Declaration and Affidavit of Candidacy

I hereby declare I am an Enrolled Member of the Hoh Indian Nation. Over the age of 18, eligible to vote and hold office in the Hoh Indian Nation.

Name ____________________________________________

Address____________________________________ City __________________ State ______

Enrollment Number ________

Position or Office (Please mark one of the following positions)
☐ Chairman ☐ Secretary ☐ Council Member #2

I swear under penalty of law that the information provided on this form is true and I swear and affirm that I will support the Constitution and Laws of the Hoh Indian Nation.

_________________________________________    ____________________________
Signature                                      Date

I do solemnly swear under penalty of law that I am an enrolled member of the Hoh Indian Nation eligible to vote in this election and by my signature I endorse the candidate named above for the office listed therein. I understand that he or she who falsely signs this affidavit shall be subject to federal prosecution.

DO NOT SIGN UNLESS THE TOP PORTION OF THIS AFFIDAVIT IS COMPLETED

1. Print name ____________________________________
   Signature ____________________________________

2. Print name ____________________________________
   Signature ____________________________________

3. Print name ____________________________________
   Signature ____________________________________

4. Print name ____________________________________
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5. Print name ____________________________________
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6. Print name ____________________________________
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7. Print name ____________________________________
   Signature ____________________________________

8. Print name ____________________________________
   Signature ____________________________________

This completed form and a candidacy statement and photo must be received by the close of business on September 6, 2019.
Mailing address: Election Committee P.O. Box 1467 Forks WA, 98331
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