

**C2 – Nomination Documents**

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <i>Capital Regional District Islands Trust</i>	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) <i>Mayne Island Local Trust Area</i>
--	---

We, the following electors of the above-named jurisdiction, hereby nominate:

NOMINEE'S LAST NAME <i>Dodds</i>	FIRST NAME <i>Jeanine</i>	MIDDLE NAME(S) <i>Gay</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
RESIDENTIAL ADDRESS (STREET ADDRESS) <i>720 Simpson Road</i>	CITY/TOWN <i>Mayne Island</i>	POSTAL CODE <i>V0N2J2</i>
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) <i>Islands Trust Trustee</i>	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <i>Mayne Island Local Trust Area</i>
---	--

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) <i>JOHN AITKEN</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Annette Witheman</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>450 Mill Rd. Mayne Island B.C.</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>490 Fernhill Rd. Mayne Island V0N2J2</i>
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <i>John Aitken</i>	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <i>Annette Witheman</i>
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 <i>Dodds</i>	DATE: (YYYY/MM/DD) <i>2022/09/02</i>
-------------------------------------	---

**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 Trustee	Mayne Island 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 	
AT: (LOCATION) VICTORIA, BC	DATE: (YYYY/MM/DD) 2022/09/02

<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)
--	---

### C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) <i>Local Trustee Mayne Island</i>	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <i>Islands Trust</i>	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) <i>Mayne Island</i>
NOMINEE'S LAST NAME <i>Dodds</i>	FIRST NAME <i>Jeanine</i>	MIDDLE NAME(S) <i>Fay</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <i>Jeanine Dodds</i>		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS <i>720 Simpson Road</i>	CITY/TOWN <i>Mayne Island</i>	POSTAL CODE <i>V8N2J2</i>
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER <i>250 539 2411</i>	EMAIL ADDRESS (IF AVAILABLE) <i>jeanine.dodds@hotmail.com</i>	

**Additional Addresses for Service Information**

**OPTIONAL**

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	

NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)



I am acting as my own Financial Agent



I am not acting as my own Financial Agent

Please ensure that name and mailing address information is the same as that entered on FORM C2 – NOMINATION DOCUMENTS