C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

DISTRICT OF	REGIONAL DISTRICT ELECTORAL AREA)
ion, hereby nominate:	
FIRST NAME	MIDDLE NAME(S)
KEUIN	WILLIAM
FERRED BY THE PERSON NOMINATED 1	O APPEAR ON THE BALLOT
CITY/TOWN	POSTAL CODE
SOOKE	V92ON9
CITY/TOWN	POSTAL CODE
DISTRICT O	F Scoke
	ION, HEREBY NOMINATE: FIRST NAME KEUIW FFERRED BY THE PERSON NOMINATED T CITY/TOWN SOOKE

- 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)
Trudy Gail Pearson	William Edward Zigay
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
1930 MAPLE AVE SOOKE V920N9	SCSO Uno. Inds Rd.
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

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	
NOMINEE'S SIGNATURE	DATE: (YYYY / MM / DD)
perp.	2019/08/22

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election, 18 years of age or older. s determined in accordance with section 67 of the <i>Local Governm</i> eceding today's date. <i>nt Act</i> or any other enactment from being nominated for, being e disqualified by law. on provided in these nomination documents is true.
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ents and restrictions of the Local Elections Campaign Financing Ad
SIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA
DATE: (YYYY/MM/DD) 2019/08/23
I have appointed as my Financial Agent
FINANCIAL AGENT'S NAME (IF APPLICABLE)