



Office of the FSM National Election

P.O. Box PS156

Palikir, Pohnpei, FM 96941

Director's Office

Telephone: (691) 320-7805; Fax: (691) 320-7534; Email: ned@fsmned.fm

CANDIDATE AFFIDAVIT

At-Large Seat

Election District Seat

State of:

Chuuk

Kosrae

Pohnpei

Yap

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 twenty-five 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 September 26, 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: | <input type="checkbox"/> Approved | <input type="checkbox"/> 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 | - _____ | _____ | _____ |
| 2 | - _____ | _____ | _____ |
| 3 | - _____ | _____ | _____ |
| 4 | - _____ | _____ | _____ |
| 5 | - _____ | _____ | _____ |
| 6 | - _____ | _____ | _____ |
| 7 | - _____ | _____ | _____ |
| 8 | - _____ | _____ | _____ |
| 9 | - _____ | _____ | _____ |
| 10 | - _____ | _____ | _____ |
| 11 | - _____ | _____ | _____ |
| 12 | - _____ | _____ | _____ |
| 13 | - _____ | _____ | _____ |
| 14 | - _____ | _____ | _____ |
| 15 | - _____ | _____ | _____ |
| 16 | - _____ | _____ | _____ |
| 17 | - _____ | _____ | _____ |
| 18 | - _____ | _____ | _____ |
| 19 | - _____ | _____ | _____ |
| 20 | - _____ | _____ | _____ |
| 21 | - _____ | _____ | _____ |
| 22 | - _____ | _____ | _____ |
| 23 | - _____ | _____ | _____ |
| 24 | - _____ | _____ | _____ |
| 25 | - _____ | _____ | _____ |