

**ES1 – Elector Organization Cover Sheet and Checklist Form**

PLEASE PRINT IN BLOCK LETTERS

**SECTION A**

ENDORISING ELECTOR ORGANIZATION'S NAME <i>Nanaimo-Ladysmith NDP-EDA</i>	GENERAL VOTING DAY (YYYY / MM / DD) <i>2021 / 11 / 15</i>
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**SECTION B**

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

- ES2 – Elector Organization Endorsement Documents**
- ES3 – Elector Organization Endorsement Documents:  
Declaration of Elector Organization Authorized Principal Official**
- ES4 – Consent of the Elector Organization Responsible Principal Official(s)**
- ES5 – Other Information Provided by Elector Organization**
- ES6 – Appointment of Elector Organization Financial Agent**

Disclaimer: All attempts have been made to ensure the accuracy of the forms contained in the School Trustee and 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.

## ES2 – Elector Organization Endorsement Documents

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S LEGAL NAME (IF APPLICABLE) <i>NANAIMO-LADYSMITH NDP ELECTORAL DISTRICT ASSOCIATION</i>		USUAL NAME IF DIFFERENT FROM LEGAL NAME OR NO LEGAL NAME	
ABBREVIATION/ACRONYMS/OTHER NAMES USED BY THE ELECTOR ORGANIZATION <i>NANAIMO-LADYSMITH EDA NDP</i>		NAME, ABBREVIATION OR ACRONYM TO BE INCLUDED ON THE BALLOT	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) <i>PO BOX 1131 STATION A NANAIMO, BC V9R 6E7</i>		CITY/TOWN	POSTAL CODE

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES) <i>Naomi Bailey</i>	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT <i>Naomi Bailey</i>	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE) <i>Naomi Bailey</i>	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 – SCHOOL TRUSTEE**

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)

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)

## ES3 – Elector Organization Endorsement Documents: Declaration of Elector Organization Authorized Principal Official

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME

*NANAIMO - LADYSMITH NEW DEMOCRATIC PARTY ELECTORAL DISTRICT ASSOCIATION*

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 school 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 ES2 – Elector Organization Endorsement Documents.

AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE

*Iris M. Taylor*

**Karen Matthews**

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

*[Signature]*

Deputy Chief Elections Officer  
Nanaimo Ladysmith Public Schools

AT: (LOCATION)

*Nanaimo, BC.*

DATE: (YYYY / MM / DD)

*2021 / 12 / 02*

# ES4 – Consent of Elector Organization Responsible Principal Official(s)

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME <b>NANAIMO LADYSMITH NDP ELECTORAL DISTRICT ASSOCIATION</b>		
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) <b>2021/01/15</b>	<input type="checkbox"/> General Local Election	<input checked="" type="checkbox"/> By-election
AUTHORIZED/RESPONSIBLE PRINCIPAL OFFICIAL'S LAST NAME <b>TAYLOR</b>	FIRST NAME <b>IRIS</b>	MIDDLE NAME(S) <b>MAE</b>
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) <b>4219 ROSS RD.</b>	CITY/TOWN <b>NANAIMO</b>	POSTAL CODE <b>V9T 5K6</b>
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER <b>778-269-0757</b>	EMAIL ADDRESS (IF AVAILABLE) <b>iristaylor@shaw.ca.</b>	
<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	
AUTHORIZED/RESPONSIBLE PRINCIPAL OFFICIAL'S SIGNATURE	DATE: (YYYY / MM / DD)	

## ES4 – 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.*

## ES5 – Other Information Provided by Elector Organization

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION NAME (E.G. SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (E.G. AT LARGE, TRUSTEE ELECTORAL AREA 1, 2)	
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)	

**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	

**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

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

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

ELECTOR ORGANIZATION ENDORSEMENT PACKAGE – SCHOOL TRUSTEE

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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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

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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



## ES6 – Appointment of Elector Organization Financial Agent

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S NAME <b>NANAIMO-LADYSMITH NDP ELECTORAL DISTRICT ASSOCIATION</b>		
FINANCIAL AGENT'S LAST NAME <b>TAYLOR</b>	FIRST NAME <b>IRIS</b>	MIDDLE NAME(S) <b>MAE</b>
is hereby appointed as the Financial Agent for the above named Elector Organization for the:		
GENERAL VOTING DATE: (YYYY / MM / DD) <b>2022/01/15</b>	<input type="checkbox"/> General Local Election	<input checked="" type="checkbox"/> By-election
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) <b>4219 ROSS RD</b>	CITY/TOWN <b>NANAIMO</b>	POSTAL CODE <b>V9T5K6</b>
TELEPHONE NUMBER <b>778-269-0757</b>	EMAIL ADDRESS (IF AVAILABLE) <b>iristaylor@shaw.ca</b>	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD) <b>2021/12/08</b>		
AUTHORIZED PRINCIPAL OFFICIAL'S SIGNATURE <i>Iris M. Taylor</i>	DATE: (YYYY / MM / DD) <b>2021/12/08</b>	

I hereby consent to act as the Financial Agent for the above named elector organization for the:		
GENERAL VOTING DATE: (YYYY / MM / DD) <b>2022/01/15</b>	<input type="checkbox"/> General Local Election	<input checked="" type="checkbox"/> By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) <b>4219 ROSS RD</b>	CITY/TOWN <b>NANAIMO</b>	POSTAL CODE <b>V9T5K6</b>
<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 <b>iristaylor@shaw.ca</b>	
FINANCIAL AGENT'S SIGNATURE <i>Iris M. Taylor</i>	DATE: (YYYY / MM / DD) <b>2021/12/08</b>	