

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <i>NORTH COWICHAN</i>		ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) <i>NORTH COWICHAN</i>	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <i>DOUGLAS</i>		FIRST NAME <i>ROBERT</i>	MIDDLE NAME(S) <i>GRANT</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <i>ROB DOUGLAS</i>			
RESIDENTIAL ADDRESS (STREET ADDRESS) <i>1070 KHENIPSEN RD</i>		CITY/TOWN <i>NORTH COWICHAN</i>	POSTAL CODE <i>V9L 5L3</i>
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) <i>MAYOR</i>		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <i>NORTH COWICHAN</i>	

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) <i>Norman Grant Douglas</i>		NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>JUELLE MARIA RODRIGUEZ ORTIZ</i>	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>Duncan B.C. 5404 Gore-Langton Rd. V9L5T9</i>		RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>NORTH COWICHAN 1070 KHENIPSEN RD V9L5L3</i>	
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 <i>[Signature]</i>		NOMINATOR'S SIGNATURE <i>[Signature]</i>	

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 <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2022/08/31</i>

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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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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)

MAYOR

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

Michelle Martineau

DECLARED BEFORE ME, CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

Michelle Martineau

AT: (LOCATION)

Duncan

DATE: (YYYY/MM/DD)

2022/09/01



I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

Michelle Martineau



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)