



Director's Office

Office of the FSM National Election

P.O. Box PS156

Palikir, Pohnpei, FM 96941

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

CANDIDATE AFFIDAVIT

Two-Year Term Congress

Four-Year Term Congress

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 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 **November 5, 2018**. 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	- _____	_____	_____