**IMPORTANT:** The following forms are for candidates in school trustee elections. A separate set of forms are available for regional trustee candidates in School District No. 93 (Conseil Scolaire Francophone).

Use the Candidate Cover Sheet and Checklist Form CS1 to ensure that the Candidate Nomination Package – School Trustee is complete and meets the legislative requirements of the School Act, Local Government Act, Local Elections Campaign Financing Act, Financial Disclosure Act and/or Vancouver Charter.

The Candidate Cover Sheet and Checklist Form CS1 serve as a guide to the forms that must be submitted by a Candidate, their Official Agent and/or their Financial Agent to the local Chief Election Officer as part of the nomination process.

Ensure that, for each item checked off on the Checklist Form CS1 (Section B), the relevant form is completed and attached.

The Candidate Cover Sheet and Checklist Form CS1 are for the local Chief Election Officer's reference only and do not constitute part of the Candidate Nomination Package.

Completing only the Candidate Cover Sheet and Checklist Form CS1 **does not** constitute completion of the Candidate Nomination Package – School Trustee, nor does it satisfy the legislative requirements set out in the School Act, Local Government Act, Local Elections Campaign Financing Act,

Financial Disclosure Act and/or Vancouver Charter.

#### **COMPLETION INSTRUCTIONS:**

- 1. Record the Candidate's full name.
- 2. Use section B of the Candidate Cover Sheet and Checklist Form CS1 to identify which forms have been completed and are included in the Candidate Nomination Package School Trustee.
- 3. Return the completed package to the local Chief Election Officer.

As per Local Elections Campaign Financing Act requirements, the following forms will be forwarded to Elections BC by the local Chief Election Officer:

CS2 – Nomination Documents (only page 3); CS3 – Other Information Provided by Candidate; and, CS4 – Appointment of Candidate Financial Agent.

After election results have been declared, please send any changes to documents previously provided to Elections BC to:

Elections BC PO Box 9275 Stn Prov Govt Victoria BC V8W 9J6

Toll-free fax: 1-866-466-0665 Email: lecf@elections.bc.ca

## **CS1 – Candidate Cover Sheet and Checklist Form**

CANDIDATE'S LAST NAME  FIRST NAME  MIDDLE NAME(S)  NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION  BOARD OF EDUCATION TRUSTEE	PLEASE	PRINT IN BLOCK LETTERS	
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION  BOARD OF EDUCATION TRUSTEE  ECTION B  nis nomination package includes the following completed forms, appointments, consents and declaration  CS2 – Nomination Documents  CS3 – Other Information Provided by Candidate  CS4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent)  CS5 – Appointment of Candidate Official Agent (if applicable)  CS6 – Appointment of Candidate Scrutineer (if applicable)	SECTION A		
ECTION B  is nomination package includes the following completed forms, appointments, consents and declaration  CS2 – Nomination Documents  CS3 – Other Information Provided by Candidate  CS4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent  CS5 – Appointment of Candidate Official Agent (if applicable)  CS6 – Appointment of Candidate Scrutineer (if applicable)	CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
ECTION B  is nomination package includes the following completed forms, appointments, consents and declaration  CS2 – Nomination Documents  CS3 – Other Information Provided by Candidate  CS4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent  CS5 – Appointment of Candidate Official Agent (if applicable)  CS6 – Appointment of Candidate Scrutineer (if applicable)	NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION		
is nomination package includes the following completed forms, appointments, consents and declaration  CS2 – Nomination Documents  CS3 – Other Information Provided by Candidate  CS4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent  CS5 – Appointment of Candidate Official Agent (if applicable)  CS6 – Appointment of Candidate Scrutineer (if applicable)		EE	
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CS3 – Other Information Provided by Candidate  CS4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent  CS5 – Appointment of Candidate Official Agent (if applicable)  CS6 – Appointment of Candidate Scrutineer (if applicable)		g completed forms, appoint	ments, consents and declarations:
<ul> <li>CS4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent</li> <li>CS5 – Appointment of Candidate Official Agent (if applicable)</li> <li>CS6 – Appointment of Candidate Scrutineer (if applicable)</li> </ul>	CS2 – Nomination Documents		
<ul> <li>CS5 – Appointment of Candidate Official Agent (if applicable)</li> <li>CS6 – Appointment of Candidate Scrutineer (if applicable)</li> </ul>	CS3 – Other Information Provided by C	Candidate	
CS6 – Appointment of Candidate Scrutineer (if applicable)	CS4 – Appointment of Candidate Finar	ncial Agent (if Candidate is r	ot acting as own Financial Agent)
	CS5 – Appointment of Candidate Office	ial Agent (if applicable)	
Statement of Disclosure: Financial Disclosure Act (required under the Financial Disclosure Act)	CS6 – Appointment of Candidate Scrut	ineer (if applicable)	
	Statement of Disclosure: Financial Disc	losure Act (required under t	the Financial Disclosure Act)

