



TO: Oneida Nation Secretary  
FROM: Cheryl Skolaski, Enrollment Director  
DATE: February 19, 2018  
SUBJECT: GTC Petition Verification Results

On 2/19/2018, the Oneida Trust Enrollment Department received a petition authored by Yvonne Metivier regarding a Treatment Clinic.

Results:

- 68 Number of Printed Names on petition.
- 66 Number of Printed Names verified as Enrolled Tribal Members.
- 0 Number of Oneida Nation Members that did not meet the eligible voter criteria in Article VI, Section 2 of the Oneida Constitution.
- 1 Number of Printed Names that could not be verified.
- 1 Number of Printed Names that were submitted more than once.

Verified by:

  
Signature

Enrollment Director

2/19/2018

Date

If there are any questions please contact the Oneida Trust Enrollment Department.

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 ONEIDA BUSINESS COMMITTEE  
 FEB 19 2018  
 ONEIDA NATION  
 INITIALS *[Signature]*

**PETITION FORM**

We, the fifty (50) or more undersigned qualified voters, as defined in the Constitution of the Oneida Nation Article III, Section 2., exercise our constitutional right, as established in the Constitution of the Oneida Nation, Article III, Section 6., call a special meeting of the General Tribal Council to consider the following:

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 Oneida Enrollment Dept.

Summary of Purpose: *T. GTC direct OBC to provide a TREATMENT / CLINIC for OPIOID Addiction (all day attention) and ALCOHOLISM. TRIBE has copious empty buildings and access to FEDERAL FUNDS. (Per capita not to be used for Project)*

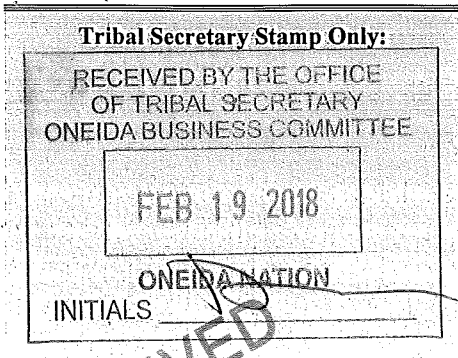
Contact Information of Petitioner			
Printed Name	Date of Birth	Enrollment Number	
YVONNE METIVIER <i>Yvonne Metivier</i>	[Redacted]	10914	
Street Address	City	State	Zip
[Redacted]	[Redacted]	[Redacted]	[Redacted]
Phone Number	Email Address (optional)		
[Redacted]	[Redacted]		

*66/68 signatures Verified 1 Dupl. 1 Not Found*

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 Oneida Enrollment Dept.

*Cheryl Skolaski* Date: *2/19/18*  
 (Verifier's Signature)  
*Cheryl Skolaski*  
 (Print)



*Petitioner Verifier*  
**PETITION FORM** Page 2 of 11

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**Summary of Purpose:** GTC directs OBC TO PROVIDE A TREATMENT / CLINIC for OPIOID Addiction (all drug addiction) and ALCOHOLISM. TRIBE has copious empty buildings and access to FEDERAL FUNDS. (Per Capita not to be used for Project)

Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
			1294 ✓	
			5249 ✓	
			10270 10280	
			10014 ✓	
			1800 ✓	
			5728 ✓	
			1299 ✓	
			1020/8 ✓	
			11786 ✓	

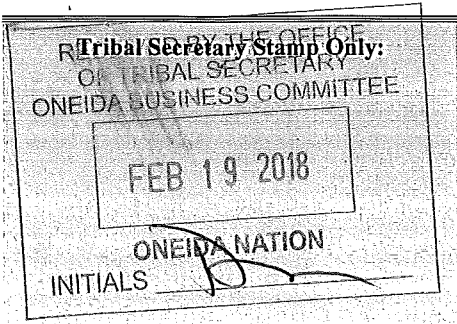
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 Oneida-Enrollment Dept.

*Cheryl Statacki*  
 (Verifier's Signature) Date: 2/19/18

*Cheryl Statacki*  
 (Print)

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*Petition w Motion*

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Summary of Purpose:  
Oneida Enrollment Dept.

*GTC directs OBC TO PROVIDE A TREATMENT / CLINIC for OPIOID Addiction (all drug addiction) and ALCOHOLISM. TRIBE has copious empty buildings and access to FEDERAL FUNDS. (Per Capita not to be used for Project)*

Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
			78021	
			10252	
			4904	

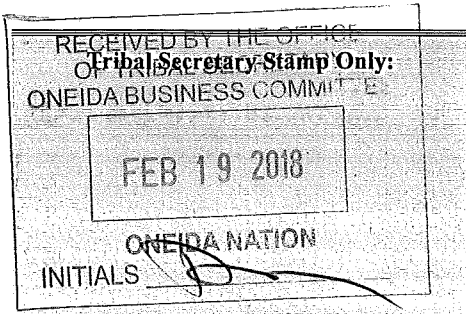
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Oneida Enrollment Dept.

*Cheryl Skolaski* Date: 2/19/18  
(Verifier's Signature)

*Cheryl Skolaski*  
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*Petition Motion*

**PETITION FORM**

Page 4 of 11

We, the fifty (50) or more undersigned qualified voters, as defined in the Constitution of the Oneida Nation Article III, Section 2., exercise our constitutional right, as established in the Constitution of the Oneida Nation, Article III, Section 6., call a special meeting of the General Tribal Council to consider the following:

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Summary of Purpose: Oneida Enrollment Dept.

