



Nomination Statement of Change (F0401)

To be completed by the candidate

I, the undersigned, (Name of Candidate)

First Name and Middle Name(s):

Last Name:

Provincial Electoral District:

Section 1: Part A - Personal Information

Street No.: Street Name:

Unit No.: City/Municipality/Town:

Postal Code: E-mail Address:

Section 1: Part B - Delivery and Contact Information

Street No.: Street Name:

Unit No.: City/Municipality/Town:

Postal Code: Home Phone:

Cell Phone:

Website Address:

Section 3: Chief Financial Officer Contact Information

First Name:

Last Name:

Street No.: Street Name:

Unit No.: City/Municipality/Town:

Postal Code: Phone:

Alternate Phone:

Fax:

E-mail Address:

I consent to my appointment as chief financial officer 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*.

Signature of Chief Financial Officer

Date

Section 4: Place Where Records are Kept

First Name:

Last Name:

Office Held:

Street Number: Street Name:

Unit No:

City/Municipality/Town:

Postal Code:

Phone:

Alternate Phone:

Fax:

Email Address:

Section 5: Principal Officer

First Name: _____ Last Name: _____ Office Held: _____

Street Number: _____ Street Name: _____ Unit No: _____

City/Municipality/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 No: _____

City/Municipality/Town: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____ Fax: _____

Email Address: _____

Section 7: Financial Institutions

Name of Institution: _____

Street Number: _____ Street Name: _____ Unit No: _____

City/Municipality/Town: _____ Postal Code: _____

Name of Signing Officer

First Name: _____ Last Name: _____ Office Held: _____

Street Number: _____ Street Name: _____ Unit No: _____

City/Municipality/Town: _____ Postal Code: _____

Phone: _____ Alternate Phone: _____ Fax: _____

Email Address: _____

 Returning Officer/Election Official Signature Date Time

 Candidate Signature Date

 Candidate Signature Witnessed by Date