

CANDIDATE NOMINATION PACKAGE


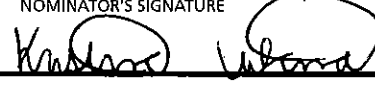
C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS


JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <b>ALBERNI-CLAYOQUOT REGIONAL DISTRICT</b>		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) <b>BEAUFORT</b> <del>Alberni-Clayoquot Regional District</del>	
We, the following electors of the above named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <b>McGILL</b>		FIRST NAME <b>Theodore</b>	MIDDLE NAME(S) <b>John</b>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <b>McGILL Ted</b>			
RESIDENTIAL ADDRESS (STREET ADDRESS) <b>7020 Debeaux Rd</b>		CITY/TOWN <b>Port Alberni</b>	POSTAL CODE <b>V9Y8T9</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, DIRECTOR) <b>Director</b>		JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <b>ALBERNI-CLAYOQUOT REGIONAL DISTRICT</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 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) <b>ANN K. SIDPALL</b>		NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <b>Kristina<sup>M</sup> Vilandre</b>	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>6780 DEBEAUX ROAD</b>		RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>5657 Mad:11 Rd</b>	
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <b>PORT ALBERNI V9Y 8T9</b>		PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <b>Port Alberni, BC V9Y 8V1</b>	
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 office:	
NOMINEE'S SIGNATURE 	DATE: (YYYY / MM / DD) <b>25 Feb 2019</b>

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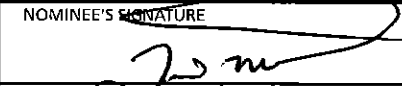
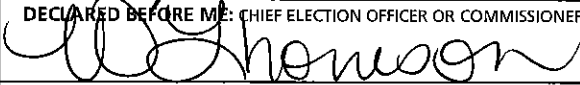
I do solemnly declare as follows:

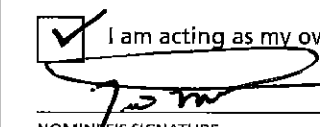
1. I am qualified under section 81 of the *Local Government Act* to be nominated, elected and to hold the office of

POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)

Director Beaufort

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) Port Alberni, BC	DATE: (YYYY / MM / DD) 2019/02/25

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