CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) DISTRICT OF Lillwet	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)	
We, the following electors of the above-named jurisdict		
Leach	Jennifer	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREI	FERRED BY THE PERSON NOMINATED TO AP	PEAR ON THE BALLOT
RESIDENTIAL ADDRESS (STREET ADDRESS) 856 Columbia Street	Lill over	POSTAL CODE
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
Boy 2083	Lillooet	NOKIND
As a Candidate for the office of:		
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	District O	f Lilloet
Each of us affirms that to the best of our knowledge, the 1. Is or will be on general voting day for the election, 18 2. Is a Canadian citizen.	years of age or older.	
 Is or will be on general voting day for the election, 18 Is a Canadian citizen. Has been a resident of British Columbia, as determined for the past six months immediately preceding today's Is not disqualified under the Local Government Act or Columbia or from being nominated for, being elected 	years of age or older. I in accordance with section 67 of date. any other enactment from voting to or holding the office or be of	of the Local Government Act, ag in an election in British therwise disqualified by law.
 Is or will be on general voting day for the election, 18 Is a Canadian citizen. Has been a resident of British Columbia, as determined for the past six months immediately preceding today's Is not disqualified under the Local Government Act or Columbia or from being nominated for, being elected A Nominator MUST be Qualified Under the Local Government NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) 	years of age or older. I in accordance with section 67 of date. any other enactment from voting to or holding the office or be of	of the Local Government Act, ag in an election in British therwise disqualified by law. Nominate a Nominee for Office
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NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
Geoffrey Drice Wilson	Julie Ann Brown	
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)	1 - 1 VC - 1 -	
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	
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NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
RICHARD REED	WILLIAM MATTHEWS	
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	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)	
LILLODET B.C	IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
Kckled	WMatthews-	
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
Plaine Rosa	Rachelle Ruiter	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTÀL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING ASSESSEDENT ELECTOR	
PROPERTY ADDRESS (SITVEGUAN STREET ADDRESS POSTAL CODE)	. B.C	
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) YOU (VOIF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
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NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
D. CRALL SIBLEY	SANDY MARIE GAUER	
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 (SITURGULA CERTET ADDRESS POSTAL CODE)	PROPERTY ADDRESS (STATES ADDRESS DOCTAL SODE)	
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	
Delua,	Southand	
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	
Carmen Louise Langdon	Andrea Sean Nally	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) JE NOMINATING AS A RESIDENT ELECTOR LI LOCET 3 C. VOKIVO	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	
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C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECT	TOR)
Mayor	
2. I am or will be on general voting day for the elec	tion, 18 years of age or older.
3. I am a Canadian citizen.	
 I have been a resident of British Columbia, as det for the past six months immediately preceding to 	termined in accordance with section 67 of the Local Government Acorday's date.
I am not disqualified by the Local Government Ac Columbia or from being nominated for, being ele	ct or any other enactment from voting in an election in British ected to or holding the office, or be otherwise disqualified by law.
6. To the best of my knowledge, the information pr	ovided in these nomination documents is true.
7. I fully intend to accept the office if elected.	
 I am aware of and understand the requirements a I intend to fully comply with those requirements 	and restrictions of the Local Elections Campaign Financing Act and and restrictions.
NOMINEE'S SIGNATURE	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSION	NER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA
KEVIN TAYLOR	(fly
AT: (LOCATION)	DATE: (YPYY/MM/DD)
DISTRICT OF LILLOOFT	2022/08/31
I am acting as my own Financial Agent	I have appointed as my Financial Agent
NOMINER'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)