

FULL NAME OF POLITICAL PARTY

NOMINATION CONTEST INFORMATION FILED BY POLITICAL PARTY

NC	
(20/01)

DAGE	1
	'

OF

This information must be filed within 14 days of the nomination contestant being selected as a candidate.

			NUMBER OF CO	ONTESTANTS	
			CONTECT		(YYYY/ MM / DD)
			CONTEST	START DATE	0000//11/25
			CONTES	ST END DATE	(YYYY/ MM / DD)
FOR	ELECTORAL DIS WHICH CONTEST WAS				
RT B: NOMINATION	I CONTESTANT SELEC	TED TO BE	THE CANDIDAT	E	
ONTESTANT INFO	RMATION				
LAST NAME FIRST NA		NAME		MIDDLE NAME(S)	
MAILING ADDRESS				CITY / TOWN	
POSTAL CODE	PHONE		EMAIL (OPTIONAL	-)	
	NFORMATION ant is not acting as their	own financi	ng agent, complete	e financial agen	t information below:
nomination contest		own financi		e financial agen	t information below:
nomination contesta				e financial agen	
nomination contests AST NAME MAILING ADDRESS				CITY / TOWN	
AST NAME MAILING ADDRESS POSTAL CODE Clare that I am autho	ant is not acting as their	FIRST N	EMAIL (OPTIONAL	CITY / TOWN	

Please submit to: electoral.finance@elections.bc.ca



FULL NAME OF POLITICAL PARTY

NOMINATION CONTEST INFORMATION

FILED BY POLITICAL PARTY

	NCI (20/01)
PAGE	
OF	

This information must be filed within 14 days of the nomination contestant being selected as a candidate. Please complete a separate sheet for each unsuccessful nomination contestant.

	TESTANTS NOT SE	ELECTED TO	O BE THE CAN	DIDATE		
CONTESTANT INFORMAT	ION					
LAST NAME		FIRST NAM	FIRST NAME		MIDDLE NAME(S)	
MAILING ADDRESS				CITY / TOWN		
POSTAL CODE PH	HONE		EMAIL (OPTIONAL	_)		
INANCIAL AGENT INFOR f nomination contestant is r				e financial age	ent information below:	
LAST NAME		FIRST NAM	1E		MIDDLE NAME(S)	
MAILING ADDRESS				CITY / TOWN		