C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)	
Fort-FrasER		
TOPLTROSER	COMMINISTOR.	
We, the following electors of the above-named jurisdicti	ion, hereby nominate:	
NOMINEE'S LAST NAME	FIRST NAME MIDDLE NAME(S)	
Cochran	William 5	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREF	ERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT	
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/JOWN POSTAL CODE	
2 = 1 P	Fact trace VIII-1810	
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS	CITY/TOWN POSTAL CODE	
(STREET ADDRESS/PO BOX NUMBER)	6/1-1/1-1/10	
Box 175 FART FrusER	TOKETTOSERUOJ-INO	
As a Candidate for the office of:		
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	
for the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today's or a list of the past six months immediately preceding today or a list of the past six months immediately preceding to the past six months immediately prece	any other enactment from voting in an election in British	
Columbia or from being nominated for, being elected t	to or holding the office or be otherwise disqualified by law.	
A Nominator MUST be Qualified Under the Local Government	ent Act or Vancouver Charter to Nominate a Nominee for Office	
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
DONALD JOHN WEBSTER	PREPERLIC SOUND WEBSTER	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	
601 DOCK AVE	257 54AVE. VOI INO	
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	
FONT FRASOCUS VOTINO NOMINATORIS SIGNATURE	NOMINATOR SIGNATURE	
	Atuma	
Plant and the statistic and annual to the		
	than two nominators (e.g., 10) are required. For local rs attach an additional sheet(s) as necessary.	
I consent to the above nomination for office:		
NOMINEE'S SIGNATURE	DATA (YYYY/MM/DD)	
	1.0/-	

OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
DIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) DOMINATING AS A RESIDENT ELECTOR DESCRIPTION OF THE PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) DOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
SIDENTIAL 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	
OPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
DMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
SIDENTIAL 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	
OPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
DMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
DMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
SIDENTIAL 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	
OPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
SIDENTIAL 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	
OPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
MINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

I do solemnly declare as follows:	
I am qualified under section 81 of the Local Government	nt Act to be nominated, elected and to hold the office of
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	
COMMINISSOR	
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.	The service of the se
for the past six months immediately preceding today's	
	to or holding the office, or be otherwise disqualified by law.
6. To the best of my knowledge, the information provide	d in these nomination documents is true.
7. I fully intend to accept the office if elected.	
I am aware of and understand the requirements and re I intend to fully comply with those requirements and re	estrictions of the <i>Local Elections Campaign Financing Act</i> and estrictions.
and the second s	
NOMINEE'S SIGNATURE	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR	R TAKING AFFIDAVITS FOR BRITISH COLUMBIA
Cispettori	<u> </u>
AT: (LOCATION)	2022 09 07
FUTT Trasar 50	00000
I am acting as my own Financial Agent	I have appointed as my Financial Agent
Madus -	
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)
Supplied the property of the state of the st	
	constituents of the profession of the

CANDIDATE NOMINATION PACKAGE

C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:				
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL		
	REGIONAL DISTRICTI	DISTRICT ELECTORAL AREA)		
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)		
Coalisani	111-11:am			
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT				
Steve Cochran.				
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE		
DOX / 75	Frett ruse.	VOJ-INO		
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE		
Dox 1/8 20/ Greage St	. toltTrusk	Vas-140		
TELEPHÓNE NUMBÉR	EMAIL ADDRESS (ÎF AVAILABLE)			
301-1071	f			
Additional Addresses for Service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	OPTIONAL POSTAL CODE		
IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE DOY 175 FORE 1705EX	Fort Frases	VOJ-1110		
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE			
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)				
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABL	E)	Ų.		
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABL	E)			
I am acting as my own Financial Agent		y own Financial Agent		
		y own Financial Agent		
		y own Financial Agent		
		y own Financial Agent		
		y own Financial Agent		

Please ensure that name and mailing address information is the same as that entered on FORM C2 – NOMINATION DOCUMENTS