Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

tralian Capital Territory Gazette	No. S55, Wednesday 8 August, 200
	a Non-Party Candidate egislative Assembly
Nomination by	Twenty Electors
To: The Electoral Commissioner	
We, electors listed on the following pages and entitled to Assembly for the following electorate, hereby nominate the election for the electorate of:	<u> </u>
(Tick one box only)	
Brindabella: Ginninderra:	Molonglo:
Cand	idate
I, THE CANDIDATE NAMED BELOW, STATE THAT: I am an Australian citizen I am at least 18 years of age	For ungrouped candidates only
I am an elector or qualified to be an elector AND I DECLARE THAT: I am eligible to be nominated for election I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.	The word ëIndependenti is to be printed on the ballot paper next to my name: Yes: No:

Signa	ature:			Da	te:							
				/	/							

Residential address *:

Occupation:

* Note all details on this form will be publicly available. Where a candidate/s address is suppressed from the electoral roll, this form should not show that address, but in that case the candidate must notify the Commissioner in writing of a correspondence address for the candidate. **Contact details for candidate**

The person named as contact officer should be someone who can readily relay information to the candidate Name of Contact Officer: Phone (H): Phone (W): Phone (Mob): Fax:

Email:

		Office use on	ly	
Date received:	1 1	Time:	am/pm Deposit received?	Yes No
Received by:		Signed:		

06/01 **ACT Electoral Commission**

Nominator I		Nominator 2	
Surname:		Surname:	
Given names:		Given names:	·
Residential address for which enrolled:		Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
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Signature:	Date:	Signature:	Date:
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Nominator 3		Nominator 4	
Surname:		Surname:	
Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
Date of Birth:		Date of Birth:	
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Signature:	Date:	Signature:	Date:
Signature.	/ /	Signature.	
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Nominator 5		Nominator 6	
Surname:		Surname:	
Given names:		Given names:	
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Nominator 9		Nominator 10	
Surname:		Surname:	
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Date of Birth:		Date of Birth:	
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Nominator 13		Nominator 14	
Surname:		Surname:	
Given names:		Given names:	
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Nominator 17		Nominator 18	
Surname:		Surname:	
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Date of Birth:		Date of Birth:	
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Nominator (extra)		Nominator (extra)	
Surname:		Surname:	
Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
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Date of Birth:		Date of Birth:	
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Signature:	Date:	Signature:	Date:
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Nominator (extra)		Nominator (extra)	
Surname:		Surname:	
Given names:		Given names:	
Residential address for which enrolled:		Residential address for which enrolled:	
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Date of Birth:		Date of Birth:	
Date of Birth: / / Signature:	Date:	Date of Birth: / / Signature:	Date: