DECLARATION OF CANDIDACY FOR ELECTED OFFICE/POSITION ON BUSINESS COMMITTEE AND/OR GRIEVANCE COMMITTEE

Name exactly as it will appear on the ballot

| Name: | | | | | |
|--|---|---------------------------------|----------------------------------|----------------|--|
| (First) (Middle) **PLEASE NOTE NAME LISTED ABOVE MUST MATCH TH | | | (Last) | | |
| **PLEASE NOTE NAME LIS VERIFICATION OF TRIBAL | | HE PEORIA TH | RIBAL ENROL | LMENT CARD FOR | |
| Suffix: | Gender: M or F | | | | |
| (If applicable) | (Mark one) | Phone No.: | | | |
| Street Number: | Street Name: | | Street Ty | pe: | |
| | City: | | (St Blvc | Ave Rd etc) | |
| | | | I | | |
| | Roll Number: | | | | |
| lective Office/Position: Date of | | | Election: | | |
| the Peoria Tribe, to becon further certify that I have | ified, a provided in Article D ne a candidate for the elected never been convicted of a fel a background investigation | l office/posit ony in a cour | ion which I se rt of competer | eek. I nt | |
| Signature of Candidate | | | Date | | |
| State of Oklahoma) County of Ottawa) ss. | | | | | |
| Subscribed and sworn to b | efore me by, 20 | | this | day | |
| (Seal) | Notary Pu | ıblic | | | |
| Declaration form received | | | | | |
| | Signature | | Date and | l Time | |