**Disclaimer:** All attempts have been made to ensure the accuracy of the forms contained in the Candidate Nomination Package – however the forms are not a substitute for provincial legislation and/or regulations.

Please refer directly to the latest consolidation of provincial statutes at BC Laws (www.bclaws.ca) for applicable election-related provisions and requirements.

#### **CS2 – Nomination Documents**

#### PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (E.G. AT LA	RGE OR TRUSTEE ELECTORAL AREA 1, 2)
We, the following electors of the above named trustee ele	ectoral area, hereby nominate:	
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		L EAR ON THE BALLOT
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
As a Candidate for the office of:		
BOARD OF EDUCATION TRUSTEE	JURISDICTION	TRUSTEE ELECTORAL AREA

Each of us affirms that to the best of our knowledge, the above named person nominated for office:

- 1. Is or will be on general voting day for the election, age 18 or older.
- 2. Is a Canadian citizen.
- 3. Has been a resident of British Columbia, as determined in accordance with section 42 of the *School Act*, for at least six months immediately preceding today's date.
- 4. Is not disqualified under the *School Act* or any other enactment from being nominated for, being elected to or holding office as a trustee, or otherwise disqualified by law.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

Please see over for additional space when more than two nominators are required. For boards that require 25 nominators attach an additional sheet as necessary.

I consent to the above nomination for office:	
NOMINEE'S SIGNATURE	DATE: (YYYY / MM / DD)

CANDIDATE NOMINATION	PACKAGE – SCHOOL TRUSTEE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

### **CS2 – Nomination Documents**

#### PLEASE PRINT IN BLOCK LETTERS

I do solemnly declare as follows:

1. I am qualified under section 32 of the School Act to be nominated, elected and to hold the office of

POSITION

#### **BOARD OF EDUCATION TRUSTEE**

- 2. I am or will be on general voting day for the election, age 18 or older.
- 3. I am a Canadian citizen.
- 4. I have been a resident of British Columbia, as determined in accordance with section 42 of the *School Act*, for at least six months immediately preceding today's date.
- 5. I am not disqualified by the *School Act* or any other enactment from being nominated for, being elected to or holding office as a trustee, or otherwise disqualified by law.
- 6. To the best of my knowledge, the information provided in these nomination documents is true.
- 7. I fully intend to accept the office if elected.
- 8. I am aware of and understand the requirements and restrictions of the *Local Elections Campaign Financing Act* and intend to fully comply with those requirements and restrictions.

PECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONE	R FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA
T: (LOCATION)	DATE: (YYYY / MM / DD)

## **CS3 – Other Information Provided by Candidate**

	JURISDICTION (E.G. SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (E.G. AT
BOARD OF EDUCATION TRUSTEE		LARGE, TRUSTEE ELECTORAL AREA 1, 2
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PR	REFERRED BY THE PERSON NOMINATED TO APPE	AR ON THE BALLOT
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
Additional Addresses for Service Information		OPTIONAL
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	S ADDRESS FOR SERVICE
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLIC	CABLE)	
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLIC	CABLE)	
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLIC	CABLE)	
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLIC		own Financial Agent
		own Financial Agent

