

## C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

|                                                                                                                                             |                         |                                                                                                                                 |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><b>CITY OF COLWOOD</b>                                                          |                         | ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)<br><b>CITY OF COLWOOD</b> |                               |
| We, the following electors of the above-named jurisdiction, hereby nominate:                                                                |                         |                                                                                                                                 |                               |
| NOMINEE'S LAST NAME<br><b>JORDISON</b>                                                                                                      |                         | FIRST NAME<br><b>KIMBERLY</b>                                                                                                   | MIDDLE NAME(S)<br><b>DAWN</b> |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT<br><b>KIM JORDISON</b> |                         |                                                                                                                                 |                               |
| RESIDENTIAL ADDRESS (STREET ADDRESS)<br>[REDACTED]                                                                                          | CITY/TOWN<br>[REDACTED] | POSTAL CODE<br>[REDACTED]                                                                                                       |                               |
| 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, ELECTORAL AREA DIRECTOR)<br><b>COUNCILLOR</b>                                                            |                         | JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><b>CITY OF COLWOOD</b>                                              |                               |

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 67 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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office or be otherwise disqualified by law.

A Nominator **MUST** be a qualified elector of the municipality or electoral area (or neighbourhood constituency, if applicable) where the candidate is running. Elector qualifications are listed in section 65 & 66 of the *Local Government Act* and section 23 & 24 of the *Vancouver Charter*.

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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>MARGARET ABERCROMBIE-HUTCHESON</b>                                                                      | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Wendy J Walton</b>                                                                                      |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                                | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                                |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                      | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                      |
| <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE |
| NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           | NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           |

Please see over for additional space when more than two nominators are required. Copies can be made as needed.

I consent to the above nomination for office:

NOMINEE'S SIGNATURE  
[REDACTED]

DATE: (YYYY/MM/DD)

**2026/08/30**

# CANDIDATE NOMINATION PACKAGE

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

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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Charmaine Dawn Wylie</i>                                                                                | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Christy Dawn Birmingham-Reyes</i>                                                                       |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>[REDACTED]                                                                                    | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>[REDACTED]                                                                                    |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   |
| <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE |
| NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           | NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           |

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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>AURELIO R. LUCHS</i>                                                                                    | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>TIMOTHY WALTON</i>                                                                                      |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>[REDACTED]                                                                                    | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br><i>V4C0S1</i>                                |
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| NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           | NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           |

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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Tony Ciprari</i>                                                                                        | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Alexander Symonds</i>                                                                                   |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   |
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| NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           | NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           |

# CANDIDATE NOMINATION PACKAGE

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.
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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Robert George W. Short</i>                                                                              | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Trevor Michael Apperley</i>                                                                             |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>[REDACTED]                                                                                    | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>[REDACTED]                                                                                    |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   |
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| NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           | NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           |

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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Susan Jeanne Apperley</i>                                                                               | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)                                                                                                    |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                                 | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      |
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| NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           | 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)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      |
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| NOMINATOR'S SIGNATURE                                                                                                                              | NOMINATOR'S SIGNATURE                                                                                                                              |

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|                                                                                                                                                    |                                                                                                                                                               |
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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Alison Leslie Dean</b>                                                                       | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Chris Hagg</b>                                                                                          |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>[REDACTED]                                                                         | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>[REDACTED]                                                                                    |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                        | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   |
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| NO [REDACTED]                                                                                                                                      | [REDACTED]                                                                                                                                                    |

|                                                                                                                                                               |                                                                                                                                                               |
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| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>William Alexander Gilkooly</b>                                                                          | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Susan Carina Scott</b>                                                                                  |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR<br>[REDACTED]                                   |
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| NO [REDACTED]                                                                                                                                                 | NO [REDACTED]                                                                                                                                                 |

|                                                                                                                                                               |                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Carlin Rice Counts Keenan</b>                                                                           | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Tyler Vernon Lubb</b>                                                                                   |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             |
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| [REDACTED]                                                                                                                                                    | NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                           |

**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, ELECTORAL AREA DIRECTOR)

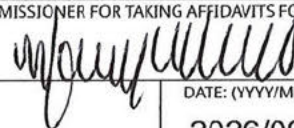
**COUNCILLOR**

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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office, or be 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



OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

MAEL LAUNDE 

AT: (LOCATION)

COLWOOD CITY HALL

DATE: (YYYY/MM/DD)

2026/09/04



I am acting as my own Financial Agent



I have appointed as my Financial Agent

NOMINEE'S SIGNATURE

FINANCIAL AGENT'S NAME (IF APPLICABLE)

**ELECTOR ORGANIZATION CANDIDATE ENDORSEMENT AND CONSENT**

NAME OF ELECTOR ORGANIZATION (AS REGISTERED WITH ELECTIONS BC):

PRINCIPLE OFFICIAL'S LAST NAME

FIRST NAME

MIDDLE NAME(S)

The above-named Elector Organization Agrees to Endorse:

CANDIDATE'S LAST NAME

FIRST NAME

MIDDLE NAME(S)

PRINCIPLE OFFICIAL'S SIGNATURE

DATE: (YYYY/MM/DD)

I consent to the endorsement by the above-named Elector Organization

CANDIDATE'S SIGNATURE

DATE: (YYYY/MM/DD)