

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <b>DISTRICT OF SOOKE</b>	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) <b>SOOKE</b>
--	--

We, the following electors of the above-named jurisdiction, hereby nominate:

NOMINEE'S LAST NAME <b>MILLARD</b>	FIRST NAME <b>SEAN</b>	MIDDLE NAME(S)
---------------------------------------	---------------------------	----------------

USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT

RESIDENTIAL ADDRESS (STREET ADDRESS) <b>6688 ACREMAN PLACE</b>	CITY/TOWN <b>SOOKE</b>	POSTAL CODE <b>V9Z 0V9</b>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE


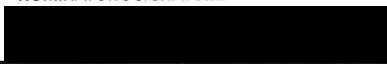
As a Candidate for the office of:

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) <b>COUNCILLOR</b>	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <b>SOOKE</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 Qualified Under the *Local Government Act* or *Vancouver Charter* to Nominate a Nominee for Office

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <b>KAREN LYNN ANDERSON</b>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <b>Chantal Marie Millard</b>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>6665 ACREMAN PLACE V9Z 0V9</b>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>6688 Acreman Pl Sooke BC</b>
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 

*when more than two nominators (e.g., 10) are required. For local governments that require 25 nominators attach an additional sheet(s) as necessary.*

I consent to the above nomination for office:

	DATE: (YYYY/MM/DD) <b>2022/09/09</b>
---	---

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.

[REDACTED]	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA	
[Signature: Sarah Temple]	
AT: (LOCATION) Sooke, BC	DATE: (YYYY/MM/DD) 2022/09/09

<input checked="" type="checkbox"/> I am acting as my own Financial Agent [REDACTED SIGNATURE]	<input type="checkbox"/> I have appointed as my Financial Agent _____
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)