### CANDIDATE NOMINATION PACKAGE

# C2 - Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPAL	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)	
We, the following electors of the above named juris	sdiction, hereby nominate:	MA STATE OF	
NOMINEE'S LAST NAME  BATEMAN	FIRST NAME  JEFF	MIDDLE NAME(S) CLINTON	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AN	ID PREFERRED BY THE PERSON NOMINA	TED TO APPEAR ON THE BALLOT	
RESIDENTIAL ADDRESS (STREET ADDRESS) 7083 BRIARWOOD PL.	SOOKE	POSTAL CODE V9Z0T2	
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE	
As a Candidate for the office of:		2 18 3 2 2 10 0 10	
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)  COUNCILLOR	Carried South Control of the Control	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)  DISTRICT OF SOOKE	

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) TERRY CRISTALL	MOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR  2435 CARPENTER RD V92 OR I	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTORY 2543 SOOKE LIVEN R. SOOKE, V9ZOX
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.

DATE: (YYYY / MM / DD) 2018 / 09 / 07

## CANDIDATE NOMINATION PACKAGE ATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR IF NOMINATING AS A RESIDENT ELECTOR Y/TOWN, STREET ADDRESS, POSTAL CODE) PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NON-RESIDENT PROPERTY ELECTOR IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR NOMINATOR'S SIGNATURE 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) PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR NOMINATOR'S SIGNATURE NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) RESIDENTIAL ADDRESS (CITY) RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR IF NOMINATING AS A RESIDENT ELECTOR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR HOMINATOR'S 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) RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR IF NOMINATING AS A RESIDENT ELECTOR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR 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) RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR IF NOMINATING AS A RESIDENT ELECTOR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR 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, DISTRICT OF SOOKE

- 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 CHUSLAGO	FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA
Sooke BC	2018 / 09 / 0 <del>9</del>
I am acting as my own Financial Agent	I have appointed as my Financial Agent
NOMINEE'S TO CATORE	FINANCIAL AGENT'S NAME (IF APPLICABLE)