

**C2 – Nomination Documents**



PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <b>SATURNA ISLAND</b>		ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) <b>ISLANDS TRUST</b>	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <b>MIDDLETON</b>		FIRST NAME <b>LEE</b>	MIDDLE NAME(S) <b>ROBERT</b>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT			
RESIDENTIAL ADDRESS (STREET ADDRESS) <b>425 EAST POINT ROAD</b>		CITY/TOWN <b>SATURNA ISL.</b>	POSTAL CODE <b>VON 2Y0</b>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) <b>PO Box 63</b>		CITY/TOWN <b>SATURNA ISL.</b>	POSTAL CODE <b>VON 2Y0</b>
As a Candidate for the office of:			
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) <b>LOCAL TRUSTEE</b>		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) <b>SATURNA ISLAND</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>Chantelle Mae Marie Middleton</b>		NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <b>Shannon Chaya Katrensky</b>	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>425 East Point Rd, Saturna, von 2Y0</b>		RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>449 East Point rd, Saturna von 2Y0</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 		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) <b>2022/08/29</b>

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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

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

R. Hops Harrison, 2700-700 W Georgia St., Vancouver, B.C. V7Y 1B8 [B88]

AT: (LOCATION)

Saturna Island.

DATE: (YYYY/MM/DD)

2022/05/29.

I am acting as my own Financial Agent

NOMINEE'S SIGNATURE



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)