## **CS4 – Appointment of Candidate Financial Agent**

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION	JURISDICTION (E.G. SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (E.G. AT
BOARD OF EDUCATION TRUSTEE		LARGE, TRUSTEE ELECTORAL AREA 1
I hereby appoint as my Financial Agent for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	General Local	
	Election	By-election
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	
CARDIDATE O DIGITAL ONE		
G RISID RE 3 SIGNATURE		
S. HISISHE & SIGNAL ONE		
I hereby consent to act as the <b>Financial Agent</b> for the a	bove named Candidate for the:	
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)	General Local	By-election
I hereby consent to act as the <b>Financial Agent</b> for the a GENERAL VOTING DATE: (YYYY / MM / DD)	General Local Election	By-election
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE	General Local	By-election POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	General Local Election	POSTAL CODE
I hereby consent to act as the Financial Agent for the a  GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	General Local Election	POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information	General Local Election	POSTAL CODE  OPTIONA
I hereby consent to act as the Financial Agent for the a  GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	General Local Election  CITY/TOWN  CITY/TOWN	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY / MM / DD)  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE  FAX NUMBER	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	POSTAL CODE  OPTIONA  POSTAL CODE

## **CS5 – Appointment of Candidate Official Agent**

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION	JURISDICTION (E.G. SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (E.G. AT LARGE, TRUSTEE ELECTORAL AREA 1, 2
BOARD OF EDUCATION TRUSTEE		
I hereby appoint as my <b>Official Agent</b> for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	General Local Election	By-election
OFFICIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
I hereby delegate to the above named official agent	t the authority to appoint scruting	neers
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	

## **CS6 – Appointment of Candidate Scrutineer**

POSITION BOARD OF EDUCATION TRUSTEE  I hereby appoint as my Scrutineer for the:  GENERAL VOTING DATE: (YYYY / MM / DD)  General Local Election  SCRUTINEER'S LAST NAME  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN	LARGE, TRUSTEE ELECTORAL AREA 1, 2
I hereby appoint as my Scrutineer for the:  GENERAL VOTING DATE: (YYYY / MM / DD)  General Local Election  SCRUTINEER'S LAST NAME  FIRST NAME	
GENERAL VOTING DATE: (YYYY / MM / DD)  General Local Election  SCRUTINEER'S LAST NAME  FIRST NAME	
SCRUTINEER'S LAST NAME  General Local Election  FIRST NAME	
	By-election
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN	MIDDLE NAME(S)
5 C	POSTAL CODE
CANDIDATE'S SIGNATURE DATE: (YYYY / MM / DD)	



# **Statement of Disclosure** Financial Disclosure Act

## You must complete a Statement of Disclosure form if you are:

- a nominee for election to provincial or local government office\*, as a school trustee or as a director of a francophone education authority
- an elected local government official
- an elected school trustee, or a director of a francophone education authority
- an employee designated by a local government, a francophone education authority or the board of a school district
- a public employee designated by the Lieutenant Governor in Council
  - \*("local government" includes municipalities, regional districts and the Islands Trust)

#### Who has access to the information on this form?

The Financial Disclosure Act requires you to disclose assets, liabilities and sources of income. Under section 6 (1) of the Act, statements of disclosure filed by nominees or municipal officials are available for public inspection during normal business hours. Statements filed by designated employees are not routinely available for public inspection. If you have questions about this form, please contact your solicitor or your political party's legal counsel.

## What is a trustee? - s. 5 (2)

In the following questions the term "trustee" does not mean school trustee or Islands Trust trustee. Under the Financial Disclosure Act

- holds a share in a corporation or an interest in land for your benefit, or is liable under the Income Tax Act (Canada) to pay income tax on income received on the share or land interest

Perso	n making disclosure:	last name	first & middl	e name(s)
Street	, rural route, post office box:			
City:		Province:	Postal Code	
Level	of government that applies to you:	·	local government ncophone education authority	
				la a a salisa
	If sections do not prov	ide enough space, a	attacn a separate sneet i	o continue.
Ass	If sections do not provets – S. 3 (a)	ide enough space, a	attacn a separate sneet i	o continue.
	•	•	·	
	ets – S. 3 (a)	•	·	

