

SHAWNEE TRIBE ELECTION COMMITTEE CANDIDATE FILING



INSTRUCTIONS

View filing fees, important dates & deadlines and view the Elections Act in its entirety at shawnee-nsn.gov/elections. To file for candidacy, the prospective candidate **must** submit the following to the Election Committee:

1. A completed Candidate's Declaration of Intent & signed Candidate Affirmation (Page 2 of this document).
2. A completed & signed Release of Information for background investigation (Pages 3 and 4 of this document).
3. Payment of the appropriate filing fee. Only cash, cashier's checks, or money orders shall be accepted.

Optionally, candidates may appoint a poll watcher by submitting the required form (page 6 of this document) at least 48 hours before voting begins.

All candidate filings are due to the Election Committee by the close of business on the third Friday of June. No hand-delivered or mailed filings will be accepted after the filing deadline.

Address for hand delivery:
32 A Street SE, Suite 200
Miami, OK 74354

Mailing address:
Shawnee Tribe Election Committee
P.O. Box 1208
Miami, OK 74355

Upon completing the background check and verifying qualifications, candidates will receive an email confirming their candidacy.

To contact the Election Committee, please email elections@shawnee-tribe.com.

SHAWNEE TRIBE ELECTION COMMITTEE CANDIDATE'S DECLARATION OF INTENT FORM



INFORMATION FOR THE BALLOT

Name as it Appears on Shawnee Tribe Roll

Elected Position Sought

CONTACT INFORMATION

Residential Address

City, ST

Zip Code

Mailing Address (if different)

City, ST

Zip Code

Shawnee Tribe Enrollment Number

Date of Birth (MM/DD/YY)

Phone Number

Email Address

AFFIRMATION & SIGNATURE

As a prospective candidate for elected office of the Shawnee Tribe, I affirm that:

- 1. I am an enrolled citizen of the Shawnee Tribe and meet the general qualifications to become a candidate for the above-stated office in the next election.*
- 2. I am familiar with the Shawnee Constitution, Shawnee Laws, and the Shawnee Elections Act, and shall agree to abide by and uphold the same.*
- 3. I consent to the jurisdiction of the Tribe for enforcement of any violations of the Shawnee Elections Act and the imposition of any civil fines.*

Candidate Signature

Date

OFFICIAL USE ONLY

Date Received: _____

Filing Fee Paid: _____ Yes _____ No _____ Inits.

BACKGROUND CHECK DISCLOSURE

In the interest of maintaining the safety and security of the Tribe and its citizens, employees, and property, pursuant to the Title 6 Elections Act, Section 6.16.040, the Shawnee Tribe Election Committee will order a background report on all candidates for office. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and, as appropriate, driving records checks; verification of prior employment; reference, licensing, and certification checks; credit reports; and drug testing results. The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history.

AUTHORIZATION FOR RELEASE OF INFORMATION

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Shawnee Tribe Election Committee to order my background report. I also authorize additional agencies and entities to disclose for purposes of the background report all information about or concerning me, including but not limited to: My past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state, and local agencies; federal, state, and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me.

I understand that the information that can be disclosed includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing. I agree the Shawnee Tribe Election Committee may rely on this authorization to order one or more background reports without asking me for my authorization again, as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all the personal information I provided is true and correct.

Candidate Signature

Date

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Shawnee Tribe Election Committee in running a background check in connection with your candidacy for office.

Last Name _____ First Name _____

Middle Name _____

Maiden/Other Name _____ Years Used _____

Date of Birth (MM/DD/YY) _____

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Any Additional Names Used:

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within the Past Seven Years (use the back of this sheet, if necessary):

Current Street Address _____

City/State/ZIP _____

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (MM/DD/YY) To ____/____/____ (MM/DD/YY)

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (MM/DD/YY) To ____/____/____ (MM/DD/YY)

SHAWNEE TRIBE ELECTION COMMITTEE **CANDIDATE'S APPOINTMENT OF POLL WATCHER**



POLL WATCHER QUALIFICATIONS AND INSTRUCTIONS

The role of a poll watcher is to observe and monitor the election, without violating voter privacy or disrupting the election.

Poll watchers may be removed from the place of voting by the Election Committee for a violation of the Election Act or any regulations enacted by the Election Committee.

Poll Watcher, General Rules:

- Each candidate shall be permitted to appoint one (1) poll watcher per election and have them present at the voting place. A poll watcher cannot be the candidate for office and must be a Shawnee citizen at least 18 years of age.
- The identity of the poll watcher must be disclosed to the Election Committee at least forty-eight (48) hours before the start of voting and the poll watcher must sign a form indicating they agree to comply with all regulations governing poll watching established by the Election Committee.
- Poll watchers are authorized to observe a portion of the election process, so long as they do not interfere with voters or with election officials performing their duties.
- The poll watcher must always wear the designated badge while in the designated area.

Poll Watcher Regulations:

- Must stay within an area chosen by the Election Committee and clearly posted as the observation area designated for poll watchers.
- Do not enter any area designated for election officials or for voters in the act of voting unless the poll watcher is there to cast their own vote.
- Shall not interfere with or impede the election process or handle election materials.
- Prohibited from using photographic or other electronic monitoring or recording devices.
- Cell phone usage is prohibited within the observation area designated for poll watchers.
- Must direct any questions regarding the election process to the designated election committee point of contact.

Completed appointment forms are due to the Election Committee no later than 48 hours before voting begins:

Shawnee Tribe Election Committee
32 A St. SE, Suite 200
Miami, OK 74354

SHAWNEE TRIBE ELECTION COMMITTEE CANDIDATE'S APPOINTMENT OF POLL WATCHER



CANDIDATE INFORMATION

Candidate Name

Elected Position Sought

POLL WATCHER INFORMATION

Poll Watcher Name

Residential Address

City, ST

Zip Code

Mailing Address (if different)

City, ST

Zip Code

Shawnee Tribe Enrollment Number

Date of Birth (MM/DD/YY)

Phone Number

Email Address

AFFIRMATIONS & SIGNATURES

*As a prospective **candidate** for elected office of the Shawnee Tribe, I affirm that the above-named individual is my campaign's designated poll watcher and that they meet the general qualifications to fulfill this role to the best of my knowledge.*

Candidate Signature

Date

*As a prospective **poll watcher**, I affirm that:*

- 1. I am an enrolled citizen of the Shawnee Tribe and meet the general qualifications to become a poll watcher for the above-named candidate.*
- 2. I am familiar with the Shawnee Elections Act, and the Shawnee Election Committee Rules and Regulations governing elections and poll watchers.*

Poll Watcher Signature

Date

OFFICIAL USE ONLY

Enrollment/Eligibility Verification: _____ Yes _____ No _____ *Inits/Date*