



# CENTRALISED NOMINATIONS LODGEMENT FORM AND RECEIPT

## Legislative Council

### Registered Political Party

I, \_\_\_\_\_ of the \_\_\_\_\_  
(Party Secretary) (Name of Registered Political Party)

Phone (all hours) \_\_\_\_\_

Fax or Email (able to be accessed all hours) \_\_\_\_\_

- declare that the candidates named below are publicly recognised by the party as being endorsed candidates of the party and authorise use of the party name (or abbreviation) on the ballot paper
- submit a claim for the grouping of candidates in the order indicated below.

\_\_\_\_\_

Signature of Party Secretary

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Date

Region	Nomination & Deposit Received	Region	Nomination & Deposit Received	Region	Nomination & Deposit Received
East Metropolitan		North Metropolitan		South Metropolitan	
1 _____	<input type="checkbox"/>	1 _____	<input type="checkbox"/>	1 _____	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	2 _____	<input type="checkbox"/>	2 _____	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	3 _____	<input type="checkbox"/>	3 _____	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	4 _____	<input type="checkbox"/>	4 _____	<input type="checkbox"/>
5 _____	<input type="checkbox"/>	5 _____	<input type="checkbox"/>	5 _____	<input type="checkbox"/>
6 _____	<input type="checkbox"/>	6 _____	<input type="checkbox"/>	6 _____	<input type="checkbox"/>
7 _____	<input type="checkbox"/>	7 _____	<input type="checkbox"/>	7 _____	<input type="checkbox"/>
8 _____	<input type="checkbox"/>	8 _____	<input type="checkbox"/>	8 _____	<input type="checkbox"/>

Region	Nomination & Deposit Received	Region	Nomination & Deposit Received	Region	Nomination & Deposit Received
Agricultural		Mining & Pastoral		South West	
1 _____	<input type="checkbox"/>	1 _____	<input type="checkbox"/>	1 _____	<input type="checkbox"/>
2 _____	<input type="checkbox"/>	2 _____	<input type="checkbox"/>	2 _____	<input type="checkbox"/>
3 _____	<input type="checkbox"/>	3 _____	<input type="checkbox"/>	3 _____	<input type="checkbox"/>
4 _____	<input type="checkbox"/>	4 _____	<input type="checkbox"/>	4 _____	<input type="checkbox"/>
5 _____	<input type="checkbox"/>	5 _____	<input type="checkbox"/>	5 _____	<input type="checkbox"/>
6 _____	<input type="checkbox"/>	6 _____	<input type="checkbox"/>	6 _____	<input type="checkbox"/>
7 _____	<input type="checkbox"/>	7 _____	<input type="checkbox"/>	7 _____	<input type="checkbox"/>
8 _____	<input type="checkbox"/>	8 _____	<input type="checkbox"/>	8 _____	<input type="checkbox"/>

I acknowledge receipt of nomination form(s) and a deposit for \$250 in money, cheque drawn by a financial institution on itself or receipted EFT, made payable to the Electoral Commissioner for each of the candidate(s) named above totalling \$\_\_\_\_\_.

\_\_\_\_\_

Name of Authorised Officer

\_\_\_\_\_

Signature of Authorised Officer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Date