Director's Office

Office of the FSM National Election
P.O. Box PS156
Palikir, Pohnpei, FM 96941
Telephone: (691) 320-7805; Fax: (691) 320-7534; Email: ned@fsmned.fm

CANDIDATE AFFIDAVIT

☐ Four-Year Term Congress

State of: ☐ Yap

Candidate's Full Name: _____ _____ _____
First Name M.I. Last Name

Date of Birth: _____ Address: _____

Phone No.: Work: _____ Home: _____ Cell: _____

FSM Social Security Number: _____

I hereby state and affirm the followings:

1. I have attained the age of 30 years by Election Day;
2. I have been residing in the FSM for at least 5 years prior to Election Day;
3. I am a citizen of the Federated States of Micronesia and have been a Citizen of the Federated States of Micronesia for at least 15 years prior to Election Day;
4. I am not under a judgment of mental incompetency or insanity; and
5. I have not been convicted of a felony by a State or National Court of the Federated States of Micronesia or its predecessor Government of the Trust Territory of the Pacific Islands.

I solemnly swear, under penalty of perjury, that the foregoing information that I have provided on this affidavit is true and correct.

_____ _____
Candidate's Signature Date

Subscribed and sworn before me this _____ of _____, _____
Day Month Year

For your petition to be valid, you must return it to the Office of the National Election Commissioner of the State in which you are running for office no later than **5:00 P. M.** on **OCTOBER 2, 2025**. You must deposit a filing fee of **$100.00** at the FSM Treasury, and attach the receipt of the deposit to this form upon submission along with **2** recent passport-sized photographs of yourself.

FOR OFFICIAL USE ONLY

Received by: _____ _____ _____
Election Official Date Time

Commissioner's eligibility review of candidate: Approved Disapproved

Comments: _____

_____

_____

_____ _____
Commissioner's Signature Date

"Smooth and orderly elections"

NOMINATION PETITION

Names of at least 25 registered voters from your Congressional Election District.

	Names of Petitioner	E.D No.	Signature
1			
2			
3			
4			
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NOMINATION PETITION

Names of at least 25 registered voters from your Congressional Election District.

26 - _____ _____ _____

27 - _____ _____ _____

28 - _____ _____ _____

29 - _____ _____ _____

30 - _____ _____ _____

31 - _____ _____ _____

32 - _____ _____ _____

33 - _____ _____ _____

34 - _____ _____ _____

35 - _____ _____ _____

36 - _____ _____ _____

37 - _____ _____ _____

38 - _____ _____ _____

39 - _____ _____ _____

40 - _____ _____ _____

41 - _____ _____ _____

42 - _____ _____ _____

43 - _____ _____ _____

44 - _____ _____ _____

45 - _____ _____ _____

46 - _____ _____ _____

47 - _____ _____ _____

48 - _____ _____ _____

49 - _____ _____ _____

50 - _____ _____ _____