



NOMINATION FORM

Nomination of a Member of the House of Representatives

Information on this form is collected under the provisions of the *Commonwealth Electoral Act 1918*. If completing by hand please write clearly and use BLOCK LETTERS and black or blue ink, Please read the notes before completing this form.

To the Divisional Returning Offi	cer for the Divi	ision of			
Indi			Candidate -	of -	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		Haines Helen Mary			
2. Given name(s) as you want them to appear on the ballot paper If same as above, tick the box	or-	Helen			
3. Do you have silent enrolment on the Commonwealth electoral roll?	Yes No No S47F	You are not required to disc Please complete your resid	-	ddress ⊳ Go to Qu	estion 4
4. Postal address If same as residential address provided above,	s47F		State V(C	PostcodeS	47F
tick the box 5. Contact details	RH	s47F	State VIC	Postcode	47 F
		(-)-			
	Fax	(-)-			
	'	s47F			
	Email	s47F			
6. Occupation and Gender	Occupation	Independent Federal	Member for Indi	Gender F	
7. I have been endorsed by a registered political party	Yes	Name of registered political	party		
	∠ No ▶	I request that the word 'Indiballot paper adjacent to my	ependent' be printed o name	n the Yes	No





Yes

No

No

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Candidate statement and declaration – Please read the nomination form explanatory notes carefully before signing the nomination form.

I, th	e candidate nan	ned above, state	that I ar	n an Aus	tralian citize	n by	
V	Birth	Date of birth	21	/09	/1961		
		Place of birth	Colad	, Victor	ia, Australi	а	
	Naturalisation	Date citizenship granted		/	/		
	Other means	Details					
l am	at least 18 vears	of age					

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 am not, by virtue of section 44 of the Constitution, incapable of being chosen or of sitting as a

I wish my given name(s) to appear on the ballot paper in the form shown at Question 2 above.

Cianatura of	opplidate	
s4	7	

I am an elector or qualified to be an elector

Date

Member of the House of Representatives (see nomination form explanatory notes page 2*)

1314122

AEC Use Only

Agent form received? Sent to FAD Initials

☐ Yes ✓ No / /

AEO/DRO received Date Time (24 hour)

For bulk nominations, AEO completes.
For single nominations, DRO completes. 12 / 4 / 22 11 : 20

ror single normations, DRO completes. 13 / 4 / 22 11 : 20

Entered in ELMS Date Time (24 hour)

Date Time (24 hour) Initials (13 / 04 / 2022 3 : 28 S47

AEO/DRO signature