

# FORM P-1 POLITICAL PARTY REGISTRATION AND CHANGE NOTICE FORM

## Instructions

Please print clearly or type. You must complete and file this initial registration form with the Chief Electoral Officer before any financial activity occurs. There is no fee to register a political party with the Chief Electoral Officer of Ontario.

### A. PARTY INFORMATION

Please provide the name, address, and telephone information for the political party.

#### Type of Registration

A new registration is the initial registration of a political party with the Chief Electoral Officer. A change notice is for informing the Chief Electoral Officer of any changes to the initial registration. For any changes, a revised P-1 must be submitted immediately. Forms may be submitted by facsimile.

### B. PARTY LEADER

Please provide the name, address and telephone numbers of the leader.

### C. PARTY PRESIDENT (or equivalent)

Please provide the name, address and telephone numbers of the president or equivalent.

### D. CHIEF FINANCIAL OFFICER (CFO)

The Party must appoint a chief financial officer before registering. Provide the name, address and telephone numbers of the CFO.

### E. AUDITOR

The Party must appoint an auditor who is licensed under the *Public Accountancy Act*. Provide the licence number. The chief financial officer cannot be the auditor.

### F. PRINCIPAL OFFICERS

Please provide the name(s), address(es), and telephone number(s) of any principal officers of the political party.

**G. PERSONS AUTHORIZED TO ACCEPT CONTRIBUTIONS**

List the names of the persons who are authorized to accept contributions, make deposits and issue tax credit receipts. Attach a separate sheet if necessary.

**H. PLACE WHERE RECORDS ARE KEPT**

Provide the address of the place where the financial records are kept.

**I. FINANCIAL INSTITUTION**

Indicate the name and address of each financial institution in Ontario. If there is more than one financial institution, attach a separate sheet.

**Signing Officer(s)**

Provide the name(s) of the signing officer(s). Attach a separate sheet if necessary.

**J. STATEMENT OF ASSETS AND LIABILITIES**

This statement must be completed for the initial registration of a new political party only.

**K. ATTESTATION OF CFO**

The statement must be attested to by the CFO and the attestation must be witnessed. See Guideline PG00.

**L. CERTIFICATION OF INCOMING AND OUTGOING OFFICERS**

The Party's incoming and outgoing presidents and chief financial officers must complete this section. The original signatures are required.

**M. ATTESTATION OF THE LEADER**

This statement must be provided at the time of registration, and when there is a change in party leader. The leader must sign this section, and it must be witnessed.

It is the Party's responsibility to file a complete and accurate registration form with the Chief Electoral Officer. Failure to provide the information required will delay the initial registration until all the required information is provided.

If the chief financial officer resigns, the resigning CFO must give all the financial records and tax credit receipts to the new CFO. The Chief Electoral Officer will send a set of guidelines to the new CFO.

The P-1 form is open to inspection by any person during normal office hours of Elections Ontario





## Election Finances Division

51 ROLARK DRIVE  
TORONTO, ONTARIO M1R 3B1

Telephone: (416) 325-9401  
Toll Free: 1-866-566-9066  
FAX: (416) 325-9466


### P-1 Political Party Registration and Change Notice Form

Disponible aussi en français.

Section A: Party Information	
Registration Type:	New <input type="checkbox"/> Change <input type="checkbox"/>
Full Name of Party: _____	(English)
	(French)
Party Abbreviation: _____	(English)
	(French)
Business Tel.:	Website:
Fax:	Email:
Address:	
City:	Postal Code:
Section B: Party Leader	
First Name:	Last Name:
Business Tel.:	Home Tel.:
Fax:	Email:
Check if address is same as party's address: <input type="checkbox"/>	
Address:	
City:	Postal Code:
Section C: Party President	
First Name:	Last Name:
Business Tel.:	Home Tel.:
Fax:	Email:
Check if address is same as party's address: <input type="checkbox"/>	
Address:	
City:	Postal Code:
Section D: Chief Financial Officer	
<i>The Party must appoint a Chief Financial Officer before registering.</i>	
First Name:	Last Name:
Business Tel.:	Home Tel.:
Fax:	Email:
Check if address is same as party's address: <input type="checkbox"/>	
Address:	
City:	Postal Code:



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## Section E: Auditor

The Party must appoint an auditor who is licensed under the Public Accountancy Act. Provide the licence number. The Chief Financial Officer cannot be the auditor.

<b>Firm Name:</b>	
<b>First Name:</b>	<b>Last Name:</b>
<b>Designation:</b> CA <input type="checkbox"/> CGA <input type="checkbox"/>	<b>Licence No:</b>
<b>Business Tel.:</b>	<b>*Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>Contact Person (if different from above)</b>	
<b>First Name:</b>	<b>Last Name:</b>

(Items marked with a "\*" are optional.)

