CANDIDATE NOMINATION PACKAGE

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, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL
	REGIONAL DISTRICT)	DISTRICT ELECTORAL AREA)
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)	
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I hereby consent to act as the Financial Agent for the a	bove-named Candidate for the	:
	General Local	: By-election
GENERAL VOTING DATE: (YYYY/MM/DD)		
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY/MM/DD) FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	General Local Election	By-election
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GENERAL VOTING 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)	General Local Election	By-election POSTAL CODE
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FAX NUMBER	General Local Election CITY/TOWN CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDENTED	By-election POSTAL CODE OPTIONA POSTAL CODE
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