

NOMINATING PETITION FOR NORTHWEST ARCTIC BOROUGH SCHOOL BOARD

INSTRUCTIONS: Please print clearly, and complete the ten (10) items on the petition. On item five (5), print your name exactly as you would like it to appear on the ballot. An honorary or assumed title or prefix may not be included, but a candidate's nickname or familiar form of the candidate's proper name may be included on the ballot.

Petitions must be accompanied by a financial and business interest report, unless the candidate has previously filed the report with the Borough for the current year. All School Board candidates must be a resident of the borough for one year and qualified electors (registered voters) of the borough and may not have a felony record prohibited under subsection 15.02(6) of the Borough Charter.

The nominating petition requires the printed names, signatures, and addresses of a least twenty-five (25) qualified voters in the borough. It is suggested that more than the minimum of qualified voters sign the nominating petition. The Borough rejects signatures on the petition if they are illegible or if the signer is not a registered voter.

The nominating petitions must be received by the close of business August 21, 2023. Petitions must comply with Chapter 4.08 of the Borough Code. Any petitions received after the deadline will not be considered nor will the petitioner appear on the ballot. A candidate's name will appear on the ballot unless written notice of the candidate's withdrawal is received not later than thirty days before the election.

I, _____, residing at _____,
(1) Name of candidate (2) Residence Address or Mailing Address

request that my name be placed on the ballot for District _____, Seat _____, for the Northwest Arctic Borough School Board.
(3) See attached Public Notice (4) See attached Public Notice

(5) Print Name exactly as you would like to see it appear on the official ballot:

(6) Date

(7) Signature of Candidate

Candidate for the Northwest Arctic Borough School Board.

(8) We the undersigned voters of the Northwest Arctic Borough, in the State of Alaska, hereby nominate and sponsor

_____ , whose address is _____, for the office of _____ to be voted for at the election to be held on the 3rd day of October, 2023. We individually certify that we are qualified to vote for a candidate for the office this candidate seeks. (Revised 05/23)

ACCEPTANCE OF NOMINATION

I hereby accept the above nomination, and certify that I am qualified to serve under the laws of the State of Alaska, and the Charter of the Northwest Arctic Borough, and agree to serve if elected. I further authorize the Northwest Arctic Borough to conduct a comprehensive criminal background check and motor record review. I authorize any agency or person contacted in pursuit of this background check to release any and all information requested. Furthermore, I will hold no person or agency liable for the release of this information, or for its use in conducting the above-mentioned background check.

A photocopy of this authorization shall be as effective and binding as the original.

Signature: _____
(9) Signature of Candidate

Date: _____
(10) Date of Petition

(11) Social Security Number: Attach a copy of your social security card or number. To protect your privacy, DO NOT write it on this form

DO NOT WRITE BELOW THIS LINE, FOR OFFICE USE ONLY

Date & Hour of Filing: _____

Received by: _____

(Revised 05/23)

This Nominating Petition must be returned to the Northwest Arctic Borough, P.O. Box 1110 or 163 Lagoon Street, Kotzebue, Alaska 99752 by August 21, 2023. (Revised May 5, 2023).

Candidate: _____

SIGNATURE	PRINTED NAME	*DOB OR SSN*	ADDRESS	DATE
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				

*Not required by statute, but is requested to expedite verification of eligibility.

This Nominating Petition must be returned to the Northwest Arctic Borough, P.O. Box 1110 or 163 Lagoon Street, Kotzebue, Alaska 99752 by August 21, 2023. (Revised May 5, 2023).

Candidate: _____

SIGNATURE	PRINTED NAME	*DOB OR SSN*	ADDRESS	DATE
19)				
20)				
21)				
22)				
23)				
24)				
25)				
26)				
27)				
28)				
29)				
30)				
31)				
32)				
33)				
34)				
35)				

*Not required by statute, but is requested to expedite verification of eligibility.