

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ALBERNI CLAYOQUOT REGIONAL DISTRICT		ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) ARRA D, SPROAT LAKE
We, the following electors of the above-named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME FLEMING	FIRST NAME DOUGLAS	MIDDLE NAME(S) PETER
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT DOUG FLEMING		
RESIDENTIAL ADDRESS (STREET ADDRESS) [REDACTED]	CITY/TOWN PORT ALBERNI	POSTAL CODE [REDACTED]
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) ARRA D. SPROAT LAKE	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ALBERNI CLAYOQUOT 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 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 a qualified elector of the municipality or electoral area (or neighbourhood constituency, if applicable) where the candidate is running. Elector qualifications are listed in section 65 & 66 of the *Local Government Act* and section 23 & 24 of the *Vancouver Charter*.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) PETER JOHN JEWESSON	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) BARBARA JOY JEWESSON
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED] PORT ALBERNI BC	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED] Port Alberni BC
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [REDACTED]	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [REDACTED]
☒ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☒ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE
NOMINATOR'S SIGNATURE [REDACTED]	NOMINATOR'S SIGNATURE [REDACTED]

Please see over for additional space when more than two nominators are required. Copies can be made as needed.

I consent to the above nomination for office:

NOMINEE'S SIGNATURE [REDACTED]	DATE: (YYYY/MM/DD) 2026/09/02
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NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Terri Lynn Fleming	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) PATRICIA ANN COTE
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Port Alberni Bc	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED]
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [REDACTED]	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR PORT ALBERNI V9Y 9A4
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NOMINATOR'S SIGNATURE [REDACTED]	NOMINATOR'S SIGNATURE [REDACTED]

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Sherry Pringle	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Robert Deselice
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Port Alberni	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED]
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Port Alberni	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Port Alberni Bc
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NOMINATOR'S SIGNATURE [REDACTED]	NOMINATOR'S SIGNATURE [REDACTED]

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Holly Anne Marley	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Zachary Allan Marley
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Port Alberni Bc	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Port Alberni Bc
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NOMINATOR'S SIGNATURE [REDACTED]	NOMINATOR'S SIGNATURE [REDACTED]

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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, ELECTORAL AREA DIRECTOR)

ELECTORAL AREA DIRECTOR

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.

NOMINEE'S SIGNATURE

DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER

DOROTHY CLARKSTONE
Notary Public

MBIA

AT: (LOCATION)

4679 Elizabeth Street
Port Alberni, BC V9Y 6L8
250-723-9747

DATE: (YYYY/MM/DD)

26/9/10



I am acting as my own Financial Agent



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)

ELECTOR ORGANIZATION CANDIDATE ENDORSEMENT AND CONSENT

NAME OF ELECTOR ORGANIZATION (AS REGISTERED WITH ELECTIONS BC):

PRINCIPLE OFFICIAL'S LAST NAME

FIRST NAME

MIDDLE NAME(S)

The above-named Elector Organization Agrees to Endorse:

CANDIDATE'S LAST NAME

FIRST NAME

MIDDLE NAME(S)

PRINCIPLE OFFICIAL'S SIGNATURE

DATE: (YYYY/MM/DD)

I consent to the endorsement by the above-named Elector Organization

CANDIDATE'S SIGNATURE

DATE: (YYYY/MM/DD)