GENERAL VOTING DAY (YYYY/MM/DD
2018/10/20

						2018/10/20	
CANDIDATE'S FULL NAME  William Lee Tate  CANDIDATE'S MAILING ADDRESS					BALLOT NAME (IF DIFFERENT	<u> </u>	
				William Tate			
					PHONE NO.		
218 Robert St					250-592-3121		
ITY/TOWN	F	PROV.	POSTAL CODE		EMAIL (IF AVAILABLE)		
/ictoria	8	3C	V9A 3Z2		wtate222@gmail.com		
IURISDICTION					OFFICE SOUGHT		
/ictoria				Councillor			
LECTION AREA				i			
Victoria Victoria							
ALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)							
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EGAL NAME OF ENDORSING ELECTOR (	DRGANIZATION (IF DIF	FEREN	T)				
			.10				
Tick if candidate is their own financial agent Tick if candidate was also a third party sponsor							
INANCIAL AGENT'S FULL NAME (IF NOT A	ACTING AS OWN)	***********		I	EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)		
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