Use the Candidate Cover Sheet and Checklist Form C1 to ensure that the Candidate Nomination Package is complete and meets the legislative requirements of the Local Government Act, Local Elections Campaign Financing Act, Financial Disclosure Act and/or Vancouver Charter.

The Candidate Cover Sheet and Checklist Form C1 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 C1 (Section B), the relevant form is completed and attached.

The Candidate Cover Sheet and Checklist Form C1 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 C1 **does not** constitute completion of the Candidate Nomination Package, nor does it satisfy the legislative requirements set out in the 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. Record the office for which the Candidate is seeking election.
- 3. Use section B of the Cover Sheet and Checklist Form C1 to identify which forms have been completed and are included in the Candidate Nomination 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:

C2 - Nomination Documents (only page 3);

C3 – Other Information Provided by Candidate; and

C4 – 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

C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT II	N BLOCK LETTERS	
SECTION A		
CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION		
SECTION B		
This nomination package includes the following comp C2 – Nomination Documents	leted forms, appointments, o	consents and declarations:
☐ C3 – Other Information Provided by Candidate		
C4 – Appointment of Candidate Financial Age		as own Financial Agent)
C5 – Appointment of Candidate Official Agent	• •	
C6 – Appointment of Candidate Scrutineer (if Statement of Disclosure: Financial Disclosure A		ncial Disclosure Act)
Statement of Disclosure. I mancial Disclosure A	tet (required under the rinar	iciai Disciosure Acti

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.

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, F	EGIONAL DISTRICT ELECTORAL AREA)	
We, the following electors of the above named jurisdiction, 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			
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:			
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION (E.G. MUNICIPALITY, REC	GIONAL DISTRICT)	

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, 18 years of age or older.
- 2. Is a Canadian citizen.
- 3. Has been a resident of British Columbia, as determined in accordance with section 67 of the *Local Government Act*, for the past six months immediately preceding today's date.
- 4. Is not disqualified under the *Local Government Act* or any other enactment from being nominated for, being elected to or holding the office, or is not 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 local governments 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 NO	MINATION PACKAGE
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
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

C2 – Nomination Documents

. Tam quamica ander section of the Local Coverin	ment Act to be nominated, elected and to hold the office of
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	·
. I am or will be on general voting day for the electio	n, 18 years of age or older.
. I am a Canadian citizen.	
I have been a resident of British Columbia, as detern for the past six months immediately preceding toda	mined in accordance with section 67 of the <i>Local Government Act</i> y's date.
 I am not disqualified by the Local Government Act of to or holding the office, or otherwise disqualified by 	or any other enactment from being nominated for, being elected y law.
. To the best of my knowledge, the information provi	ided in these nomination documents is true.
. I fully intend to accept the office if elected.	
. I am aware of and understand the requirements and I intend to fully comply with those requirements and	d restrictions of the <i>Local Elections Campaign Financing Act</i> and d restrictions.
NOMINEE'S SIGNATURE	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER	FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA
AT: (LOCATION)	DATE: (YYYY / MM / DD)
I am acting as my own Financial Agent	I have appointed as my Financial Agent
I am acting as my own Financial Agent	I have appointed as my Financial Agent FINANCIAL AGENT'S NAME (IF APPLICABLE)

C3 – Other Information Provided by Candidate

DISTRICT ELECTORAL AREA)
MIDDLE NAME(S)
OMINATED TO APPEAR ON THE BALLOT
POSTAL CODE
POSTAL CODE
F AVAILABLE)
OPTIONA
POSTAL CODE
SS WAS PROVIDED AS ADDRESS FOR SERVICE
ot acting as my own Financial Agent

