#### CANDIDATE NOMINATION PACKAGE

### C1 - Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A		
CANDIDATE'S LAST NAME  YRANCE	FIRST NAME  Solven	MIDDLE NAME(S)  Daug LAC
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION  Councillo		
SECTION B		
This nomination package includes the following	g completed forms, appointme	ents, consents and declarations:
C2 – Nomination Documents		
C3 – Other Information Provided by Ca	ndidate	
C4 – Appointment of Candidate Finance	ial Agent (if Candidate is not a	acting as own Financial Agent)
C5 – Appointment of Candidate Officia	l Agent (if applicable)	
☐ C6 – Appointment of Candidate Scrutir	neer (if applicable)	
Statement of Disclosure: Financial Disc	losure Act (required under the	Financial Disclosure Act)
		June CN APR 1 4 2024  Time: 2:21 pm. Chief Election Officer

**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.

# DECEIVED N. APR 1 4 2024

2:21 PM

#### CANDIDATE NOMINATION PACKAGE

# C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

	1 + 2024
Time:_ Chief	Election Officer

Chief Election Officer JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) ELECTION AREA (E.G. MUNICIPALITY, REGIONAL 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 ance RESIDENTIAL ADDRESS (STREET ADDRESS) CITY/TOWN 110 MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) As a Candidate for the office of: POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) ouncillor

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) GRADISAR MILENA 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 261 AMBLESIDE B.C. PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR SAYWARD BC NOMINATOR'S SIGNATURE NOMINATOR'S SIGNATURE Ma

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)
	2024/06/14

OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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 Declar Councillor, DIRECTOR)    POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)		INATION PACKAGE
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 Docal Government Act to be nominated, elected and to hold the Docal Government Act to be nominated, elected and to hold the Docal Government Act to be nominated, elected and to hold the Docal Government Act to be nominated, elected and to hold the Docal Government Act to a more than a canadian citizen.  1. I am a Canadian citizen.  1. I have been a resident of British Columbia, as determined in accordance with section 67 of the Local Government 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 elect 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 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  ATE (LOCATION)  DATE: (YYYY / MM / DD)  2024/106/114	C2 – Nominat	ion Documents
1. I am qualified under section 81 of the Local Government Act to be nominated, elected and to hold the office of hold the hold government of 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 of holding the office of holding the local Government of holding the office of holding the local Government of holding the local Governmen	PLEASE PRINT II	N BLOCK LETTERS 14 7074
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)  Louncillo(  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 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 of 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)  2024/106/114		Chief Floation Officer
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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 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 ele 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 of 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)  2024/06/114		S years of age or older
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8. I am aware of and understand the requirements and restrictions of the Local Elections Campaign Financing Act of 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)  2024/06/14	5. To the best of my knowledge, the information provided	in these nomination documents is true.
NOMINEE'S SIGNATURE  DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA  AT: (LOCATION)  DATE: (YYYY/MM/DD)  2024/06/14	7. I fully intend to accept the office if elected.	
at: (LOCATION)  Campbell River 18C  2024/06/14	DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TO	AKING AFFIDAVITS FOR BRITISH COLUMBIA
		DATE: (YYYY / MM / DD)
I am acting as my own Financial Agent  I have appointed as my Financial Agent	Campbell River 1BC	2024/06/14
I am acting as my own Financial Agent  I have appointed as my Financial Agent		1 60-1101 111
NOMINEE'S SIGNATURE FINANCIAL AGENT'S NAME (IF APPLICABLE)		

#### CANDIDATE NOMINATION PACKAGE

### **C3** – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:		
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION (E.G. MUNICIPALITY, REGIONAL	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL
0 "	DISTRICT)	DISTRICT ELECTORAL AREA)
Councillor	Salward	VIIIage
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
YRANCE	Jann	Douglas
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREF	RRED BY THE PERSON NOMINATED TO AP	PEAR ON THE BALLOT
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
124 Gray Krill Place	Louren at	140 141
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
118 878 1065	10 France S	20 Grail. 6m
Additional Addresses for Service Information		OPTIONAL
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE		
FAX NUMBER	EMAIL ADDRESS	
	IF MAILING ADDRESS WAS PROVIDED	D AS ADDRESS FOR SERVICE
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICAL	BLE)	
I am acting as my own Financial Agent	I am not acting as	my own Financial Agent
	Time:	GEIVE June APR 1 4 2024 W 2!21 om Election Officer
Please ensure that name and mailing	address information is the sar	me as that

