OFFICE OF THE FSM NATIONAL ELECTION DIRECTOR
P.O. Box PS156
Palikir, Pohnpei, FM 96941
Telephone: (691) 320-7805; Fax: (691) 320-7534; Email: ned@fsmned.fm

CANDIDATE AFFIDAVIT

☐ Four-Year Term Congress

State of: ☐ Kosrae ☐ Pohnpei

Please specify Election District Number: _____

Candidate's Full Name: _____ _____ _____
First Name M.I. Last Name

Date of Birth: _____ Address: _____

Phone No.: Work: _____ Home: _____ Cell: _____

I hereby state and affirm the followings:

1. I have attained the age of thirty years by Election Day;
2. I am a resident of the State from which I am seeking election on Election Day and for at least five years prior to that date;
3. I am a citizen of the Federated States of Micronesia and have been a Citizen of the Federated States of Micronesia for at least 15 years prior to Election Day;
4. I am not under a judgment of mental incompetency or insanity; and
5. I have not been convicted of a felony by a State or National Court of the Federated States of Micronesia or its predecessor Government of the Trust Territory of the Pacific Islands.

I solemnly swear, under penalty of perjury, that the foregoing information that I have provided on this affidavit is true and correct.

_____ _____
Candidate's Signature Date

Subscribed and sworn before me this _____ of _____, _____
Day Month Year

For your petition to be valid, you must return it to the Office of the National Election Commissioner of the State in which you are running for office no later than **5:00 P. M.** on **May 23, 2019**. You must deposit a filing fee of **$100.00** at the FSM Treasury, and attach the receipt of the deposit to this form upon submission along with **2** recent passport-sized photographs of yourself.

FOR OFFICIAL USE ONLY

Received by: _____ _____ _____
Election Official Date Time

Commissioner's eligibility review of candidate: ☐ Approved ☐ Disapproved

Comments: _____

_____

_____

_____ _____
Commissioner's Signature Date

"Smooth and orderly elections"