C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPA ELECTORAL AREA)	ALITY OR REGIONAL DISTRICT
Regional Districk Bulkbulkechako	Area C	
We, the following electors of the above-named jurisdiction	n, hereby nominate:	
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Greenaway	Judith	Ann.
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERI	RED BY THE PERSON NOMINATED TO APPE	AR ON THE BALLOT
Judy, Greenaway	1.	
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
627 Stuart Da. W.	Fort St. James	VOJIPO
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
Contract of Contra		
PD Box 1296.	Fort St. James	VOJIPO
As a Candidate for the office of:		
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALIT	Y OR REGIONAL DISTRICT)
Electoral Area Director	Regional Distact	Bulkbullechoka
Each of us affirms that to the best of our knowledge, the ab		for office:
Is or will be on general voting day for the election, 18 year	ars of age or older.	
2. Is a Canadian citizen.		
Has been a resident of British Columbia, as determined in for the past six months immediately preceding today's da		the Local Government Act,
4. Is not disqualified under the <i>Local Government Act</i> or an Columbia or from being nominated for, being elected to	v other enactment from voting	in an election in British erwise disqualified by law.
A Nominator MUST be Qualified Under the Local Government	ot Act or Vancouver Charter to N	ominate a Nominee for Office
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE	AND LAST NAMES)
KOBCRT HAROLD HUGHES	RICHARD HE	ENDERY
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 1/ 0.2 / 0.0	RESIDENTIAL ADDRESS (CITY/TOWN, S IF NOMINATING AS A RESIDENT ELECT	TREET ADDRESS, POSTAL CODE)
10878 HUFFMAN DRIVE FT ST SAMES	5505 Maris Nov	(d, tox 1) 1511
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STR IF NOMINATING AS A NON-RESIDENT	EET ADDRESS, POSTAL CODE) PROPERTY ELECTOR
		(707 27.
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	44
1. Life	Ristard Herror	M
Please see over for additional space when more the governments that require 25 nominators	an two nominators (e.g., 10) a attach an additional sheet(s) a	re required. For local as necessary.
I consent to the above nomination for office:		
NOMINEE'S SIGNATURE	DATE: (YYYY/MM/DD)	,
Sud i Darman Joul	t322022/09	/0/
		The state of the s

	MINATION PACKAGE	
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
IESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) F 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	

C3 – Other Information Provided by Candidate

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Office for which individual is a nominee:		
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)
Electoral Area C Directo	RDBN.	Electoral AroaC
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERENCE.	RED BY THE PERSON NOMINATED TO APPE	AR ON THE BALLOT
Judy Greena	wal.	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
PO Box 1296.	Fort St James	VOJ IPO
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	100 110
250 570-8484	greenaway judy@	igmail-com.
Additional Addresses for Service Information		OPTIONAL
MAILING ADDRESS (STREET ADDRESSPO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	AS ADDRESS FOR SERVICE
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)	
I am acting as my own Financial Agent	I am not acting as m	y own Financial Agent
Please ensure that name and mailing a	ddress information is the same	e as that

entered on FORM C2 – NOMINATION DOCUMENTS

CANDIDATE NOMINATION PACKAGE

C2 - Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

1 100	cole	mah	dar	lare	265	follows:
1 (20	1.50310	emmuy	r.aec	rore.	-	C. L. C. L. L.

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

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) ectoral Area C Director. RDBN

- I am or will be on general voting day for the election, 18 years of age or older.
- I am a Canadian citizen.
- 4. I have been a resident of British Columbia, as determined in accordance with section 67 of the Local Govern 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 B Columbia or from being nominated for, being elected to or holding the office, or be otherwise disqualifie
- 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 Financia I intend to fully comply with those requirements and restrictions.

DECLARED BEFORE ME: CHEF ELECTION OFFICIA CHARGMANIS	CONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA
vanderhoof. Bc	DATE (777/MM00) 2022 09 01

I am acting as my own Financial Agent I have appointed as my Financial A NOMINEE'S SIGNATURE FINANCIAL AGENT'S NAME (IF APPLICABLE)