



# HO-CHUNK NATION

## Official Nomination Petition

|                                     |  |
|-------------------------------------|--|
| <b>OFFICE TITLE:</b>                |  |
| <b>DISTRICT:</b><br>(If applicable) |  |
| <b>SEAT :</b><br>(If applicable)    |  |

| CANDIDATE MUST COMPLETE THE INFORMATION BELOW                                  |  |
|--|--|
| <b>CANDIDATE NAME:</b><br>(PLEASE PRINT NAME AS IT IS TO APPEAR ON THE BALLOT) |  |
| <b>PHYSICAL ADDRESS:</b>   |  |
| <b>CITY, STATE AND ZIP:</b>  |  |
| <b>CANDIDATE SIGNATURE:</b>  |  |

**By signing or marking this petition, I declare that I am an eligible voter of the Ho-Chunk Nation.**

|    | NAME (PRINT) | SIGNATURE | PHYSICAL ADDRESS | CITY, STATE, ZIP | DISTRICT | ENROLLMENT # | DATE |
|----|--------------|-----------|------------------|------------------|----------|--------------|------|
| 1  |              |           |                  |                  |          |              |      |
| 2  |              |           |                  |                  |          |              |      |
| 3  |              |           |                  |                  |          |              |      |
| 4  |              |           |                  |                  |          |              |      |
| 5  |              |           |                  |                  |          |              |      |
| 6  |              |           |                  |                  |          |              |      |
| 7  |              |           |                  |                  |          |              |      |
| 8  |              |           |                  |                  |          |              |      |
| 9  |              |           |                  |                  |          |              |      |
| 10 |              |           |                  |                  |          |              |      |
| 11 |              |           |                  |                  |          |              |      |
| 12 |              |           |                  |                  |          |              |      |
| 13 |              |           |                  |                  |          |              |      |
| 14 |              |           |                  |                  |          |              |      |
| 15 |              |           |                  |                  |          |              |      |

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 ELECTION BOARD MEMBER/OFFICE ADMINISTRATOR