there are candidates for federal offices on the ballot. This includes all (June) primary elections, general elections and any special elections held to fill vacancies in the U.S. House of Representatives. This is a requirement of both state and federal law.

Records that apply only to city, school, county or other local elections must be kept for at least six months.

There are a few exceptions to the six-month or twenty-two-month retention period. The most important exception is that tally lists and abstracts may never be discarded. The nomination papers from the primary election are to be discarded ten days before the general election, if no contest is pending.

Directions for use:

6. Use the original of Form 5-D to make copies as needed to keep records for each election.
7. Note the name and date of the election at the top.
8. Calculate the discard dates for materials to be kept for at least six months, and twenty-two months, as applicable.
9. Mark your calendar to remind yourself of the earliest date when you may dispose of the materials, unless a contest or other legal action is pending.
- ☛ *If an election contest or other legal inquiry into the conduct of an election is pending DO NOT destroy any documents from the election.*
10. Enter the description of the location for each item in the right-hand column.
11. Use the blank lines on the form to add descriptions and storage locations of other documents.
12. Prepare an index of locations by document title. For example:

Tally Lists 1846-1960 Courthouse attic, SW corner: Shelves 1-45

State of Iowa
Election Document Retention Record

Election: _____ Date: ___/___/___

6 months = ___/___/___
 22 months = ___/___/___

Documents to be Retained	Iowa Code Sections	Keep	Storage Location
Absentee ballot applications	50.19	6/22 ¹ mos.	
Absentee envelopes (all)	53.30, 50.19	6/22 mos.	
Ballots from each precinct ²			
Absentee Ballots(Counted)	50.12	6/22 mos.	
Absentee Ballots(rejected)	53.26	6/22 mos.	
Disputed Ballots	50.3, 50.4, 50.5	6/22 mos.	
Special (challenged) Ballots and all related documents	50.19	6/22 mos.	
Spoiled Ballots	50.9	6/22 mos.	
Test Deck	52.35(3)	6/22 mos.	
Unused Ballots	50.9	6/22 mos.	
Voted Ballots	50.12	6/22 mos.	
Election Abstracts	43.61; 50.26; 50.28	FOREVER	
Election Registers	50.19	6/22 mos.	
Eligibility Declarations	50.19	6/22 mos.	
Nomination Papers			
Primary Election (Ch. 43)	50.19	10 days before General Election	
General Election & others	50.19 (implied)	6/22 mos.	
Pollwatcher Certification records	50.19 (implied)	6/22 mos.	
Precinct Official Appointment recs.	50.19 (implied)	6/22 mos.	
TALLY LISTS	50.19	FOREVER	
Voter Registration Records	48A.32	See 48A.32	

¹6 months for local elections; 22 months for federal elections (Primary, General and Special Congressional elections). See also 42 USC 1974-1974e.

²To be sealed at the precinct on election night; or immediately after counting.

