

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	Enrollment #	Birthdate
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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