

C2 – Nomination Documents

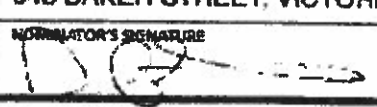
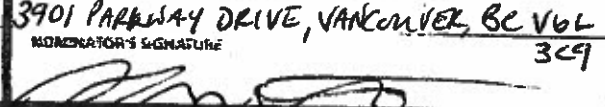
PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST		ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) GAMBIER LOCAL TRUST AREA	
We are the following electors of the above-named jurisdiction, hereby nominating:			
NOMINEE'S LAST NAME BERNARDO		FIRST NAME JOSEPH	MIDDLE NAME(S) ANTONIO
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT JOE BERNARDO			
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS) 432 EAST 35TH AVENUE		CITY/TOWN VANCOUVER	POSTAL CODE V5W 1A9
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS AND CITY/TOWN) 		CITY/TOWN 	POSTAL CODE
Add Candidate for the Office of:			
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA SHERIFF) LOCAL TRUSTEE		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST – GAMBIER LTA	

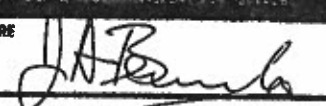
Each of us affirms that to the best of our knowledge, the above-named person nominated for office:

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 Nominnee for Office

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAME(S)) DAVID CHRISTIE RITCHIE		NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAME(S)) ROGER BERTRAM SMITH	
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 645 BAKER STREET, VICTORIA, BC, V8Z 2H8		PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR 3901 PARKWAY DRIVE, VANCOUVER, BC V6L 3C9	
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.

NOMINEE'S SIGNATURE 		DATE (YYYY/M/YY) 2022/09/07
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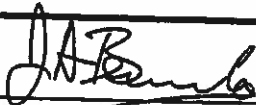

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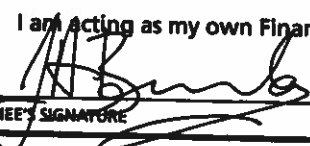
I do solemnly declare as follows:

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)
LOCAL TRUSTEE GAMBIER LOCAL TRUST AREA

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  SHARLEIN D. SMITH, BARRISTER & SOLICITOR	
AT: (LOCATION) VANCOUVER	DATE: (YYYY/MM/DD) 2022/09/07

<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)
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