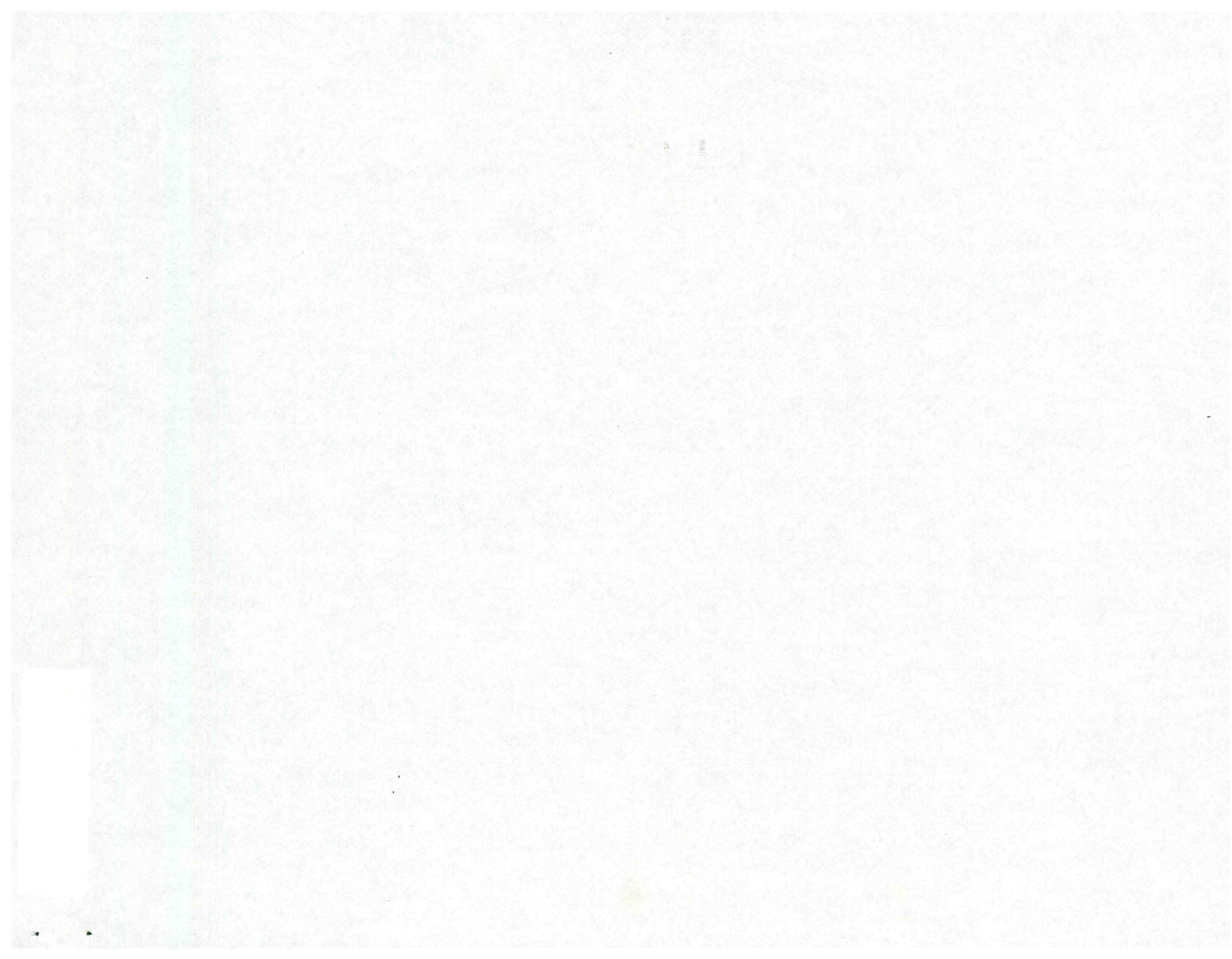
**State of Iowa
 Election Document Retention Record**

Election: _____ Date: ___/___/___

6 months = ___/___/___
 22 months = ___/___/___

Voting System Documents to be Retained	Iowa Code Sections	Keep	Storage Location
LEVER MACHINES (AVM)			
*AVM Printer Packs	52.23	6/22 mos.	
*AVM Write-in Rolls	52.23	6/22 mos.	
Ballot strips / each precinct	50.19 (implied)	6/22 mos.	
Pre-election test reports	50.19 (implied)	6/22 mos.	
Election day service & repair reports	50.19 (implied)	6/22 mos.	
OPTICAL SCAN SYSTEMS			
*Programs for ballot tabulation	52.35(3)	6/22 mos.	
Public test results	52.35(3)	6/22 mos.	
Computer logs of election day events	50.19 (implied)	6/22 mos.	
Election day service & repair reports	50.19 (implied)	6/22 mos.	
DIRECT RECORDING ELECTRONIC SYSTEMS			
Machine ballot faces/each precinct	50.19 (implied)	6/22 mos.	
Public test results	50.19 (implied)	6/22 mos.	
Zero totals reports	52.23	6/22 mos.	
Records of ballot images, if available	50.19 (implied)	6/22 mos.	

* To be sealed at the precinct on election night.



STATE LIBRARY OF IOWA



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