# Liabilities – s. 3 (e)

List all creditors to whom you owe a debt. Do not include residential property debt (mortgage, lease or agreement for sale), money
borrowed for household or personal living expenses, or any assets you hold in trust for another person:

creditor's name(s)	creditor's address(es)
Income – s. 3 (b-d)	
List each of the businesses and organizations from which you received capacity as owner, part-owner, employee, trustee, partner or other (e.e., Provincial nominees and designated employees must list all source.)  Local government officials, school board officials, francophone ed	e.g. director of a company or society).  ces of income in the province.  ducation authority directors and designated employees must list municipality, local trust area or school district for which the official is
your capacity	name(s) of business(es)/organization(s)
your outputty	name(s) or business(es), organization(s)
Dool Dropouty a 2 (f)	
Real Property – s. 3 (f) List the legal description and address of all land in which you, or a tr which entitles you to obtain an interest. Do not include your personal	I residence.
Provincial nominees and designated employees must list all appli	-
<ul> <li>Local government officials, school board officials, francophone econly applicable land holdings within the regional district that include official is elected or nominated, or where the employee holds the</li> </ul>	des the municipality, local trust area or school district for which the
legal description(s)	address(es)

### Corporate Assets - s. 5

Do you individually, or together with your spouse, child, brother, sister, mother or father, own shares in a corporation which total more than 30% of votes for electing directors? (Include shares held by a trustee on your behalf, but not shares you hold by way of security.)

Ono Oyes

#### If yes, please list the following information below & continue on a separate sheet as necessary:

- the name of each corporation and all of its subsidiaries
- in general terms, the type of business the corporation and its subsidiaries normally conduct
- a description and address of land in which the corporation, its subsidiaries or a trustee acting for the corporation, own an interest, or have an agreement entitling any of them to acquire an interest
- a list of creditors of the corporation, including its subsidiaries. You need not include debts of less than \$5,000 payable in 90 days
- a list of any other corporations in which the corporation, including its subsidiaries or trustees acting for them, holds one or more shares.

signature of person making disclosure	data
signature of person making disclosure	date

## Where to send this completed disclosure form:

#### Local government officials:

- ... to your local chief election officer
  - · with your nomination papers, and

#### ... to the officer responsible for corporate administration

- · between the 1st and 15th of January of each year you hold office, and
- by the 15th of the month after you leave office

#### School board trustees/ Francophone Education Authority directors:

- ... to the secretary treasurer or chief executive officer of the authority
  - · with your nomination papers, and
  - · between the 1st and 15th of January of each year you hold office, and
  - · by the 15th of the month after you leave office

#### Nominees for provincial office:

 with your nomination papers. If elected you will be advised of further disclosure requirements under the Members' Conflict of Interest Act

#### **Designated Employees:**

- ... to the appropriate disclosure clerk (local government officer responsible for corporate administration, secretary treasurer, or Clerk of the Legislative Assembly)
  - · by the 15th of the month you become a designated employee, and
  - · between the 1st and 15th of January of each year you are employed, and
  - by the 15th of the month after you leave your position

Use the Elector Organization Cover Sheet and Checklist Form ES1 to ensure that the Elector Organization Endorsement Package is complete and meets the legislative requirements of the School Act, Local Government Act, Local Elections Campaign Financing Act, Financial Disclosure Act and/or Vancouver Charter.

The Elector Organization Endorsement Package Cover Sheet and Checklist Form ES1 serve as a guide to the forms that must be submitted by the Elector Organization Authorized Principal Official to the local Chief Election Officer as part of the Candidate endorsement process.

Ensure that, for each item checked off on the Checklist Form ES1 (Section B), the relevant form is completed and attached.

The Elector Organization Cover Sheet and Checklist Form ES1 are for the local Chief Election Officer's reference only and do not constitute part of the Elector Organization Endorsement Package.

Completing only the Elector Organization Cover Sheet and Checklist Form ES1 **does not** constitute completion of the Elector Organization Endorsement Package, nor does it satisfy the legislative requirements set out in the School Act, Local Government Act, Local Elections Campaign Financing Act, Financial Disclosure Act and/or Vancouver Charter.

