## CANDIDATE ACCEPTANCE DECLARATION FORM

didate: Walfel	Métis	Chartered M. F. M. A. Date Oct 21 2021
l accept my nomination as	a candidate for the office of:	
DIDATE CONTACT INFO	RMATION (PRINT CLEARLY)	,
Full Legal Name:	Walter Ray	mond Mineault
Email Address:		earl 1+2 hotmanl. Con
Mobile:	250-78	
Alternate Phone:	-0-	
Current Residential Mailing address:	9605-1581	Davison Creek B.C. VIG
DIDATE AFILLIATION DI		
Name of Organization	: Position held	Dates active
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## Campaign Contribution Disclosure Financial Contributions

First Name	Last Name	Address	City/Town	Postal Code	Amount Contributed	Contribution method (Cash/Cheque/EFT, etc)
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I declare that the information on this form is true and correct, to the best of my knowledge and belief.

Candidate Signature:



## Campaign Contribution Disclosure Non-Financial Contributions

	First Name	Last Name	Address	City/Town	Postal Code	Amount Contributed	Contribution method (Cash/Cheque/EFT, etc.
Date	- Institution						
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I declare that the information on this form is true and correct, to the best of my knowledge and belief.

Candidate Name:_	
Candidate Signature:	



## Campaign Contribution Disclosure Expenditure List

Date	Vendor	Description of Expense	Amount
Dec 2/24	Emma Pickering	Tee Suport	427967
700/21	Colling Fearm	Comunications	49700
		ue and Candidate Name:	111

I declare that the information on this form is true and correct, to the best of my knowledge and belief.

Candidate Signature: