

**Members and Public Employees Disclosure Act**
**Reporting Period: January 1<sup>st</sup> to December 31<sup>st</sup>, \_\_\_\_\_ .**

**Note:** This Form must be filed by a candidate in order to accept political contributions. A candidate officially nominated must appoint an auditor. All other candidates must appoint an auditor if total contributions are more than \$5,000.00 for the reporting period.

**Full name of candidate:** \_\_\_\_\_

**Electoral district:** \_\_\_\_\_

**Party affiliation (if any):** \_\_\_\_\_

**Candidate:**

<i>Name</i>	<i>Mailing Address</i>	<i>Telephone #</i>

**Official Agent:**

<i>Name</i>	<i>Mailing Address</i>	<i>Telephone #</i>

**Auditor:**

<i>Name</i>	<i>Mailing Address</i>	<i>Telephone #</i>

**Financial Institution to be used as a depository for contributions:**

<i>Institution and Branch Location:</i>	
<i>Mailing Address:</i>	
<i>Account Number</i>	

I confirm the information contained in this form for the purpose of Part II of the *Members and Public Employees Disclosure Act* and the *Political Contributions Disclosure Regulations*.

Dated at \_\_\_\_\_, Nova Scotia this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Candidate

