

ELECTION BOARD of LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

Official Signature Sheet for
Tribal Councilor Nomination Petition

All Signees Must Be Registered LTBB Voters

Candidate Name: _____

Circulator's Name: _____

Name (Print)	Signature	Mailing Address	Birthdate	Enrollment #	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

FOR OFFICE
USE ONLY
Form C3

Received by: _____

Date ____/____/____

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