

SCHOOL: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**CHOCTAW NATION OF OKLAHOMA  
JOHNSON-O'MALLEY PROGRAM  
LOCAL COMMITTEE LIST AND ELECTION CERTIFICATE**

<b>CHAIRPERSON</b>	<b>MAILING ADDRESS</b>	<b>DATE TERM EXPIRES</b>
	<b>CITY      STATE      ZIP</b>	<b>TELEPHONE</b>
<b>VICE-CHAIRPERSON</b>	<b>MAILING ADDRESS</b>	<b>DATE TERM EXPIRES</b>
	<b>CITY      STATE      ZIP</b>	<b>TELEPHONE</b>
<b>SECRETARY</b>	<b>MAILING ADDRESS</b>	<b>DATE TERM EXPIRES</b>
	<b>CITY      STATE      ZIP</b>	<b>TELEPHONE</b>
<b>MEMBER</b>	<b>MAILING ADDRESS</b>	<b>DATE TERM EXPIRES</b>
	<b>CITY      STATE      ZIP</b>	<b>TELEPHONE</b>
<b>MEMBER</b>	<b>MAILING ADDRESS</b>	<b>DATE TERM EXPIRES</b>
	<b>CITY      STATE      ZIP</b>	<b>TELEPHONE</b>

We hereby certify that a local JOM Indian Education Committee election was held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ . We further certify that the election was held in compliance with the Choctaw Nation Johnson-O'Malley eligibility requirements and guidelines (Pgs. 15-18).

The following persons were elected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SCHOOL ADMINISTRATOR      DATE

**BEFORE OCTOBER 30, PLEASE  
COMPLETE AND RETURN THIS  
FORM TO THE CHOCTAW NATION  
JOHNSON-O'MALLEY PROGRAM**

\_\_\_\_\_  
JOM COMMITTEE CHAIRPERSON      DATE

\*\*\*\*\*NOTE: COMMITTEE MEMBERS ARE ELECTED FOR TWO YEAR TERMS.