

**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) (Last)

****PLEASE NOTE NAME LISTED ABOVE MUST MATCH THE PEORIA TRIBAL ENROLLMENT CARD
FOR VERIFICATION OF TRIBAL ENROLLMENT******

Suffix: _____ Gender: M or F Date of Birth: ___ / ___ / ___ Phone No.: _____
(If applicable) (Circle one)

Mailing Address: _____

Apartment Number: _____ City: _____ State: ___ Zip Code: _____

Email address: _____

Tribal Roll Number: _____ Social Security Number: _____

Elective Office/Position: _____ Date of Election: _____

Candidacy Form (due at time declaration of candidacy form is submitted: ___ provided ___ declined

I am aware this position may have a stipend associated with meetings. ___ I accept ___ I decline

I, the undersigned, do hereby certify that, to the best of my knowledge and belief, the above information is true, correct and complete. Furthermore, I solemnly swear and affirm that I am fully qualified, as provided in Article IX, Section 5 of the Constitution of the Peoria Tribe, to become a candidate for the elected office/position which I seek. I further certify that I have never been convicted of a felony in a court of competent jurisdiction and authorize a background investigation be conducted by the Election Committee.

Signature of Candidate

Date

State of Oklahoma)
County of Ottawa) ss.

Subscribed and sworn to before me by _____ this ___ day
of _____, 20__.

(Seal)

Notary Public

OFFICE USE ONLY – MUST BE FILLED OUT

Declaration form received by: _____ Date and Time _____

Candidate statement received: ___ Yes ___ No

Form W-4: ___ Yes ___ No, decline stipend

Revised 3/2/2024