#### **COMPLETION INSTRUCTIONS:**

- 1. Record the Elector Organization Authorized Principal Official's full name.
- 2. Record the endorsing Elector Organization's name.
- 3. Use section B of the Cover Sheet and Checklist Form ES1 to identify which forms have been completed and are included in the Elector Organization Endorsement Package.
- 4. Return the completed package to the local Chief Election Officer.

As per Local Elections Campaign Financing Act requirements, the following forms will be forwarded to Elections BC by the local Chief Election Officer:

ES3 – Elector Endorsement Documents: Declaration of Elector Organization Authorized Principal Official; ES4 – Consent of Elector Organization Responsible Principal Official(s);

ES5 – Other Information Provided by Elector Organization; and, ES6 – Appointment of Elector Organization Financial Agent.

After election results have been declared, please send any changes to documents previously provided to Elections BC to:

Elections BC
PO Box 9275 Stn Prov Govt
Victoria BC V8W 9J6
Toll-free fax: 1-866-466-0665

Email: lecf@elections.bc.ca

## **ES1 – Elector Organization Cover Sheet and Checklist Form**

PLEASE PRINT IN	I BLOCK LETTERS	
SECTION A		
ENDORSING ELECTOR ORGANIZATION'S NAME	GENERAL VOTING DAY (YYYY / MM / DD)	
SECTION B		
This Elector Organization Endorsement Package includ consents and declarations:	es the following completed forms, appointments,	
ES2 – Elector Organization Endorsement Docu	ments	
ES3 – Elector Organization Endorsement Docu Declaration of Elector Organization Auth		
ES4 – Consent of the Elector Organization Res	ponsible Principal Official(s)	
<ul><li>ES5 – Other Information Provided by Elector O</li></ul>	rganization	
ES6 – Appointment of Elector Organization Financial Agent		

Disclaimer: All attempts have been made to ensure the accuracy of the forms contained in the School Trustee and Elector Organization Endorsement Package – however the forms are not a substitute for provincial legislation and/or regulations.

> Please refer directly to the latest consolidation of provincial statutes at BC Laws (www.bclaws.ca) for applicable election-related provisions and requirements.

## **ES2 – Elector Organization Endorsement Documents**

#### PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S LEGAL NAME (IF APPLICABLE)	USUAL NAME IF DIFFERENT FROM LEGAL NAME OR NO LEGAL NAME	
ABBREVIATION/ACRONYMS/OTHER NAMES USED BY THE ELECTOR ORGANIZATION	NAME, ABBREVIATION OR ACRONYM TO BE INCLUDED ON THE BALLOT	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN POSTAL CODE	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	

Please see over for additional space when endorsing more than two candidates.
Please attach additional endorsement sheets as necessary.

ANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
SUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
ANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)
ANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
SUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
ANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)
ANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
SUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
ANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)
ANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
SUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
ANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)
ANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
SUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
ANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)
ANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
SUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
ANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

## ES3 – Elector Organization Endorsement Documents: Declaration of Elector Organization Authorized Principal Official

ELECTOR ORGANIZATION'S NAME		
As <b>Authorized Principal Official</b> for the above named Elector knowledge and belief:	or Organization, I do solemnly declare that to the best of my	
<ol> <li>The above named Elector Organization has at least 50 members who are electors of the school district for which the election is being held.</li> </ol>		
2. The above named Elector Organization is not disqualified from endorsing candidate(s).		
3. The Elector Organization is aware of and understands to Campaign Financing Act that apply to the above named intends to fully comply with those requirements and res	d Elector Organization and that the Elector Organization	
4. I am authorized to make the solemn declaration on beh	nalf of the above named Elector Organization.	
5. This solemn declaration is made in relation to the candi Endorsement Documents.	date(s) named on Form ES2 – Elector Organization	
AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE		
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR	TAKING AFFIDAVITS FOR BRITISH COLLIMBIA	
DECEMBER ONE WELL CHIEF ELECTION OF THE ROW COMMISSIONER FOR	TAKING ATTIDAVITST ON BIGHTSH COLONIDIA	
AT: (LOCATION)	DATE: (YYYY / MM / DD)	
•	·	

