CANDIDATE NOMINATION PACKAGE

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 IN 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 completed forms, appointments, consents and declarations:

- ☐ **C2 – Nomination Documents**
- ☐ **C3 – Other Information Provided by Candidate**
- ☐ **C4 – Appointment of Candidate Financial Agent** (if Candidate is not acting as own Financial Agent)
- ☐ **C5 – Appointment of Candidate Official Agent** (if applicable)
- ☐ **C6 – Appointment of Candidate Scrutineer** (if applicable)
- ☐ **Statement of Disclosure: Financial Disclosure Act** (required under 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.

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) **shishalh NATION GOVERNMENT DISTRICT**	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) **sNL 1, 2, 19, 23, or whole/at large (please circle)**

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, REGIONAL 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)

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

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

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

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

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

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

I do solemnly declare as follows:

1. I am qualified under section 81 of the *Local Government Act* to be nominated, elected and to hold the office of

   POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)
   ADVISORY COUNCILLOR

2. I am or will be on general voting day for the election, 18 years of age or older.
3. I am a Canadian citizen.
4. I have 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.
5. I am not disqualified by the *Local Government Act* or any other enactment from being nominated for, being elected to or holding the office, 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 I intend to fully comply with those requirements and 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
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)

C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:		
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) **ADVISORY COUNCILLOR**	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) **shishalh NATION GOVERNMENT DISTRICT**	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) **sNL 1, 2, 19, 23, or whole/at large (please circle)**
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		
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 AS ADDRESS FOR SERVICE	

NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)

☐ I am acting as my own Financial Agent	☐ I am not acting as my own Financial Agent

Please ensure that name and mailing address information is the same as that entered on FORM C2 – NOMINATION DOCUMENTS

C4 – Appointment of Candidate Financial Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) **ADVISORY COUNCILLOR**	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) **shishalh NATION GOVERNMENT DISTRICT**	ELECTION AREA (please circle) (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) **sNL 1, 2, 19, 23, or whole/at large**

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)	

I hereby consent to act as the **Financial Agent** for the above named Candidate for the:

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 **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	
FINANCIAL AGENT'S SIGNATURE	DATE: (YYYY / MM / DD)	

C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) **ADVISORY COUNCILLOR**	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) **shishalh NATION GOVERNMENT DISTRICT**	ELECTION AREA (please circle) (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) **sNL 1, 2, 19, 23, or whole/at large**
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 scrutineers		
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	

C6 – Appointment of Candidate Scrutineer

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) **ADVISORY COUNCILLOR**	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) **shishalh NATION GOVERNMENT DISTRICT**	ELECTION AREA (please circle) (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) **sNL 1, 2, 19, 23, or whole/at large**
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* a trustee:

- 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
- has an agreement entitling him or her to acquire an interest in land for your benefit

Person making disclosure: *last name* | *first & middle name(s)*

Street, rural route, post office box:

City: **Province:** **Postal Code:**

Level of government that applies to you: ◯ provincial ◯ local government ◯ school board/francophone education authority

If sections do not provide enough space, attach a separate sheet to continue.

Assets – s. 3 (a)

List the name of each corporation in which you hold one or more shares, including shares held by a trustee on your behalf:

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 receive financial remuneration for your services and identify your capacity as owner, part-owner, employee, trustee, partner or other (e.g. director of a company or society).

- Provincial nominees and designated employees must list all sources of income in the province.
- Local government officials, school board officials, francophone education authority directors and designated employees must list only income sources within the regional district that includes the municipality, local trust area or school district for which the official is elected or nominated, or where the employee holds the designated position.

your capacity	*name(s) of business(es)/organization(s)*

Real Property – s. 3 (f)

List the legal description and address of all land in which you, or a trustee acting on your behalf, own an interest or have an agreement which entitles you to obtain an interest. Do not include your personal residence.

- Provincial nominees and designated employees must list all applicable land holdings in the province.
- Local government officials, school board officials, francophone education authority directors and designated employees must list only applicable land holdings within the regional district that includes the municipality, local trust area or school district for which the official is elected or nominated, or where the employee holds the designated position.

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.)

◯ no ◯ yes

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	***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

ELECTOR ORGANIZATION ENDORSEMENT PACKAGE

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 includes the following completed forms, appointments, consents and declarations:

- ☐ **E2 – Elector Organization Endorsement Documents**
- ☐ **E3 – Elector Organization Endorsement Documents: Declaration of Elector Organization Authorized Principal Official**
- ☐ **E4 – Consent of the Elector Organization Responsible Principal Official(s)**
- ☐ **E5 – Other Information Provided by Elector Organization**
- ☐ **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	
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.

ELECTOR ORGANIZATION ENDORSEMENT PACKAGE

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)

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

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME

As **Authorized Principal Official** for the above named Elector Organization, I do solemnly declare that to the best of my knowledge and belief:

1. The above named Elector Organization has at least 50 members who are electors of the municipality or regional district for which the election is being held.
2. The above named Elector Organization is not disqualified from endorsing candidate(s).
3. The Elector Organization is aware of and understands the requirements and restrictions of the *Local Elections Campaign Financing Act* that apply to the above named Elector Organization and that the Elector Organization intends to fully comply with those requirements and restrictions.
4. I am authorized to make the solemn declaration on behalf of the above named Elector Organization.
5. This solemn declaration is made in relation to the candidate(s) named on Form E2 – Elector Organization Endorsement Documents included in this Endorsement Package.

AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA	
AT: (LOCATION)	DATE: (YYYY / MM / DD)

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

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME		
I hereby consent to act as the **Authorized Principal Official** and a **Responsible Principal Official** for the above named Elector Organization for the:		
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
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
AUTHORIZED/RESPONSIBLE PRINCIPAL OFFICIAL'S SIGNATURE	DATE: (YYYY / MM / DD)	

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

PLEASE PRINT IN BLOCK LETTERS

I hereby consent to act as a **Responsible Principal Official** for the above named Elector Organization for the:

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

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	
RESPONSIBLE PRINCIPAL OFFICIAL'S SIGNATURE	DATE: (YYYY / MM / DD)	

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 ELECTORAL AREA)	
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
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 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 (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

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

ELECTOR ORGANIZATION ENDORSEMENT PACKAGE

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

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

E6 – Appointment of Elector Organization Financial Agent

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME		
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 the above named elector organization for the:

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 — **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	
FINANCIAL AGENT'S SIGNATURE	DATE: (YYYY / MM / DD)	