

## OFFICE OF THE FSM NATIONAL ELECTION DIRECTOR P.O. Box 1685

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## CANDIDATE AFFIDAVIT

Two-Year Term Congress		Four-	Year Term Co	ongress
State of: Chuuk	Kosrae	Pohnpei	Yap	
Two-Year Term Candidates <b>ONL</b> Y	Y. Please specify I	Election Distri	ct Number: _	
Candidate's Full Name:				
	First Name	M.I.	. I	Last Name
Date of Birth:	Addres	ss:		
Phone No.: Work:	Home:		Cell:	
<ol> <li>I have attained the age of t</li> <li>I am a resident of the State least five years prior to tha</li> <li>I am a citizen of the Federa Federated States of Micror</li> <li>I am not under a judgment</li> <li>I have not been convicted of Micronesia or its predecess</li> <li>I solemnly swear, under penalty of this affidavit is true and correct.</li> </ol>	from which I am t date; ated States of Mic nesia for at least 1 of mental incomp of a felony by a So sor Government of	ronesia and has years prior to betency or insate or National from the Trust Ten	ave been a Cition Day o Election Day unity; and al Court of the rritory of the I	izen of the y; Federated States of Pacific Islands.
Candidate's Signature			Date	
Subscribed and sworn before me t	his	ofMontl	,	Year
For your petition to be valid, you not the State in which you are runnimust deposit a filing fee of \$ 100.0 this form upon submission along was a submission alo	ing for office no logo at the FSM Tre	ater than <b>5:00</b> easury, and atta	P. M. on May	y 22, 2015. You t of the deposit to
	FOR OFFICIAL			
Received by: Election Official		Date		Time
Commissioner's eligibility review		Appr		Disapproved
Comments:				
Commissioner's Signature		Date	-	

## NOMINATION PETITION

NAMES OF AT LEAST 25 REGISTERED VOTERS FROM YOUR CONGRESSIONAL ELECTION DISTRICT.

	Names of Petitioner	E.D No.	Signature
1			
14			
15			
21			
22			