## ES4 – Consent of Elector Organization Responsible Principal Official(s)

GENERAL VOTING DATE: (YYYY / MM / DD)	General Local Election	By-election
AUTHORIZED/RESPONSIBLE PRINCIPAL OFFICIAL'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
Additional Addresses for Service Information		OPTIONAL
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
FAX NUMBER		VIDED AS ADDRESS FOR SERVICE
FAX NUMBER  AUTHORIZED/RESPONSIBLE PRINCIPAL OFFICIAL'S SIGNATURE		/IDED AS ADDRESS FOR SERVICE
	IF MAILING ADDRESS WAS PROV	/IDED AS ADDRESS FOR SERVICE
	IF MAILING ADDRESS WAS PROV	/IDED AS ADDRESS FOR SERVICE
	IF MAILING ADDRESS WAS PROV	/IDED AS ADDRESS FOR SERVICE
	IF MAILING ADDRESS WAS PROV	VIDED AS ADDRESS FOR SERVICE

## ES4 – Consent of Elector Organization Responsible Principal Official(s)

PLEASE PRINT IN BLOCK LETTERS

	General Local Election	By-election
RESPONSIBLE PRINCIPAL OFFICIAL'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
Additional Addresses for Service Information		OPTIONA
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) F EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
FAX NUMBER		DED AS ADDRESS FOR SERVICE

Elector Organization please attach additional sheets as necessary.

## **ES5 – Other Information Provided by Elector Organization**

#### PLEASE PRINT IN BLOCK LETTERS

Lungariation and (5.6 college pictors)		/5.6. AT LABOR TRUSTER SUBSTRACTION AND A 2 2	
JURISDICTION NAME (E.G. SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA	TRUSTEE ELECTORAL AREA (E.G. AT LARGE, TRUSTEE ELECTORAL AREA 1, 2)	
ELECTOR ORGANIZATION'S LEGAL NAME (IF APPLICABLE)	USUAL NAME IF DIFFEREN	T FROM LEGAL NAME OR NO LEGAL NAME	
ABBREVIATION/ACRONYMS/OTHER NAMES USED BY THE ELECTOR ORGANIZATION	NAME, ABBREVIATION OR	ACRONYM TO BE INCLUDED ON THE BALLOT	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE	
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE	
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAIL	EMAIL ADDRESS (IF AVAILABLE)	
Additional Addresses for Service Information		OPTIONAL	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE	
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS	PROVIDED AS ADDRESS FOR SERVICE	
Endorsed Candidate(s):			
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME	(FIRST, MIDDLE AND LAST NAMES)	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED	ON THE BALLOT	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME	(FIRST, MIDDLE AND LAST NAMES)	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)  USUAL NAME TO BE USED ON THE BALLOT	CANDIDATE'S FULL NAME  USUAL NAME TO BE USED		
	USUAL NAME TO BE USED		
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED	ON THE BALLOT  (FIRST, MIDDLE AND LAST NAMES)	

Please see over for additional space and attach additional endorsement sheets as necessary.

ELECTOR ORGANIZATION ENDORSE	WENT FACKAGE - SCHOOL TROSTEE
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT

## **ES6** – Appointment of Elector Organization Financial Agent

FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)	
is hereby appointed as the <b>Financial Agent</b> for the	above named Elector Organization	for the:	
GENERAL VOTING DATE: (YYYY / MM / DD)	General Local Election	By-election	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE	
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)		
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)			
AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE	DATE: (YYYY / MM / DD)		
I hereby consent to act as the <b>Financial Agent</b> for t elector organization for the:	he above named		
GENERAL VOTING DATE: (YYYY / MM / DD)	General Local Election	By-election	
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE	
Additional Addresses for Service Information		OPTIONA	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE	
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVID	ED AS ADDRESS FOR SERVICE	
FINANCIAL AGENT'S SIGNATURE	DATE: (YYYY / MM / DD)	DATE: (YYYY / MM / DD)	