



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

Two-Year Term Congress

State of: Chuuk Kosrae

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 30 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 5 years prior to Election Day;
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 **January 20, 2024**. 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	- _____	_____	_____

NOMINATION PETITION

Names of at least 25 registered voters from your Congressional Election District.

	Names of Petitioner	E.D No.	Signature
26	- _____	_____	_____
27	- _____	_____	_____
28	- _____	_____	_____
29	- _____	_____	_____
30	- _____	_____	_____
31	- _____	_____	_____
32	- _____	_____	_____
33	- _____	_____	_____
34	- _____	_____	_____
35	- _____	_____	_____
36	- _____	_____	_____
37	- _____	_____	_____
38	- _____	_____	_____
39	- _____	_____	_____
40	- _____	_____	_____
41	- _____	_____	_____
42	- _____	_____	_____
43	- _____	_____	_____
44	- _____	_____	_____
45	- _____	_____	_____
46	- _____	_____	_____
47	- _____	_____	_____
48	- _____	_____	_____
49	- _____	_____	_____
50	- _____	_____	_____