

**C2 – Nomination Documents**

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <b>GAUANO ISLAND, BC</b>		ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) <b>SOUTHERN GULF ISLANDS</b>	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <b>MABBERLEY</b>		FIRST NAME <b>BENJAMIN</b>	MIDDLE NAME(S) <b>/</b>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <b>BEN MABBERLEY</b>			
RESIDENTIAL ADDRESS (STREET ADDRESS) <b>1128 MONTAGUE RD.</b>		CITY/TOWN <b>GAUANO ISLAND</b>	POSTAL CODE <b>VON 1P0</b>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) <b>/</b>		CITY/TOWN	POSTAL CODE
As a Candidate for the office of:			
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) <b>TRUSTEE</b>		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <b>GAUANO ISLAND (S.G.I.)</b>	

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) <b>LARRY WILLIAM CAMPBELL</b>		NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <b>John W. Georgeson</b>	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>1200 COTTAGE WAY, GAUANO ISLAND</b>		RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>226 Penfold Rd. Gauano Is. VON 1P0</b>	
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 <b>Larry Campbell</b>		NOMINATOR'S SIGNATURE <b>John W. Georgeson</b>	

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 <b>Ben Maberley</b>		DATE: (YYYY/MM/DD) <b>2022/08/22</b>	
--	--	---	--

**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)  
**TRUSTEE, GAUCIANO ISLAND (SGI'S)**

- 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) <b>VICTORIA, BC</b>	DATE: (YYYY/MM/DD) <b>2022/08/30</b>

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