



AMERICAN SAMOA GOVERNMENT
PAGO PAGO, AMERICAN SAMOA 96799

ELECTION OFFICE

CANDIDATE INFORMATION FORM

In order to be of maximum service to you and in order that we be able to communicate information to you throughout the campaign, we ask that you please fill out this form and return it to us as soon as possible. Your cooperation is greatly appreciated.

NAME: _____
(THIS IS THE NAME THAT WILL APPEAR ON THE BALLOT)

OFFICE SOUGHT: _____

CAMPAIGN MAILING ADDRESS: _____

CAMPAIGN OFFICE PHONE(S): _____

DESIGNATED LIAISON
TO THE ELECTION OFFICE: _____

Signature of Candidate

CANDIDATE CONFIDENTIAL QUALIFICATIONS QUESTIONNAIRE

1. Full Name: _____
2. Date of Birth: _____
3. Candidate for the office of: _____
4. I am (please circle one) U.S. National / U.S. Citizen.

Please attach a certified abstract of your birth registration or a copy of your U.S. Passport as evidence of the above.

5. Have you lived in American Samoa for a period of at least five (5) years?

Yes / No (Please circle one)

Please provide the following information for the period of the last five (5) years:

	Date	Residence Address (Village)	Occupation(s)
1.			
2.			
3.			
4.			
5.			

6. In what Representative District have you been a bona fide resident for the one year preceding the upcoming General Election.

7. Have you ever been convicted of a felony? _____

8. If the answer to # 7 is "Yes", please answer the following:

- A) What was the charge? _____
 - B) In what jurisdiction, and before which court? _____
 - C) What was the date of the conviction? _____
 - D) Have you been pardoned, or have your civil rights been restored? _____
- _____

If the answer to "D" is "Yes", please provide documentary proof in appropriate form.

9. Have you ever been a member of the United States Armed Forces? _____

10. If the answer to # 9 is "Yes", please answer the following:

- A) What branch of the service? _____
- B) What was your service number? _____
- C) What type of discharge did you receive? _____
- D) When did you receive the discharge? _____

CERTIFICATION

I, the undersigned, certify under penalty of perjury that the foregoing is true and correct.

Signature of Candidate

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____

Notary Public

My commission expires: _____.