#### CANDIDATE NOMINATION PACKAGE

# **C4 – Appointment of Candidate Financial Agent**

### PLEASE PRINT IN BLOCK LETTERS

I hereby appoint as my Financial Agent for the:  GENERAL VOTING DATE: (YYYY / MM / DD)  General Local Election  FINANCIAL AGENT'S LAST NAME  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE  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  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	DATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
General Local Election By-electic  FINANCIAL AGENT'S LAST NAME FINANCE  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN POSTAL CODE  TELEPHONE NUMBER  EMAIL ADDRESS (IF AVAILABLE)  CANDIDATE'S SIGNATURE  DATE: (YYYY / MM / DD)  CANDIDATE'S SIGNATURE  DATE: (YYYY / MM / DD)  General Local Election  By-electic  By-electic  By-electic  CITY/TOWN  POSTAL CODE  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	N (E.G. MAYOR, COUNCILLOR, DIRECTOR)	(E.G. MUNICIPALITY, REGIONAL	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
FINANCIAL AGENT'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME(S)  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE  EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)  CANDIDATE'S SIGNATURE  DATE: (YYYY / MM / DD)  CANDIDATE'S SIGNATURE  DATE: (YYYY / MM / DD)  General Local Election  By-electic  By-electic  CITY/TOWN  POSTAL CODE  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	by appoint as my <b>Financial Agent</b> for the:		
FINANCIAL AGENT'S LAST NAME  MIDDLE NAME(S)  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE  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  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	L VOTING DATE: (YYYY / MM / DD)	General Local	By-election
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  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN POSTAL CODE	IAL AGENT'S LAST NAME		MIDDLE NAME(S)
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)  CITY/TOWN  POSTAL CODE  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	G ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
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  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  CITY/TOWN  POSTAL CODE  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	ONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
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)  CITY/TOWN  POSTAL CODE  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	VE DATE OF APPOINTMENT: (YYYY / MM / DD)		
GENERAL VOTING DATE: (YYYY / MM / DD)  General Local Election  FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS)  CITY/TOWN  POSTAL CODE  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE	ATE'S SIGNATURE	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)  CITY/TOWN  POSTAL CODE	by consent to act as the <b>Financial Agent</b> for the ab	pove named Candidate for the:	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)  CITY/TOWN  POSTAL CODE		General Local	By-election
	AL VOTING DATE: (YYYY / MM / DD)  AL AGENT ADDRESS FOR SERVICE	General Local Election	
F EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	AL VOTING DATE: (YYYY / MM / DD)  IAL AGENT ADDRESS FOR SERVICE ADDRESS OR EMAIL ADDRESS)	General Local Election	
FAX NUMBER  EMAIL ADDRESS  IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	AL VOTING DATE: (YYYY / MM / DD)  AL AGENT ADDRESS FOR SERVICE ADDRESS OR EMAIL ADDRESS)  Tonal Addresses for Service Information	General Local Election	POSTAL CODE  OPTIONA
FINANCIAL AGENT'S SIGNATURE DATE: (YYYY / MM / DD)	AL AGENT ADDRESS FOR SERVICE ADDRESS OR EMAIL ADDRESS)  TONAL Addresses for Service Information  TO ADDRESS (STREET ADDRESS/PO BOX NUMBER)  L WAS PROVIDED AS ADDRESS FOR SERVICE	General Local Election  CITY/TOWN  CITY/TOWN  EMAIL ADDRESS	POSTAL CODE  OPTIONA  POSTAL CODE