## CANDIDATE NOMINATION PACKAGE

## **C2 – Nomination Documents**

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)  COLWOOD, CTY OF				
We, the following electors of the above named jurisdiction, hereby nominate:					
NOMINEE'S LAST NAME MILLINGTON	FIRST NAME EVE	MIDDLE NAME(S) LUSE MAY			
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT					
RESIDENTIAL ADDRESS (STREET ADDRESS)  553 DELORA DRIVE	COLWOOD	POSTAL CODE			
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 (E.G. MUNICIPALITY, REGIONAL DISTRICT)				

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 being nominated for, being elected to or holding the office, or is not otherwise disqualified by law.

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  PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)  IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)  IF NOMINATING AS A RESIDENT ELECTOR  556 DELORIA DR VICTORIA 3R8  PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)  IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE  Nelea Parsone

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 - 04

CANDIDATE	NOMINATION	DACKAGE
CANDIDATE		PAUNAUF

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				
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)				
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE				
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE				
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PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F 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				

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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)  COLWOOD	DATE: (YYYY / MM / DD) 2018 - 09 - 04		
I am acting as my own Financial Agent	I have appointed as my Financial Agent		
NÓMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)		