

CANDIDATE NOMINATION PACKAGE

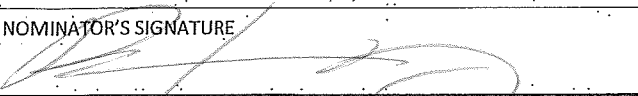
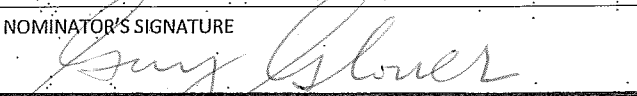
C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS


| | | |
|--|---|-----------------------------------|
| JURISDICTION NAME (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) VILLAGE OF BELCARRA | | |
| We, the following electors of the above named jurisdiction, hereby nominate: | | |
| NOMINEE'S LAST NAME GLOVER | FIRST NAME MARGARET | MIDDLE NAME(S) JENNIFER |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT JENNIFER GLOVER | | |
| RESIDENTIAL ADDRESS (STREET ADDRESS) 3905 "A" BEDWELL BAY RD | CITY/TOWN BELCARRA | POSTAL CODE V3H 4P8 |
| MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) 4715 BELCARRA BAY RD | CITY/TOWN BELCARRA | POSTAL CODE V3H 4P6 |
| As a Candidate for the office of: | | |
| POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR | JURISDICTION NAME (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) VILLAGE OF 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) ROXANNA MURLING WONG | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) GARY ROBERT GLOVER |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 5005 BELCARRA BAY ROAD V3H4N5 | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 4715 Belcarra Bay Rd, Belcarra |
| 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  |

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 / 09 / 10 |

C2 – Nomination Documents

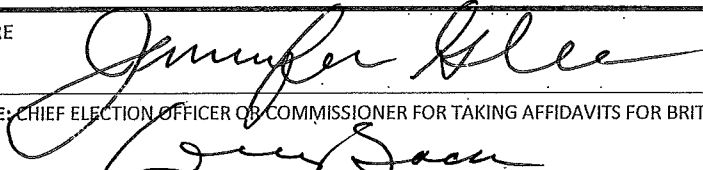

PLEASE PRINT IN BLOCK LETTERS

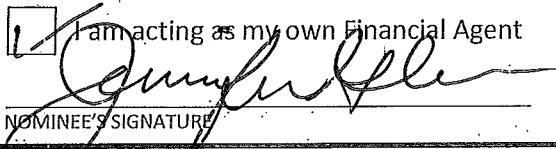
I do solemnly declare as follows:

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  | |
| AT: (LOCATION) <u>Belcarra</u> | DATE: (YYYY / MM / DD) <u>2018/09/10</u> |

| | |
|---|--|
| <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) |
|---|--|