ELECTION FINANCES AND CONTRIBUTIONS DISCLOSURE ACT

NOMINATION CONTEST STATEMENT

FORM NC-NCS-01

OFFICE USE ONLY

☐ **INITIAL REGISTRATION** ☐ **UPDATE TO REGISTRATION**

CONTEST TYPE: ☐ **GENERAL ELECTION** ☐ **BY-ELECTION**

NAME OF REGISTERED POLITICAL PARTY

NAME OF ELECTORAL DIVISION | ED No.

CONTEST ADMINISTERED BY (CHECK ONE)

☐ Political Party ☐ Constituency Association

DATE OF OFFICIAL CALL OF NOMINATION CONTEST (NOMINATIONS OPEN)

DATE OF CLOSE OF NOMINATIONS

DATE OF CONTESTANT SELECTION

PARTY ENDORSEMENT DEADLINE (10 CALENDAR DAYS AFTER DATE OF CONTESTANT SELECTION)

List fee and/or deposit amount(s) required to be paid by nomination contestant as a condition for entering the contest. Also list the estimated cost for holding the nomination contest.

Amount of fee (if applicable): $ _____

Amount of deposit (if applicable): $ _____

Estimated cost to hold the nomination contest: $ _____

CHIEF FINANCIAL OFFICER SIGNATURE

As Chief Financial Officer, I hereby file this nomination contest statement.

Print Name | Signature | mm / dd / yyyy

ACCEPTANCE BY ELECTIONS ALBERTA

Authorized Signature | mm / dd / yyyy

FOR INITIAL REGISTRATION FORWARD SIGNED ORIGINAL TO ELECTIONS ALBERTA

Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5

FOR UPDATE TO REGISTRATION ONLY, FAXED OR SCANNED COPIES ARE ACCEPTABLE.

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ENTERED: