

### Section A – Nomination contest information

Registered party's full name		
Registered association's full name (if any)		
ED code	Electoral district	
Nomination contest for: <input type="radio"/> General election (338 electoral districts) <input type="radio"/> General election (343 electoral districts) <input type="radio"/> By-election		
Contest start date yyyy/mm/dd	Selection date yyyy/mm/dd	Number of contestants on selection date

### Section B – Person selected in the nomination contest

Full name
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### Section C – Political entity submitting this report

The political entity that held the contest is the entity responsible for submitting this report. <input type="radio"/> Registered party <input type="radio"/> Registered association
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### Section D – Representative completing this report

Full name	Position title
Organization	
Telephone number	Email address

### Section E – Declaration by the representative

I hereby declare that, to the best of my knowledge, the information contained in this report is complete and accurate.	
Representative's signature _____	Signature date yyyy/mm/dd _____

### Section F – Form submission

This request can be sent by email (in PDF format), courier, mail or fax.

Mail: Elections Canada 30 Victoria Street Gatineau, Québec K1A 0M6	Fax: 1-888-523-9333 (toll-free) Attn: Political Financing	Email: <a href="mailto:political.financing@elections.ca">political.financing@elections.ca</a>
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For any questions on completing this form, please call the Political Entities Support Network: 1-800-486-6563

### Section G – Privacy notice

The personal information supplied on the <i>Nomination Contest Report</i> (Report) is collected under the authority of the <i>Canada Elections Act</i> (Act) for the purpose of administering the registration of political entities and creating Political Entities Service Centre (PESC) accounts. The information is available for public inspection in accordance with the Act, and certain information is published on the Elections Canada website at <a href="http://elections.ca">elections.ca</a> . You have a right to access and/or to request a correction of your personal information under the <i>Privacy Act</i> . You also have the right to complain to the Privacy Commissioner of Canada regarding any of the aspects referred to above. For details on the collection and use of this information, consult the entry for Personal Information Bank Elections PPU 036 at <a href="http://elections.ca">elections.ca</a> .
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Complete one Part 2 per nomination contestant. If you require additional pages, please print copies of this page.

**Section A – Nomination contestant's information**

Full name		Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
<b>Address</b>			
Street no.	Street		Unit
City		Prov./ Terr.	Postal code
Telephone number		Email address	
<b>Mailing address</b>			
<input type="checkbox"/> Same as address above			
Street no.	Street		Unit
City		Prov./ Terr.	Postal code

**Section B – Nomination contestant's financial agent**

A financial agent does not need to be appointed if the campaign did not accept any contributions, loans or transfers and did not incur any nomination campaign expenses.

Full name		Preferred language of correspondence <input type="checkbox"/> English <input type="checkbox"/> French	
<b>Address</b>			
Street no.	Street		Unit
City		Prov./ Terr.	Postal code
Telephone number		Email address	
<b>Mailing address</b>			
<input type="checkbox"/> Same as address above			
Street no.	Street		Unit
City		Prov./ Terr.	Postal code

Contestant's full name	Selection date yyyy/mm/dd
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**Section C – Nomination contestant's auditor**

An auditor does not need to be appointed *unless* the campaign accepts contributions totalling \$10,000 or more or incurs nomination campaign expenses totalling \$10,000 or more.

<input type="radio"/> <b>The auditor is an individual</b>	
Full name	Professional designation
<input type="radio"/> <b>The auditor is a partnership</b>	
Name of partnership	
Full name of person authorized to sign on behalf of the partnership	Professional designation

<b>Address</b>			
Street no.	Street	Unit	
City		Prov./ Terr.	Postal code
Telephone number		Email address	

<b>Mailing address</b>			
<input type="checkbox"/> Same as address above			
Street no.	Street	Unit	
City		Prov./ Terr.	Postal code

Contestant's full name	Selection date <i>yyyy/mm/dd</i>
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