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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
			3035V	
			3640	
			14047	
			5292V	
			3644V	
			3622V	
			14394	
			2327	
			<del>12484V</del>	
			12484V	

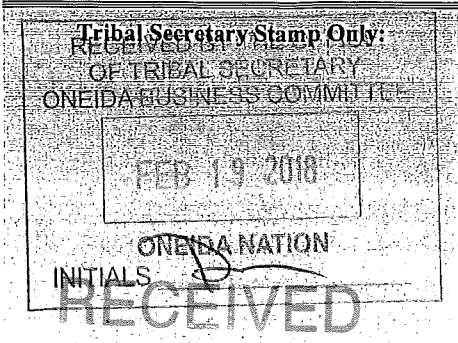
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Oneida Enrollment Dept.

*Cheryl Skolaski*  
(Verifier's Signature)  
Cheryl Skolaski  
(Print)

Date: 2/19/18

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**PETITION FORM**

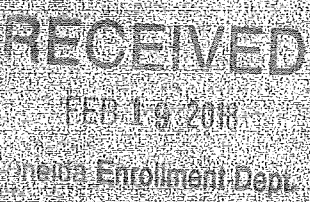
*Petitioner Metwin*

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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
[REDACTED]	[REDACTED]	[REDACTED]	11786	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	07238	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	6370 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	6369 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	7905 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	18675 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	7684 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	13449 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2098 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2097 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2997 ✓	[REDACTED]

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*Cheryl Skolaski*

Date: 2/19/18

(Verifier's Signature)

*Cheryl L. Skolaski*

(Print)

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Petition Yotwin

PETITION FORM

Page 10 of 11

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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
[REDACTED]			7124	[REDACTED]
			1253	
			1249	

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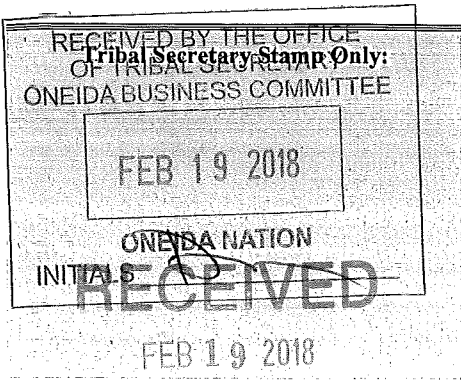
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Cheryl Skolaski  
 (Verifier's Signature)

Cheryl Skolaski  
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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
			8427 ✓	
			9331 ✓	

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 (Verifier's Signature)  
Cheryl Skolaski  
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Petitioner *Metzger*  
**PETITION FORM** Page 8 of 11

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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
[REDACTED]	[REDACTED]	[REDACTED]	7144 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	7494 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	7788 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	13000 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	2027 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	7246 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	3362 ✓	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	10914 ✓	[REDACTED]

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Oneida Enrollment Dept.

*Cheryl Skolaski*  
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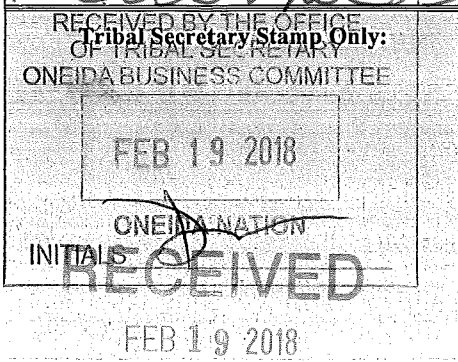
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Date: *2/19/18*

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Petitioner Name



PETITION FORM

Page 9 of 11

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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
[Redacted]	[Redacted]	[Redacted]	5102 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	1085 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	4011 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	4929 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	9950 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	4009 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	3948 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	7022 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	11254 ✓	[Redacted]

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Cheryl Skolaski

(Verifier's Signature)

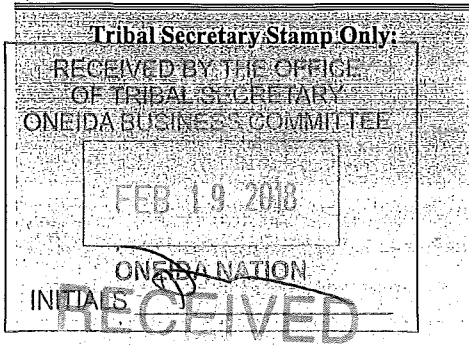
Cheryl Skolaski

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**PETITION FORM**

Page 10 of 11

*Petitioners Meeting*

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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
[Redacted]	[Redacted]	[Redacted]	15940 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	15941 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	12543 ✓	[Redacted]
[Redacted]	[Redacted]	[Redacted]	4227 ✓	[Redacted]

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*Cheryl Skolaski*  
 (Verifier's Signature)  
*Cheryl Skolaski*  
 (Print)

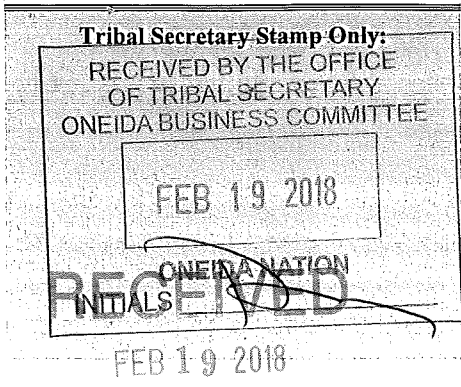
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Petition Motion

PETITION FORM

Page 11 of 11



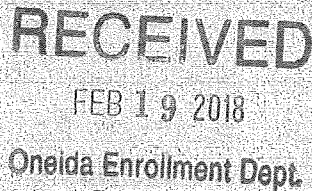
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Printed Name <small>Print Clearly - Use Full Given Name</small>	Address	Date of Birth	Roll #	Sign
			30231	
			10428	
			3010	
			3019	
			9741	
			12420	
			12504	
			17716	
			15326	
			6528	

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Cheryl Skolaski Date: 2/19/18  
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Cheryl Skolaski  
(Print)

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