

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents


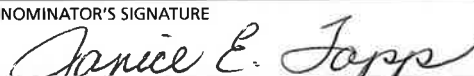
PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) R D B N		ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) AREA D	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME Parker		FIRST NAME Mark	MIDDLE NAME(S) W
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT Mark Parker			
RESIDENTIAL ADDRESS (STREET ADDRESS) 96 Ponsford rd		CITY/TOWN Fraser Lake	POSTAL CODE V0J-1S0
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) Box 159		CITY/TOWN Fraser Lake	POSTAL CODE V0J-1S0
As a Candidate for the office of:			
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) Electoral Area Director		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) R D B N	

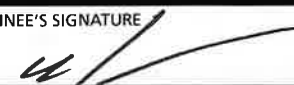
Each of us affirms that to the best of our knowledge, the above-named person nominated for office:

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) Roland M Beier	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Janice E. Tapp
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 3431 mound Rd FL V0J-1S0	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 283 Engleson Rd. Fraser Lake V0J-1S0
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 (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:	
NOMINEE'S SIGNATURE 	DATE: (YYYY/MM/DD) 2022/08/30

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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, ELECTORAL AREA DIRECTOR)

*Electorial AREA Director**RDBN*

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 FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

Wendy Wainwright

AT: (LOCATION)

Burns Lake BC

DATE: (YYYY/MM/DD)

2022/08/30

I am acting as my own Financial Agent

NOMINEE'S SIGNATURE



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)