

Nomination Statement of Change



This form is to be completed by the candidate.

Section 1: Candidate Information

First name

Middle name

Last name

Provincial electoral district

Part A: Personal Information

Street number

Street name

Unit #

City, municipality or town

Postal code

Email address

Part B: Delivery and Contact Information

Street number

Street name

Unit #

City, municipality or town

Postal code

Home phone

Cell phone

Website address

Part C: Candidacy Information

Former Party Affiliation

New Party Affiliation

Endorsement letter included

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Section 2: Chief Financial Officer Contact Information

First name

Last name

Street number

Street name

Unit #

City, municipality or town

Postal code

Phone

Alternate phone

Fax

Email address

I consent to my appointment as Chief Financial Officer (CFO) for the above named individual. I am aware of the duties and responsibilities of this position under the *Election Finances Act* and under clause 27(2)(l) of the *Election Act*.

X

Signature of Chief Financial Officer

Date

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Section 3: Auditor Contact Information

First name

Last name

Firm name

Street number

Street name

Unit #

City, municipality or town

Postal code

Phone

Alternate phone

Fax

Email address

Contact name (if different from above)

First name

Last name

Section 4: Place Where Records are Kept

First name

Last name

Office held

Street number

Street name

Unit #

City, municipality or town

Postal code

Phone

Alternate phone

Fax

Email address

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Section 5: Principal Officer

First name		Last name	
Office held			
Street number	Street name		Unit #
City, municipality or town			Postal code
Phone	Alternate phone	Fax	
Email address			

Section 6: Person(s) Authorized to Accept Contributions

First name		Last name	
Office held			
Street number	Street name		Unit #
City, municipality or town			Postal code
Phone	Alternate phone	Fax	
Email address			

Section 7: Financial Institutions

Name of Institution			
Street number	Street name		Unit #
City, municipality or town			Postal code

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Name of Signing Officer

First name

Last name

Office held

Street number

Street name

Unit #

City, municipality or town

Postal code

Phone

Alternate phone

Fax

Email address

X

Signature of Returning Officer
or Election Official

Date

Time

X

Candidate Signature

Date

Time

Candidate Signature Witnessed by

Date

Time