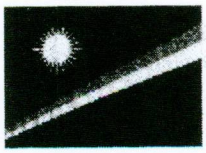
Republic of the Marshall Islands
Electoral Administration
POST OFFICE BOX 1078
MAJURO, MARSHALL ISLANDS 96960
Tel (692) 625-8713 Fax (692) 625-5353



NOMINATION PAPER

☐ Senator ☐ Mayor ☐ Council ☐ Iroij ☐ Alap
☐ General Election ☐ Special Election
(Tick applicable box)

Name of Electoral District if standing for Nitijela: _____

Name of Election Ward if standing for Local Council: _____

NOMINATION

We, the undersigned, do hereby declare that each of us is a registered voter of such electorate stated above and we do hereby nominate (FULL NAME);

_____

of _____ **whose occupation is** _____**, as a Candidate for the Office stated above in the upcoming election to be held on the ____ day of**_____**, 20 ____.**

	Name of Nominators	Address	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____

14. _____ _____ _____

15. _____ _____ _____

16. _____ _____ _____

17. _____ _____ _____

18. _____ _____ _____

19. _____ _____ _____

20. _____ _____ _____

21. _____ _____ _____

22. _____ _____ _____

23. _____ _____ _____

24. _____ _____ _____

25. _____ _____ _____

26. _____ _____ _____

27. _____ _____ _____

28. _____ _____ _____

29. _____ _____ _____

30. _____ _____ _____

CERTIFICATION OF QUALIFICATION

I _____, do certify that I am willing and qualified to stand for the 2011 Elections, and in doing so, have satisfied all qualification requirements set forth under the RMI Constitution, the Laws and Regulations of the Republic, and Local Government Constitutions and Ordinances as may be applicable.

WITNESS

I _____, signed by Witness IF Candidate or Nominator signs with his or her mark only.

(Witness must be a registered voter of the affected Electoral District and must be someone other than a candidate or one of the nominators).