



Nomination of a Member of the House of Representatives



Information on this form is collected under the provisions of the Commonwealth Electoral Act 1918

Please read the notes on page 1 before completing this form

If completing by hand please write clearly and use BLOCK LETTERS and black or blue ink

form **60**

To the Divisional Returning Officer for Division of **WARRINGAH** Candidate **36** of **39** if applicable

1. Your name(s) as they appear on the Commonwealth Electoral Roll or, if not enrolled, the name(s) under which you are qualified to enrol

Family name: **A B B O T T**
 Given name(s): **A N T H O N Y J O H N**

2. Given name(s) as you want them to appear on the ballot paper if same as above, tick the box OR **T O N Y**

3. Do you have silent enrolment on the Commonwealth electoral roll?
 Yes You are not required to disclose your residential address **Go to Question 4**
 No Please complete your residential address details

State: _____ Postcode: _____

Do you authorise the AEC to release this address to the public? Yes No

4. Postal address if same as residential address provided above, tick the box OR **PO BOX 450**
MANLY State **NSW** Postcode **2095**

Do you authorise the AEC to release this address to the public? Yes No

5. Contact details

The nomination form will be displayed publicly at the declaration of nominations.

Which contact details do you authorise the AEC to release to the public?
 Please indicate by ticking either the Yes or No box on each line.

	Phone	Fax	Mobile	Email	Yes	No
	BH (02) 9977 6411				<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AH ()				<input type="checkbox"/>	<input type="checkbox"/>
		(02) 9977 8715			<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
				Tony.Abbott.MP@aph.gov.au	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Occupation and Gender **MEMBER OF PARLIAMENT** Male Female Unknown

7. I have been endorsed by a registered political party
 Yes Name of registered political party **LIBERAL PARTY OF AUSTRALIA (NSW DIVISION)**
 No I request that the word 'Independent' be printed on the ballot paper adjacent to my name Yes No

CANDIDATE STATEMENT AND DECLARATION – Please read the statement on page 1 carefully before signing the nomination form.

I, the candidate named above state that I am an Australian citizen by:

Birth Date of birth _____ Place of birth _____
 Naturalisation Date citizenship granted **2 6 6 8 1**
 Other means Details _____

I am at least 18 years of age Yes No
 I am an elector or qualified to be an elector Yes No
 I am not, by virtue of section 44 of the Constitution, incapable of being chosen or of sitting as a Member of the House of Representatives (see page 1*) Yes No

and I declare that:

- I am qualified under the Constitution and the laws of the Commonwealth to be elected as a Member of the House of Representatives.
- I am not, and do not intend to be, a candidate in any other election to be held on the same day as the election to which the above nomination relates.
- I consent to act as a Member of the House of Representatives for the above Division if elected.
- I wish my given name(s) to appear on the ballot paper in the form shown at Question 2 above.

Signature of candidate
 [Signature redacted]
 Date **7 . 8 . 13**

AEC use only
 Nomination received **7 . 8 . 13 11.33 am pm** Initials [Redacted] Agent form received? Yes No
 Candidate details entered into ELMS _____ Initials _____ Sent to FAD **7 AUG 20 13** DRD _____