



Australian Capital Territory  
**Gazette**

**SPECIAL GAZETTE**

**No. S55, Wednesday 8 August, 2001**

**ACT ELECTORAL COMMISSION  
REGISTER OF POLITICAL PARTIES  
*Electoral Act 1992***

**Notice of applications to register three political parties**

The ACT Electoral Commissioner has received the following applications to register three political parties:

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**Name of party:**

Canberra First Party

**Name and address of proposed registered officer:**

Hank Spier  
92 Jervois Street  
DEAKIN ACT 2600

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**Name of party:**

Gungahlin Equality Party

**Name and address of proposed registered officer:**

John Simsons  
51 McCabe Crescent  
HOLT ACT 2615

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**Name of party:**

Nurses Good Government Party

**Name and address of proposed registered officer:**

Janice Maree Flaherty  
17 Strzelecki Place  
NARRABUNDAH ACT 2604

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If you wish to object to the registration of any of these parties, you are invited to lodge a written notice of objection with the Electoral Commissioner.

**ACT Government Homepage: <http://www.act.gov.au>**

The notice should:

- set out the grounds of the objection;
- set out the name and address of the objector; and
- be signed by the objector.

Any notice of objection should be posted to:

ACT Electoral Commission  
PO Box 272  
CIVIC SQUARE ACT 2608

or be delivered to:

Plaza Level  
Allara House  
48-56 Allara Street  
CANBERRA ACT 2601

by close of business on 22 August 2001.

A copy of the applications and the constitutions of the parties are available for public inspection at the office of the Commissioner between 9:00 am and 5:00 pm on business days. Objections will be made available to the relevant proposed registered officer for comment.

For more information please telephone 6205 0224.

***Phillip Green***

Electoral Commissioner  
8 August 2001

**ACT ELECTORAL COMMISSION**

***Electoral Act 1992***

**APPROVAL OF FORMS**

I hereby APPROVE the following attached forms for the purposes of sub-section 105(4) of the *Electoral Act 1992*:

- Nomination of a Candidate or Candidates by a Registered Political Party or a Registered Ballot Group ACT Legislative Assembly
- Nomination of a Non-Party Candidate ACT Legislative Assembly

***Phillip Green***  
Electoral Commissioner

7 August 2001



## Nomination of a Candidate or Candidates by a Registered Political Party or a Registered Ballot Group \* ACT Legislative Assembly

### Nomination by Registered Officer

**To: The Electoral Commissioner**

I,   
*(Name of Registered Officer)*

of   
*(Name of Registered Party or Ballot Group)*

hereby nominate the person or persons named on this form as a candidate or candidates for election to the ACT Legislative Assembly for the electorate of:

*(Tick one box only)*

**Brindabella:**       **Ginninderra:**       **Molonglo:**

*(Tick one box only)*

The registered name:  registered abbreviation  of the party/group is to be printed on the ballot paper

Signature of Registered Officer:

Date:  /  /

### Contact details for candidates

The person named as contact officer should be someone who can readily relay information to the candidates

Name of Contact Officer:

Phone (H):  Phone (W):  Phone (Mob):

Fax:  Email:

### Office use only

Date received:  /  /  Time:  am/pm Deposit received? Yes  No

Received by:  Signed:

\* iRegisteredĭ means registered under the ACT *Electoral Act 1992*

**Candidate(s) to complete this section**

**Candidate 1**

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address \*:

Occupation:

Signature:

**Candidate 2**

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address \*:

Occupation:

Signature:

**Candidate 3**

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address \*:

Occupation:

Signature:

**Candidate 4**

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address \*:

Occupation:

Signature:

\* Note all details on this form will be publicly available. Where a candidate's address is suppressed from the electoral roll, this form should not show that address, but in that case the candidate must notify the Commissioner in writing of a correspondence address for the candidate.

**Candidate(s) to complete this section**

**Candidate 5**

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address \*:

Occupation:

Signature:

**Candidate 6**

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address \*:

Occupation:

Signature:

**Candidate 7**

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Residential address \*:

Occupation:

Signature:

\* Note all details on this form will be publicly available. Where a candidate's address is suppressed from the electoral roll, this form should not show that address, but in that case the candidate must notify the Commissioner in writing of a correspondence address for the candidate.



# Nomination of a Non-Party Candidate ACT Legislative Assembly

## Nomination by Twenty Electors

To: The Electoral Commissioner

We, electors listed on the following pages and entitled to vote at the election of members of the ACT Legislative Assembly for the following electorate, hereby nominate the person named on this form as a candidate for election for the electorate of:

(Tick one box only)

Brindabella:

Ginninderra:

Molonglo:

## Candidate

I, THE CANDIDATE NAMED BELOW, STATE THAT:

- I am an Australian citizen
- I am at least 18 years of age
- I am an elector or qualified to be an elector

AND I DECLARE THAT:

- I am eligible to be nominated for election
- I consent to this nomination for election and to be a Member of the Legislative Assembly if elected.

### For ungrouped candidates only

The word 'independent' is to be printed on the ballot paper next to my name:  
 Yes:  No:

Surname:

Given names in full:

Given name(s) to be printed on the ballot paper:

Signature:

Date:

Residential address \*:

Occupation:

\* Note all details on this form will be publicly available. Where a candidate's address is suppressed from the electoral roll, this form should not show that address, but in that case the candidate must notify the Commissioner in writing of a correspondence address for the candidate.

## Contact details for candidate

The person named as contact officer should be someone who can readily relay information to the candidate

Name of Contact Officer:

Phone (H):

Phone (W):

Phone (Mob):

Fax:

Email:

## Office use only

Date received:

Time:

Deposit received?

Yes

No

Received by:

Signed:

**Nominator 1**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 2**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 3**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 4**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 5**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 6**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 7**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 8**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /



**Nominator 9**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 11**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 13**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 15**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 10**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 12**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 14**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 16**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 17**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 19**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 18**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator 20**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /

**Nominator (extra)**

Surname:

Given names:

Residential address for which enrolled:

Date of Birth:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
/ /





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