C4 – Appointment of Candidate Financial Agent

	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION	ELECTION AREA
	(E.G. MUNICIPALITY, REGIONAL DISTRICT)	(E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
I hereby appoint as my Financial Agent for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	Comparel Local	
	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)	
I hereby consent to act as the Financial Agent for the	e above named Candidate for the:	
I hereby consent to act as the Financial Agent for the GENERAL VOTING DATE: (YYYY / MM / DD)		
	General Local Election	By-election
	General Local	
GENERAL VOTING DATE: (YYYY / MM / DD) FINANCIAL AGENT ADDRESS FOR SERVICE	General Local Election	By-election
GENERAL VOTING DATE: (YYYY / MM / DD) FINANCIAL AGENT ADDRESS FOR SERVICE	General Local Election	By-election POSTAL CODE
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	By-election POSTAL CODE
GENERAL VOTING DATE: (YYYY / MM / DD) FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for Service Information	General Local Election	By-election POSTAL CODE OPTIONA
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 OPTIONA POSTAL CODE
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
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
FAX NUMBER	General Local Election CITY/TOWN CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDE	By-election POSTAL CODE OPTIONA POSTAL CODE
FAX NUMBER	General Local Election CITY/TOWN CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDE	By-election POSTAL CODE OPTIONA POSTAL CODE
FAX NUMBER	General Local Election CITY/TOWN CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDE	By-election POSTAL CODE OPTIONA POSTAL CODE
FAX NUMBER	General Local Election CITY/TOWN CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDE	POSTAL CODE OPTIONA POSTAL CODE
FAX NUMBER	General Local Election CITY/TOWN CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDE	By-election POSTAL CODE OPTIONA POSTAL CODE
FAX NUMBER	General Local Election CITY/TOWN CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDE	By-election POSTAL CODE OPTIONA POSTAL CODE

C5 – Appointment of Candidate Official Agent

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
I hereby appoint as my Official Agent 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 the authority to appoint scru	utineers
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	
		'

C6 – Appointment of Candidate Scrutineer

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
I hereby appoint as my Scrutineer for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	General Local Election	By-election
SCRUTINEER'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	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 oupdonly	name(s) or business(es), organization(s)
Dool Dropouty a 2 (6)	
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	-
 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 	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 E1 to ensure that the Elector Organization Endorsement Package is complete and meets the legislative requirements of the *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 E1 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 E1 (Section B), the relevant form is completed and attached.

The Elector Organization Cover Sheet and Checklist Form E1 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 E1 **does not** constitute completion of the Elector Organization Endorsement Package, nor does it satisfy the legislative requirements set out in the 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 E1 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:

E3 – Elector Organization Endorsement Documents: Declaration of Elector Organization Authorized Principal Official;

E4 – Consent of Elector Organization Responsible Principal Official(s);

E5 – Other Information Provided by Elector Organization; and E6 – 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

E1 – Elector Organization Cover Sheet and Checklist Form

PLEASE PRINT IN 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,	
E2 – Elector Organization Endorsement Docum	nents	
E3 – Elector Organization Endorsement Docum Declaration of Elector Organization Author		
E4 – Consent of the Elector Organization Response	onsible Principal Official(s)	
E5 – Other Information Provided by Elector Or	ganization	
E6 – Appointment of Elector Organization Financial Agent		

Disclaimer: All attempts have been made to ensure the accuracy of the forms contained in the 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.

E2 – 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	
ADDREVIATION/A CRONIVAAC/OTHER MANAGE HEED BY THE	NAME ADDREVIATION OF ACCOMMAND OF INCLUDED ON THE DALL OF	
ABBREVIATION/ACRONYMS/OTHER NAMES USED BY THE ELECTOR ORGANIZATION	NAME, ABBREVIATION OR ACRONYM TO BE INCLUDED ON THE BALLOT	
MANUALC ADDRESS (STREET ADDRESS (DO DOV MUMADER)	CITY/TOWN	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN POSTAL CODE	
CANDIDATES FULL MANAS (FIRST MIDDLE AND LAST MANASS)	CANDIDATES FULL NAME (FIRST MIDDLE AND LAST MAMES)	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
LICHAL MANAE TO DE LICED ON THE BALL OT	LICHAL NAME TO BE LICED ON THE DALLOT	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATES CONSENT TO ENDODESMENT (CICNATURE)	CANDIDATES CONSENT TO END ODSEMENT (SIGNATURE)	
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 DE USED ON THE DAM OF		
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATES CONSTAIT TO ENDODS MENT (SIGNATURE)	CANDIDATES CONSENT TO ENDODSEMENT (SIGNATURE)	
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	
CANDIDATES FULL MANAS (FIRST MUDDLE AND LAST MANASS)	CANDIDATES FULL NAME (FIRST MIDDLE AND LAST MAMES)	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
LICHAL MANACTO DE LICED ON THE BALLOT	LICHAL NAME TO BE LICED ON THE DALLOT	
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATES CONSENT TO ENDODERMENT (SIGNATURE)	
CANDIDATE 3 CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	
CANDIDATE'S ELLI NAME (FIRST MIDDLE AND LAST NAMES)	CANDIDATES FILL NAME (FIRST MIDDLE AND LAST MANAGE)	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	
LIGHAL NAME TO BE LISED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT	
USUAL NAME TO BE USED ON THE BALLOT	OSUAL INAINE TO BE USED ON THE BALLOT	
CANDIDATES CONSENT TO ENDODESASSIT (SIGNATURE)	CANDIDATES CONSENT TO ENDODES ASSAULT (CICALATURE)	
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.

