

Official Signature Sheet for:
Tribal Chairperson & Vice-Chairperson Team Nomination

ELECTION BOARD of LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

All Signees Must Be Registered LTBB Voters

Candidate
 Team Names: _____

Circulator's Name: _____

| Name (Print) | Signature | Enrollment # | Birthdate |
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FOR OFFICE
 USE ONLY
 Form C4

Received by: _____

Date ____/____/____

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