

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) Island's Trust		ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) Gambier Island LTA	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME Roots		FIRST NAME Andrew	MIDDLE NAME(S) [REDACTED]
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT Drew Roots			
RESIDENTIAL ADDRESS (STREET ADDRESS) [REDACTED]		CITY/TOWN New Westminster	POSTAL CODE [REDACTED]
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) [REDACTED]		CITY/TOWN [REDACTED]	POSTAL CODE [REDACTED]
As a Candidate for the office of:			
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) Trustee		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) Islands Trust	

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) Lorne Kenneth Mattson	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) [REDACTED]
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED]	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] Gambier Island	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) 2026/09/10
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CANDIDATE NOMINATION PACKAGE

C2 - Nomination Documents

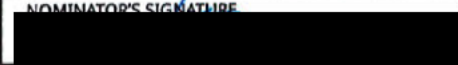
PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)		ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)
We, the following electors of the above-named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
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)	JURISDICTION (NAME OF MUNICIPALITY OR 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) KENDRA MAY GRACE DOWNIE	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
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
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
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NOMINATOR'S SIGNATURE 	NOMINATOR'S SIGNATURE

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 	DATE: (YYYY/MM/DD) 2026/09/10
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CANDIDATE NOMINATION PACKAGE

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PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)		ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)
We, the following electors of the above-named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
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)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	

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

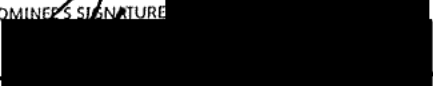
1. Is or will be on general voting day for the election, 18 years of age or older.
2. Is a Canadian citizen.
3. Has been a resident of British Columbia, as determined in accordance with section 67 of the *Local Government Act*, for the past six months immediately preceding today's date.
4. Is not disqualified 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) ROBERT SCOTT ACKLEY	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
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
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
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NOMINATOR'S SIGNATURE 	NOMINATOR'S SIGNATURE

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 	DATE: (YYYY/MM/DD) 2016/09/10
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PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)		ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)
We, the following electors of the above-named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
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)		JURISDICTION (NAME OF MUNICIPALITY OR 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.

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NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) MATTHEW W. WESLEY, ROOTS	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
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
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR GAMBIER ISLAND, [REDACTED]	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
☒ 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
[REDACTED]	NOMINATOR'S SIGNATURE

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

DATE: (YYYY/MM/DD)

2026/09/10

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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)

Trustee

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 [Redacted]		NOMINEE'S NAME NELSON DIAS	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER, OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA		NOTARY PUBLIC in and for the Province of British Columbia	
[Redacted]		2475 Kingsway Vancouver, BC V5R 5G8 Phone: 604.454.9788	
AT: (LOCATION) Vancouver, British Columbia		DATE: (YYYY/MM/DD) 2026/09/10	

☒ I am acting as my own Financial Agent [Redacted] NOMINEE'S SIGNATURE	☐ I have appointed as my Financial Agent _____ FINANCIAL AGENT'S NAME (IF APPLICABLE)
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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 [Redacted]		DATE: (YYYY/MM/DD) [Redacted]