

C2 – Nomination Documents

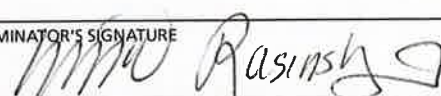

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST		ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) SALT SPRING ISLAND LOCAL TRUST AREA	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME PATRIC K	FIRST NAME LAURA	MIDDLE NAME(S) ROBIN	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT			
RESIDENTIAL ADDRESS (STREET ADDRESS) 230 SARAH WAY	CITY/TOWN SALT SPRING	POSTAL CODE V8K 2X8	
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) PO BOX 581	CITY/TOWN SALT SRING	POSTAL CODE V8K 2W2	
As a Candidate for the office of:			
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) SALT SPRING LOCAL 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 Qualified Under the Local Government Act or Vancouver Charter to Nominate a Nominee for Office

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) NINA RAGINSKY	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) KAREN KOBIERSKI
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 272 BEDDIS RD SSI V8K2J1	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 156 WILKIE WAY, SSI V8K 2J4
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) 2022/09/06

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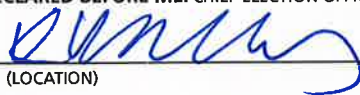
I do solemnly declare as follows:

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)

SALT SPRING ISLAND 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) 2022/09/08

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