

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION NAME (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)		
We, the following electors of the above named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME STROK	FIRST NAME DEBORAH	MIDDLE NAME(S) LEE
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT DEBORAH STROK		
RESIDENTIAL ADDRESS (STREET ADDRESS) 4575 BELCARRA BAY RD	CITY/TOWN BELCARRA	POSTAL CODE V3H 4R5
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
As a Candidate for the office of:		
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR	JURISDICTION NAME (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) BELCARRA	

Each of us affirms that to the best of our knowledge, the above named person nominated for office:

1. Is or will be on general voting day for the election, 18 years of age or older.
2. Is a Canadian citizen.
3. Has been a resident of British Columbia, as determined in accordance with section 52 of the *Local Government Act*, for the past six months immediately preceding today's date.
4. Is not disqualified under the *Local Government Act*, or any other enactment from being nominated for, being elected to or holding the office, or is not otherwise disqualified by law.
5. Is not subject to any of the disqualifications set out in section 66(2) of the *Local Government Act*.

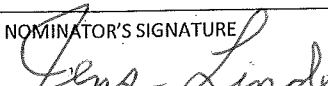
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Kathleen Sharon Chisholm	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Barbara Gail Shelly
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 4505 Belcarra Bay Rd. Belcarra V3H 4R5	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 3440 Marine Ave. Belcarra V3H 4R7
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Chisholm	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Barbara Shelly
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

Please see over for additional space when more than two nominators are required. For local governments that require 25 nominators attach an additional sheet as necessary.

I consent to the above nomination for office:	
NOMINEE'S SIGNATURE 	DATE: (YYYY / MM / DD) 2018 / 08 / 26

CANDIDATE NOMINATION PACKAGE

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NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>JENS C LINDE</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>5283 COOMBE LANE BELCARRA</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE 	NOMINATOR'S SIGNATURE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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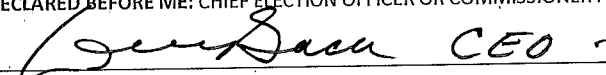
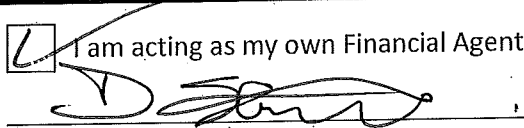
I do solemnly declare as follows:

1. I am qualified under section 81 of the *Local Government Act* to be nominated, elected and to hold the office of

POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)

COUNCILLOR

- 2. I am or will be on general voting day for the election, 18 years of age or older.
- 3. I am a Canadian citizen.
- 4. I have been a resident of British Columbia, as determined in accordance with section 67 of the *Local Government Act*, for the past six months immediately preceding today's date.
- 5. I am not disqualified by the *Local Government Act* or any other enactment from being nominated for, being elected to or holding the office, or otherwise disqualified by law.
- 6. To the best of my knowledge, the information provided in these nomination documents is true.
- 7. I fully intend to accept the office if elected.
- 8. I am aware of and understand the requirements and restrictions of the *Local Elections Campaign Financing Act* and I intend to fully comply with those requirements and restrictions.

NOMINEE'S SIGNATURE 	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA  CEO	
AT: (LOCATION) Belcarra	DATE: (YYYY / MM / DD) 2018/09/07
<input checked="" type="checkbox"/> I am acting as my own Financial Agent  NOMINEE'S SIGNATURE	<input type="checkbox"/> I have appointed as my Financial Agent _____ FINANCIAL AGENT'S NAME (IF APPLICABLE)