

## OFFICE OF THE FSM NATIONAL ELECTION DIRECTOR P.O. Box 1685

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## CANDIDATE AFFIDAVIT

Two-Year Term C	ongress	Four-Year	Term Congress
State of: Chu	uuk Kosrae	Pohnpei	Yap
Two-Year Term Candidate	es <b>ONLY</b> . Please specify	Election District Nu	mber:
Candidate's Full Name: _			
	First Name	M.I.	Last Name
Date of Birth:	Addre	ess:	
Phone No.: Work:	Home	:	Cell:
Federated States of 4. I am not under a ju 5. I have not been con Micronesia or its p	e Federated States of Mic f Micronesia for at least 1 dgment of mental incom- nvicted of a felony by a S redecessor Government of enalty of perjury, that the	15 years prior to Electric petency or insanity; State or National Court of the Trust Territory	ction Day; and art of the Federated States of
Candidate's Signature		Date	
Subscribed and sworn before	ore me thisDay	ofMonth	, Year
of the State in which you a	are running for office no fee of \$100.00 at the FSM	later than <b>5:00 P. M</b> A Treasury, and attac	ch the receipt of the deposit
	FOR OFFICIA	L USE ONLY	
Received by: Election Official		Date	Time
	lity review of candidate:	Approved	
Comments:			
Commissioner's Signati	ure	Date	