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 (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)
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)

E3 – Elector Organization Endorsement Documents: Declaration of Elector Organization Authorized Principal Official

ELECTOR ORGANIZATION'S NAME		
As Authorized Principal Official for the above named Elector knowledge and belief:	Organization, I do solemnly declare that to the best of my	
1. The above named Elector Organization has at least 50 medistrict for which the election is being held.	embers who are electors of the municipality or regional	
2. The above named Elector Organization is not disqualified from endorsing candidate(s).		
3. The Elector Organization is aware of and understands the Campaign Financing Act that apply to the above named I intends to fully comply with those requirements and restricted.	Elector Organization and that the Elector Organization	
4. I am authorized to make the solemn declaration on beha	If of the above named Elector Organization.	
5. This solemn declaration is made in relation to the candidate Documents included in this Endorsement Package.	ate(s) named on Form E2 – Elector Organization Endorsement	
AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE		
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TA	AKING AFFIDAVITS FOR BRITISH COLUMBIA	
AT: (LOCATION)	DATE: (YYYY / MM / DD)	

E4 – 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

E4 - Consent of Elector Organization Responsible Principal Official(s)

PLEASE PRINT IN BLOCK LETTERS

GENERAL VOTING DATE: (YYYY / MM / DD)	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
		OPTIONA
Additional Addresses for Service Information		
Additional Addresses for Service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) F EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVI	POSTAL CODE

If additional Responsible Principal Officials consent to act for the above named Elector Organization please attach additional sheets as necessary.

E5 – Other Information Provided by Elector Organization

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTOR		
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 BA		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE	
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE	
,	G.,,,,,		
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAIL	EMAIL ADDRESS (IF AVAILABLE)	
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	
	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE		
FAX NUMBER		PROVIDED AS ADDRESS FOR SERVICE	
FAX NUMBER		PROVIDED AS ADDRESS FOR SERVICE	
FAX NUMBER Endorsed Candidate(s):		PROVIDED AS ADDRESS FOR SERVICE	
	IF MAILING ADDRESS WAS	PROVIDED AS ADDRESS FOR SERVICE (FIRST, MIDDLE AND LAST NAMES)	
Endorsed Candidate(s):	IF MAILING ADDRESS WAS	(FIRST, MIDDLE AND LAST NAMES)	
Endorsed Candidate(s): CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME USUAL NAME TO BE USED	(FIRST, MIDDLE AND LAST NAMES)	
Endorsed Candidate(s): 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	(FIRST, MIDDLE AND LAST NAMES) O ON THE BALLOT (FIRST, MIDDLE AND LAST NAMES)	
Endorsed Candidate(s): CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES) USUAL NAME TO BE USED ON THE BALLOT CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME USUAL NAME TO BE USED CANDIDATE'S FULL NAME USUAL NAME TO BE USED	(FIRST, MIDDLE AND LAST NAMES) O ON THE BALLOT (FIRST, MIDDLE AND LAST NAMES)	
Endorsed Candidate(s): CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES) USUAL NAME TO BE USED ON THE BALLOT 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 CANDIDATE'S FULL NAME USUAL NAME TO BE USED	(FIRST, MIDDLE AND LAST NAMES) O ON THE BALLOT (FIRST, MIDDLE AND LAST NAMES) ON THE BALLOT (FIRST, MIDDLE AND LAST NAMES)	
Endorsed Candidate(s): CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES) USUAL NAME TO BE USED ON THE BALLOT CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES) USUAL NAME TO BE USED ON THE BALLOT CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME USUAL NAME TO BE USED CANDIDATE'S FULL NAME USUAL NAME TO BE USED CANDIDATE'S FULL NAME USUAL NAME TO BE USED	(FIRST, MIDDLE AND LAST NAMES) O ON THE BALLOT (FIRST, MIDDLE AND LAST NAMES) ON THE BALLOT (FIRST, MIDDLE AND LAST NAMES)	

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

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
JSUAL 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)
JSUAL 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)
JSUAL 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)
JSUAL 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)
JSUAL 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)
JSUAL 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)
JSUAL 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)
ISUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT

E6 – Appointment of Elector Organization Financial Agent

FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)	
is hereby appointed as the Financial Agent 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 Financial Agent 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	<u> </u>	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)	