

## ELECTOR ORGANIZATION ENDORSEMENT PACKAGE

Use the Elector Organization Cover Sheet and Checklist Form E1 to ensure that the Elector Organization Endorsement Package is complete and meets the legislative requirements of the *Local Government Act*, *Local Elections Campaign Financing Act*, *Financial Disclosure Act* and/or *Vancouver Charter*.

The Elector Organization Endorsement Package Cover Sheet and Checklist Form E1 serve as a guide to the forms that must be submitted by the Elector Organization Authorized Principal Official to the local Chief Election Officer as part of the Candidate endorsement process.

Ensure that, for each item checked off on the Checklist Form E1 (Section B), the relevant form is completed and attached.

*The Elector Organization Cover Sheet and Checklist Form E1 are for the local Chief Election Officer's reference only and do not constitute part of the Elector Organization Endorsement Package.*

Completing only the Elector Organization Cover Sheet and Checklist Form E1 **does not** constitute completion of the Elector Organization Endorsement Package, nor does it satisfy the legislative requirements set out in the *Local Government Act*, *Local Elections Campaign Financing Act*, *Financial Disclosure Act* and/or *Vancouver Charter*.

### COMPLETION INSTRUCTIONS:

1. Record the Elector Organization Authorized Principal Official's full name.
2. Record the endorsing Elector Organization's name.
3. Use section B of the Cover Sheet and Checklist Form E1 to identify which forms have been completed and are included in the Elector Organization Endorsement Package.
4. Return the completed package to the local Chief Election Officer.

As per *Local Elections Campaign Financing Act* requirements, the following forms will be forwarded to Elections BC by the local Chief Election Officer:

E3 – Elector Organization Endorsement Documents: Declaration of Elector Organization Authorized Principal Official;

E4 – Consent of Elector Organization Responsible Principal Official(s);

E5 – Other Information Provided by Elector Organization; and

E6 – Appointment of Elector Organization Financial Agent.

**After election results have been declared, please send any changes to documents previously provided to Elections BC to:**

**Elections BC**

PO Box 9275 Stn Prov Govt  
Victoria BC V8W 9J6

Toll-free fax: 1-866-466-0665

Email: [lecf@elections.bc.ca](mailto:lecf@elections.bc.ca)

**E1 – Elector Organization Cover Sheet and Checklist Form**

PLEASE PRINT IN BLOCK LETTERS

**SECTION A**

ENDORISING ELECTOR ORGANIZATION'S NAME	GENERAL VOTING DAY (YYYY / MM / DD)
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**SECTION B**

This Elector Organization Endorsement Package includes the following completed forms, appointments, consents and declarations:

- E2 – Elector Organization Endorsement Documents**
- E3 – Elector Organization Endorsement Documents:  
Declaration of Elector Organization Authorized Principal Official**
- E4 – Consent of the Elector Organization Responsible Principal Official(s)**
- E5 – Other Information Provided by Elector Organization**
- E6 – Appointment of Elector Organization Financial Agent**

**Disclaimer:** All attempts have been made to ensure the accuracy of the forms contained in the Elector Organization Endorsement Package – however the forms are not a substitute for provincial legislation and/or regulations.

Please refer directly to the latest consolidation of provincial statutes at BC Laws ([www.bclaws.ca](http://www.bclaws.ca)) for applicable election-related provisions and requirements.

## E2 – Elector Organization Endorsement Documents

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S LEGAL NAME (IF APPLICABLE)	USUAL NAME IF DIFFERENT FROM LEGAL NAME OR NO LEGAL NAME	
ABBREVIATION/ACRONYMS/OTHER NAMES USED BY THE ELECTOR ORGANIZATION	NAME, ABBREVIATION OR ACRONYM TO BE INCLUDED ON THE BALLOT	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

***Please see over for additional space when endorsing more than two candidates.  
Please attach additional endorsement sheets as necessary.***

**ELECTOR ORGANIZATION ENDORSEMENT PACKAGE**

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
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CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

## E3 – Elector Organization Endorsement Documents: Declaration of Elector Organization Authorized Principal Official

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME

As **Authorized Principal Official** for the above named Elector Organization, I do solemnly declare that to the best of my knowledge and belief:

1. The above named Elector Organization has at least 50 members who are electors of the municipality or regional district for which the election is being held.
2. The above named Elector Organization is not disqualified from endorsing candidate(s).
3. The Elector Organization is aware of and understands the requirements and restrictions of the *Local Elections Campaign Financing Act* that apply to the above named Elector Organization and that the Elector Organization intends to fully comply with those requirements and restrictions.
4. I am authorized to make the solemn declaration on behalf of the above named Elector Organization.
5. This solemn declaration is made in relation to the candidate(s) named on Form E2 – Elector Organization Endorsement Documents included in this Endorsement Package.

AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE

**DECLARED BEFORE ME:** CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

AT: (LOCATION)

DATE: (YYYY / MM / DD)

## E4 – Consent of Elector Organization Responsible Principal Official(s)

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME

I hereby consent to act as the **Authorized Principal Official** and a **Responsible Principal Official** for the above named Elector Organization for the:

GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
AUTHORIZED/RESPONSIBLE PRINCIPAL OFFICIAL'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	

**Additional Addresses for Service Information**

**OPTIONAL**

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
AUTHORIZED/RESPONSIBLE PRINCIPAL OFFICIAL'S SIGNATURE	DATE: (YYYY / MM / DD)	

## E4 – Consent of Elector Organization Responsible Principal Official(s)

PLEASE PRINT IN BLOCK LETTERS

I hereby consent to act as a **Responsible Principal Official** for the above named Elector Organization for the:

GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
RESPONSIBLE PRINCIPAL OFFICIAL'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE

**Additional Addresses for Service Information**

**OPTIONAL**

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
RESPONSIBLE PRINCIPAL OFFICIAL'S SIGNATURE	DATE: (YYYY / MM / DD)	

*If additional Responsible Principal Officials consent to act for the above named Elector Organization please attach additional sheets as necessary.*

## E5 – Other Information Provided by Elector Organization

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)	
ELECTOR ORGANIZATION'S LEGAL NAME (IF APPLICABLE)	USUAL NAME IF DIFFERENT FROM LEGAL NAME OR NO LEGAL NAME	
ABBREVIATION/ACRONYMS/OTHER NAMES USED BY THE ELECTOR ORGANIZATION	NAME, ABBREVIATION OR ACRONYM TO BE INCLUDED ON THE BALLOT	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	

<b>Additional Addresses for Service Information</b>		<b>OPTIONAL</b>
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	

Endorsed Candidate(s):	
CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT

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USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT

*Please see over for additional space and attach additional endorsement sheets as necessary.*

ELECTOR ORGANIZATION ENDORSEMENT PACKAGE

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT

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## E6 – Appointment of Elector Organization Financial Agent

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME		
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
is hereby appointed as the <b>Financial Agent</b> for the above named Elector Organization for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE	DATE: (YYYY / MM / DD)	

I hereby consent to act as the <b>Financial Agent</b> for the above named elector organization for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
<b>Additional Addresses for Service Information</b> <span style="float: right;"><b>OPTIONAL</b></span>		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
FINANCIAL AGENT'S SIGNATURE	DATE: (YYYY / MM / DD)	