

Report of Updated Information – Nomination Contestant

General instructions

Completing the Form – On Paper or Onscreen

- The form can be filled out onscreen and saved with Adobe Professional. Print the form to collect the necessary signatures.
- If you cannot save, print all completed pages before closing the window. Information that is not saved will be lost.
- Important: Be sure the completed form is fully signed and dated.

Submitting the Form – By Mail, Fax or E-mail

- The form can be submitted to the Political Financing Sector by mail, fax or e-mail. For e-mail, scan a signed copy and send it as an attachment.
- Since incomplete information may delay the processing of your submission, be sure to provide all information requested. Failure to do so may result in your submission being rejected.

Related documentation

Handbook for Nomination Contestants, Their Financial Agents and Auditors
 Find it at www.elections.ca under Political Participants > Tools for Nomination Contestants > Manuals.

Privacy statement

The personal information supplied on this form is collected under the authority of the *Canada Elections Act* for the purpose of administering the registration of political entities. The information is available for public inspection in accordance with the Act, and certain information is published on the Elections Canada website at www.elections.ca. You have a right to access and/or to request a correction of your personal information under the *Privacy Act*. For details on the collection and use of this information, consult the entry for Personal Information Bank CEO PPU 010 at www.elections.ca.

Please contact us if you have questions or require any help in completing the form.

Elections Canada
Political Financing
30 Victoria Street
Gatineau Québec K1A 0M6

Tel.: 1-800-486-6563 (toll-free)

☐ TTY: 1-800-361-8935 (toll-free)

Fax: 1-888-523-9333 (toll-free)

E-mail: info@elections.ca

Website: www.elections.ca



Signature of the nomination contestant

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Full name of the registered party			Full name of the federal electoral district				
lame of the nomination cont	estant						
Surname		Given name			Init.		
Complete only sections with Section B Nomination	changes	mation					
Correspondence		mation					
Address (residential)			Mailing address (if different)				
City	Prov./Terr.	Postal code	City		Prov./Terr.	Postal code	
E-mail address (optional)			Telephone	F	Fax		
Section C Declaration	by the nomination	on contestant					
I certify that the information se	et out in this report	is complete and	accurate.				



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Full name of the registered party				ı		
lame of the nomination contestar	ıt	Ful	I name of the federal ele	ctoral district		
Section D Financial agent in	nformation	(if one is appo	pinted)			
A financial agent must be appoint expenses.	ted if the no	mination conte	stant accepts contributi	ons or incurs nom	nination campaign	
Registration of first or new	v financial ag	ent, appointmen	t effective Year	Month Day	I	
Financial agent position is	s currently va	acant; remove thi	s name from the contest fi	iles		
Name			Date termi	inated		
Surname		Given nam		Init.	Correspondence	
Surname		Civerrian		THE.	English França	
Address (residential)			Mailing address (if diffe	erent)		
City	Prov./Terr.	Postal code	City	Prov.	/Terr. Postal code	
E-mail address (optional)			Telephone	Fax	Fax	
Section E Declaration by the I consent to my appointment as final responsibilities of this position under	ıncial agent f	or the nomination				
Signature of the financial agent			Year Mon	ıth Day		



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Name of the nomination contestant			Full	Full name of the federal electoral district					
Section	F Auditor information	on (if one i	s appointed)						
	must be appointed without dela	ay if the nomir	nation contestant acc	epts contribu	utions of S	\$10,000 or more i	in total or incu	rs nomination campaig	
	Registration of first or new Auditor position is currently Name			Ye	test files	e terminated			
$\overline{\bigcirc}$	Change of contact informa	ation only				real i	worth Day		
Surname	auditor is an individual	Given na	me	Init. Professional designation			designation	Correspondence English Français	
Address	(residential)		Mailing address (if different)				I		
City		Prov./Terr.	Postal code	City		Prov./Te	rr. Postal code		
E-mail ad	ail address (optional)			Telephone			Fax		
$\overline{}$	auditor is a partnership ne declaration must be com	pleted and s	signed by a person	authorized	I to sign	on behalf of the	e partnership).	
Name of	partnership								
Person a	authorized to sign on beha	alf of the pa	ırtnership						
Surname		Given name			Init.	Professional designation		Correspondence English Français	
Address									
City				Prov./Terr.			Postal code		
E-mail ad	E-mail address (optional)			Telephone			Fax		
	G Declaration by the to my appointment as aud tion under the Canada Elec	itor for the n					e duties and	d responsibilities of	
	of the auditor				ear		_	Page 4 o	