## Section F: Principal Officers

Please define any additional principal officers, if any, other than the president and CFO.

<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>

To add additional principal officers, please copy this page, fill out as necessary, and include with your application.



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## Section G: Persons Authorized to Accept Contributions

List the names of the persons who are authorized to accept contributions, make deposits, and issue tax credit receipts.

- Make CFO a person authorized to accept contributions.
- Make President a person authorized to accept contributions.
- Make Party Leader a person authorized to accept contributions.

<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
Check if address is same as party's address: <input type="checkbox"/>	
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
Check if address is same as party's address: <input type="checkbox"/>	
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
Check if address is same as party's address: <input type="checkbox"/>	
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
Check if address is same as party's address: <input type="checkbox"/>	
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>

To add additional authorized persons, please copy this page, fill out as necessary, and include with your application



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## Section H: Place Where Records are Kept

Provide the address of the place where financial records are kept.

- Designate Party's address as a location where records are kept.
- Designate CFO's address as a location where records are kept.
- Designate Party President's address as a location where records are kept.

### Record Keeper and Location

<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>

To add additional record keepers and locations, please copy this page, and include with your application.



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<b>Section I: Financial Institution</b>	
<i>Indicate the name and address of each financial institution in Ontario at which the party has an account.</i>	
<b>Institution:</b>	
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>Signing Officers for this account</b>	
<input type="checkbox"/> Make CFO a Signing Officer for this account.	
<input type="checkbox"/> Make President a Signing Officer for this account.	
<input type="checkbox"/> Make Party Leader a Signing Officer for this account.	
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>
<b>First Name:</b>	<b>Last Name:</b>
<b>Office Held:</b>	
<b>Business Tel.:</b>	<b>Home Tel.:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Address:</b>	
<b>City:</b>	<b>Postal Code:</b>

*To add additional financial institutions, accounts, and/or signing officers, please copy and fill out this page for each one and include with your application*





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## Section L: Certification of Incoming and Outgoing Officers

The Party's incoming and outgoing Presidents and Chief Financial Officers must complete this section. The original signatures are required.

Your registration form will be reviewed by Elections Ontario upon receipt of these signatures. Please print, sign, and submit this form to:

Elections Ontario	Telephone:	(416) 325-9401
Election Finances Division	Toll Free:	1-866-566-9066
51 Rolark Drive	FAX:	(416) 325-9466
Toronto, Ontario M1R 3B1		

You must complete and file this initial registration form with the Chief Electoral Officer before any financial activity occurs. There is no fee to register a political party with the Chief Electoral Officer of Ontario.

The political party has the responsibility to file a complete and accurate registration form under section 10 of the *Election Finances Act* with the Chief Electoral Officer. Failure to provide the information required in all applicable sections will delay the registration until all the required information is provided. The Chief Electoral Officer may rely and act on such information submitted by the president or other executive officer and chief financial officer of record. Where there is a change of CFO, the retiring CFO must ensure that the books of record and all unused official receipt forms for contributions are transferred to the newly appointed CFO. The Chief Electoral Officer will forward to the new CFO the information required to fulfill the responsibilities on behalf of the political party.

### Certification of Incoming and Outgoing Presidents

We, the \_\_\_\_\_ (Name of Political Party) political party, certify that the information on this form is to the best of our knowledge and belief true and correct.

_____	_____
<i>Signature of Incoming President or Equivalent</i>	<i>Date</i>
_____	_____
<i>Signature of Outgoing President or Equivalent</i>	<i>Date</i>

### Certification of Incoming and Outgoing Chief Financial Officers

We, the \_\_\_\_\_ (Name of Political Party) political party, certify that the information on this form is to the best of our knowledge and belief true and correct.

_____	_____
<i>Signature of Incoming Chief Financial Officer</i>	<i>Date</i>
_____	_____
<i>Signature of Outgoing Chief Financial Officer</i>	<i>Date</i>

## Section M: Attestation of the Leader

### Statement of Fundamental Purpose of the Political Party (under subsection 10(3) of the *Election Finances Act*)

I, the undersigned, attest that a fundamental purpose of the political party is to participate in public affairs by endorsing candidates and supporting their election as prescribed under Subsection 10 (3) (k).

_____	_____
<i>Name of Leader</i>	<i>Name of Witness</i>
_____	_____
<i>Signature of Leader</i>	<i>Signature of Witness</i>
_____	_____
<i>Date</i>	<i>Date</i>