|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nomination of a non-party candidate**  **ACT Legislative Assembly** | | | | | | | | | | | | | | | | | | | | |  | |
|  | | **Nomination by twenty electors** | | | | | | | | | | | | | | | | | | | |  |
|  | | To: The Electoral Commissioner | | | | | | | | | | | | | | | | | | | |  |
|  | | We, electors listed on the following pages and entitled to vote at the election of members of the ACT Legislative Assembly for the following electorate, hereby nominate the person named on this form as a candidate for election for the electorate of: | | | | | | | | | | | | | | | | | | | |  |
|  | | *(Tick one box only)* | | | **Brindabella:** | | | | | **Ginninderra:** | | | | | | | | | | | | |
|  | |  | | | **Kurrajong:** | | | | | **Murrumbidgee:** | | | | | | | **Yerrabi:** | | | | |  |
|  | **Candidate** | | | | | | | | | | | | | | | | | | | | |  |
|  | I, THE CANDIDATE NAMED BELOW, STATE THAT:   * I am an Australian citizen * I am at least 18 years of age * 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 ACT Legislative Assembly if elected. | | | | | | | | |  | The word ‘Independent’ is to be printed  on the ballot paper next to my name:  Yes: No: |  | | | | | | | | | |  |
|  | Surname: | | | | | | | | |  |  | Residential address:\*\* | | | | | | | | | |  |
|  |  | | | | | | | | |  |  |  | | | | | | | | | |  |
|  | Given names in full: | | | | | | | | |  |  |  | | | | | | | | | |  |
|  |  | | | | | | | | |  |  |  | | | | | | | | | |  |
|  | Given name(s) to be printed on the ballot paper: | | | | | | | | |  |  | Occupation: | | | | | | | | | |  |
|  |  | | | | | | | | |  |  |  | | | | | | | | | |  |
|  | Signature: Date: | | | | | | | | |  |  |  | | | | | | | | | |  |
|  | /      / | | | | | | | | |  | Note: Giving false or misleading information is a serious offence. | | | | | | | | | | |  |
|  | Candidate Other (Please specify name and contact details)  In cases where the deposit  is required to be refunded,  indicate to whom:  \* For information on candidate eligibility criteria see the candidate information handbook available at [www.elections.act.gov.au/elections\_and\_voting/candidate\_information](http://www.elections.act.gov.au/elections_and_voting/candidate_information)  \*\* 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. In the case of a suppressed address the candidate must notify the Commissioner in writing of a correspondence address. | | | | | | | | | | | | | | | | | | | | |  |
|  | | **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 (M): | | |  | | | | |  |
|  | |  | | |  | | | | | |  |  | | | | | | | | | | |
|  | |  | Email: | | |  | | | | | | | | | | | |  | | | | |
|  | | Note: All details on this form will be publicly available. If the contact officer does not want to make any of the above details publicly available, please advise the Commissioner in writing of these details on a separate sheet. | | | | | | | | | | | | | | | | | | | | |
|  | | **Office use only** | | | | | | | | | | | | | | | | | | | |  |
|  | |  | | | | | |  | | | | | | |  |  | | | | | | |
|  | | Date received: | | /        / | | | | Time: | | | am/pm | | | | Deposit received?    Yes | | | | No |  | | |
|  | |  | | |  | | | | | |  |  | | | | | | | | | | |
|  | | Received by: | |  | | | | | Signed: | | | |  | | | | | |  |  | | |
|  | | (6/20) | | | | | | | | | | | | | ACT Electoral Commission | | | | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Nominator 1** | | | |  |  | **Nominator 2** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **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: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator 5** | | | |  |  | **Nominator 6** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator 7** | | | |  |  | **Nominator 8** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Nominator 9** | | | |  |  | **Nominator 10** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator 11** | | | |  |  | **Nominator 12** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator 13** | | | |  |  | **Nominator 14** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator 15** | | | |  |  | **Nominator 16** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Nominator 17** | | | |  |  | **Nominator 18** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator 19** | | | |  |  | **Nominator 20** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator (extra)** | | | |  |  | **Nominator (extra)** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator (extra)** | | | |  |  | **Nominator (extra)** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator (extra)** | | | |  |  | **Nominator (extra)** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator (extra)** | | | |  |  | **Nominator (extra)** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator (extra)** | | | |  |  | **Nominator (extra)** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |
|  | **Nominator (extra)** | | | |  |  | **Nominator (extra)** | | |  |
|  | Surname: | | | |  |  | Surname: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Given names: | | | |  |  | Given names: | | |  |
|  |  | | | |  |  |  | | |  |
|  | Residential address for which enrolled: | | | |  |  | Residential address for which enrolled: | | |  |
|  |  | | | |  |  |  | | |  |
|  |  | | | |  |  |  | | |  |
|  | Date of Birth: | | | |  |  | Date of Birth: | | |  |
|  | /        / | |  | | |  | /        / | |  | |
|  | Signature: Date: | | | |  |  | Signature: Date: | | |  |
|  | /      / | | | |  |  | /      / | | |  |
|  | |  | |  | | |  |  | | |