



ALL INFORMATION IS REQUIRED UNLESS INDICATED AS OPTIONAL WITH AN ASTERISK*

| _ | <u> </u> | 711011 | 15 KEQUIK | LD UITE. | | DIGATED AG | | 17.12 | | |
|--------------|--|------------|--------------------|----------|--------|--------------------------------|----------|--------|--------------|----------|
| | | | | | | ORMATION | | | | |
| I. LAST NAME | | | 2. FIRST NAME | | | 3. MAIDEN, SUFFIX, ALIAS(ES) * | | | | |
| | | | | | | 1 | | | | |
| 4. | BIRTHDATE | 5. MEM | BERSHIP# | 6. PHON | E#* | 7. EMAIL AD | DRESS * | | | |
| | MAII ING ADD | DECC | | | | A CITY | | | LO CTATE | 11 710 |
| 8. | MAILING ADD | PKESS | | | | 9. CITY | | | 10. STATE | II. ZIP |
| | | | | | | | | | | |
| | All Votors | | | | | | | | | |
| | ALL LISTS ARE \$10 EACH | | | | | | | 0 EACH | | |
| | New Voters since the last General Election PAYMENT TYPES ACCEPTED: | | | | | | | | | |
| | ☐ Voters of State: Oklahoma MONEY ORDER | | | | | | | | ER | |
| | Voters of State: SPECIFY: CASHIER'S CHECK | | | | | | | | | |
| | | | | | | In Person: Does | not name | CAMF | PAIGN ACCOUN | IT CHECK |
| | Combined Election Voters Not split into Absentee & In Person; Does not name the election(s) voted in. | | | | | | | | | |
| | Absentee Vo | ters | | | | | | | | |
| Ele | ection Voters | Split into | Absentee & In | Person | | | | REQ | UESTS ARE | FILLED |
| | 2024 Genera | • | 2020 Gene | | 2016 6 | General | | , | WITHIN 3 TO | 0 5 |
| | | | | | | | | E | BUSINESS DA | AYS |
| | 2022 Genera | ı 🗆 | 2018 G ene | ral 🗆 | 2014 | General | | , | AFTER RECE | IPT |
| | 2022 Primar | у 🗆 | 2017 S peci | al 🗆 | 2014 I | Primary | , | | | |
| | Other | | | | | | | | | |
| | DESCRIBE: _ | | | | | | | | | |
| | | | | | | | | | | |

By signing below, I understand and acknowledge the following:

- The requested list contains only the names and address of registered voters, and those participating in the Privacy Program have been removed.
- I am entitled to this information as an Osage Voter.
- I will use this list only for political purposes and not for commercial purposes.
- Sharing or distributing the list or any sub-lists is strictly prohibited, except when used directly for my campaign.
- The use of this list is prohibited after one year from the date of this request and is subject to punishment by law.
- Any complaints regarding misuse of this list will be referred to the Osage Nation Attorney General's Office.

| VOTER SIGNATURE | | | | | | | |
|-----------------|---|--|--|--|--|--|--|
| RETURN TO → | EMAIL: electionoffice@osagenation-nsn.gov MAIL: Wahzhazhe Elections, PO Box 928, Pawhuska, OK 74056 IN PERSON: 813 Grandview Ave. Suite 3 (West Entrance) | | | | | | |

| FOR OFFICE USE OF | |
|-------------------|-------------|
| AMOUNT TOTAL | RECEIVED BY |
| \$ | KECEIVED BY |

FOR QUESTIONS: EMAIL: electionoffice@osagenation-nsn.gov CALL: 877-560-5286 or 918-287-5286