NATIVE VILLAGE OF GAKONA

DECLARATION OF CANDIDACY

2026 Tribal Election

I, _____, hereby declare my candidacy for the following position on the **Native Village of Gakona Tribal Council**:

Please select one:

☐ **Vice President** … Three-Year Term

☐ **Seat A** … Three-Year Term

CANDIDATE INFORMATION

Full Legal Name:

_____

Mailing Address:

_____

Phone Number:

_____

Email Address:

_____

DECLARATION

By signing this Declaration of Candidacy, I certify that I am seeking election to the position selected above and that I meet the eligibility requirements for service on the Native Village of Gakona Tribal Council as established by the Tribe's Constitution and applicable policies and election procedures.

I understand that:

October 3, 2026 is the deadline to submit this Declaration of Candidacy in order for my name to appear on remote voting ballots.
Candidates declaring after October 3 may still seek office as **write-in candidates**, provided a Declaration of Candidacy is submitted by the final deadline.
October 12, 2026 is the final deadline to submit a Declaration of Candidacy and be officially eligible as a candidate in the 2026 Tribal Election.

NATIVE VILLAGE OF GAKONA

CANDIDATE ELIGIBILITY REQUIREMENTS

To be eligible to serve on the Native Village of Gakona Tribal Council, a candidate must:

• Be an **enrolled member of the Native Village of Gakona** and at least **18 years of age**.
• **Not be enrolled in another Tribe.**
• Possess a **high school diploma or GED**.
• Have **basic computer proficiency** necessary to perform the duties of office, including the ability to access email, review electronic documents, and execute electronic signatures.
• Have had **no felony conviction involving moral turpitude within the five (5) years immediately preceding the election**.

☐ **I have read and understand the Tribal Council eligibility requirements stated above.**

ICWA BACKGROUND CHECK ACKNOWLEDGMENT

I understand that service on the Native Village of Gakona Tribal Council requires completion of an **Indian Child Welfare Act (ICWA) background check** in accordance with applicable Tribal requirements and policies.

By signing below, I acknowledge and consent to the required ICWA background check.

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I further understand that **successfully meeting the Tribe's applicable background check requirements is a condition of eligibility to serve on the Tribal Council. If I do not meet those requirements, I will not be eligible to serve on the Native Village of Gakona Tribal Council.**

☐ **I have read, understand, and acknowledge the ICWA background check requirement and its effect on my eligibility to serve on the Tribal Council.**

CANDIDATE CERTIFICATION

I certify that the information provided on this form is true and accurate. I have read and understand the requirements stated in this Declaration of Candidacy and agree to comply with the Native Village of Gakona's applicable election and eligibility requirements.

Candidate Signature:

NATIVE VILLAGE OF GAKONA

_____

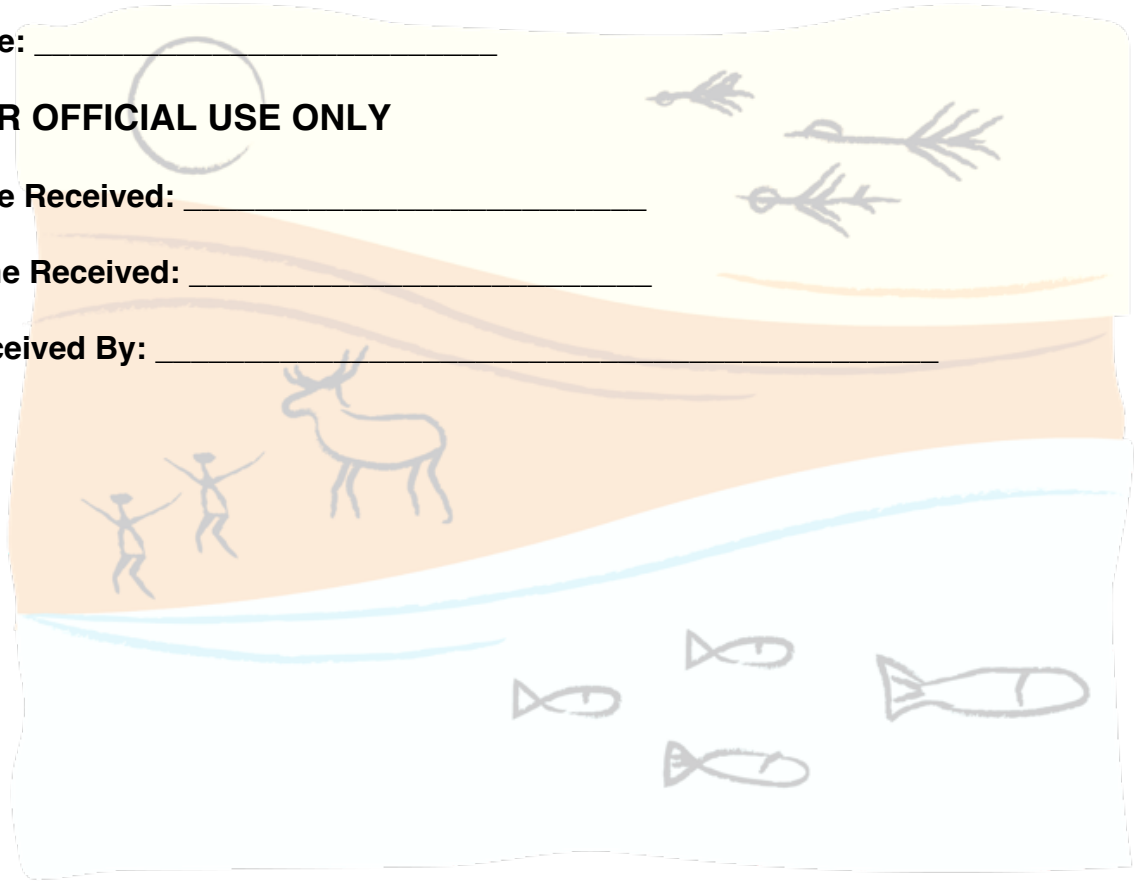
Date: _____

FOR OFFICIAL USE ONLY

Date Received: _____

Time Received: _____

Received By: _____



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