



FILING FOR CANDIDACY

Must include all 4 Filing for Candidacy pages when filing.

CANDIDATE NAME: _____

In this packet you will find the **Declaration of Candidacy**, **Background Investigation Consent** and **Candidate Voter Registry Request** forms. Please fill out the forms by typing or printing in ink. Illegible forms or forms completed with pencil will be rejected. Incomplete forms or inaccurate forms will not be processed.

QUALIFICATIONS FOR CANDIDACY:

Principal Chief and Assistant Principal Chief

Any enrolled member of the Osage Nation, who is at least thirty-five (35) years of age on the date of the election and has never been convicted of a felony, is eligible to become a candidate.

Congress Member

Any enrolled member of the Osage Nation, who is at least twenty-five (25) years of age on the date of the election and has never been convicted of a felony is eligible to become a candidate.

Any person filing for office shall not be certified as a candidate if a felony conviction appears on a certified court record or proof of a separate bank account in the name of the candidate or candidate's campaign is not provided upon filing.

Please return the packet in its entirety and include the following when returning your packet to the Osage Nation Election Office:

- ◆ Copy of your Osage Nation Membership Card
- ◆ Copy of your Government Issued Photo ID
- ◆ Filing fee in the form of a Cashier's Check or Money Order payable to the Osage Nation Election Office. *No personal checks or cash will be accepted.* Filing fees are as follows:
 - \$500 for Principal Chief
 - \$400 for Assistant Principal Chief
 - \$300 for Congress Member

RETURN THIS FORM:

- ◆ IN PERSON TO: 608 Kihekah, Pawhuska, Oklahoma
- ◆ *Forms will only be accepted in person from the candidate filing for office.*

FOR ELECTION OFFICE USE ONLY

Received By: _____ Date Received: _____

Check/Money Order #: _____ Receipt #: _____

Forms of ID Received: __ Membership Card __ Government Issued Photo ID



DECLARATION OF CANDIDACY

Last Name First Name Middle Name Maiden, Suffix, Alias(es)

Name as you wish it to appear on the Official Ballot. Enrollment Number Date of Birth

Main Phone Number Alternate Number E-mail Address

Physical Address City State County Zip

Mailing Address, if different from above. City State County Zip

Please circle the ONE office for which you wish to declare your candidacy.

Principal Chief

Assistant Principal Chief

Congress Member

I meet the applicable age, citizenship, voting qualification requirements prescribed by the Osage Nation Constitution, have not been convicted of a felony in any court within the United States and consent to a background check to verify my statement. I meet all qualifications for the office in which I declare my candidacy for.

Signature

Date

State of _____

County of _____

Signed and sworn to before me on this ____ day of _____, 20__.

Signature of Notarial Officer

My Commission Expires: _____

