

# 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

Signature \_\_\_\_\_

5. \_\_\_\_\_  
Print name

Signature \_\_\_\_\_

6. \_\_\_\_\_  
Print name

Signature \_\_\_\_\_

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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9. _____ Print name	_____ Signature
10. _____ Print name	_____ Signature
11. _____ Print name	_____ Signature
12. _____ Print name	_____ Signature
13. _____ Print name	_____ Signature
14. _____ Print name	_____ Signature
15. _____ Print name	_____ Signature
16. _____ Print name	_____ Signature
17. _____ Print name	_____ Signature
18. _____ Print name	_____ Signature

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