

**C2 – Nomination Documents**


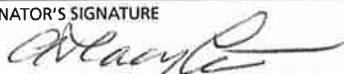
PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST <del>BC</del> <sup>BC</sup> <del>SALT SPRING ISLAND</del>		ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) SALT SPRING ISLAND	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME Corno		FIRST NAME Benjamin	MIDDLE NAME(S) William
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT BEN CORNO <sup>BC</sup>			
RESIDENTIAL ADDRESS (STREET ADDRESS) 430 Dukas rd.		CITY/TOWN Salt Spring Is.	POSTAL CODE V8K 2B3
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) Islands Trust Local Trustee		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) Salt Spring Island.	


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) Sofya Katrina Marouchka Roginsky		NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) ANNE MACEY-COURTIER	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 2163 Fulford Georges Rd		RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 106 OLD SCOTT ROAD V8K 2L6	
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 / 09 / 05

**C2 – Nomination Documents**

PLEASE PRINT IN BLOCK LETTERS



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)

Islands Trust Local 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 	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA 	
AT: (LOCATION) VICTORIA, BC	DATE: (YYYY/MM/DD) 2022/09/07

<input checked="" type="checkbox"/> I am acting as my own Financial Agent 	<input type="checkbox"/> I have appointed as my Financial Agent
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)

