CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

I do solemnly declare as follows:	
1. I am qualified under section 81 of the Local Governm	nent Act to be nominated, elected and to hold the office of
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	
COUNCILLOR	
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.	1
 I have been a resident of British Columbia, as determined for the past six months immediately preceding today's 	ined in accordance with section 67 of the <i>Local Government Act</i> 's date.
I am not disqualified by the Local Government Act or to or holding the office, or otherwise disqualified by I	any other enactment from being nominated for, being elected law.
6. To the best of my knowledge, the information provide	ed in these nomination documents is true.
7. I fully intend to accept the office if elected.	
 I am aware of and understand the requirements and relationships. I intend to fully comply with those requirements and relationships. 	restrictions of the <i>Local Elections Campaign Financing Act</i> and restrictions.
NOMINEE'S SIGNATURE DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR	R TAKING AFFIDAVITS FOR BRITISH COLUMBIA
SA SCIENTIFIC ELECTION OF TELEVISION OF THE PROPERTY OF THE PR	K J. K. III. S. K. II. S. K. I
AT: (LOCATION)	DATE: (YYYY / MM / DD)
Cache CREEK	2018/09/0:7
I am acting as my own Financial Agent	I have appointed as my Financial Agent
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)

CANDIDATE NOMINATION PACKAGE

C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

OFFICE FOR Which individual is a nominee: POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR NOMINEES LAST NAME DUBOIS NOMINEES LAST NAME DUBOIS NOMINEES LAST NAME DUBOIS USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT MALLING ADDRESS (STREET ADDRESS/RO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOLUMENTS POSTAL CODE TELEPHONE NUMBER ADDRESS FOR SERVICE STREET ADDRESS/RO BOX NUMBER) TELEPHONE NUMBER ADDRESS FOR SERVICE INTERT ADDRESS/RO BOX NUMBER) IF EMAIL ADDRESS (F AVAILABLE) ADDRESS FOR SERVICE INTERT ADDRESS/RO BOX NUMBER) IF EMAIL ADDRESS (F AVAILABLE) ADDRESS FOR SERVICE INTERT ADDRESS/RO BOX NUMBER) IF EMAIL ADDRESS/RO BOX NUMBERS FOR SERVICE PAX NUMBER PROSTAL CODE PAX NUMBER PROSTAL CODE PROSTAL CODE IN THE CONTROL OF THE CANDIDATE (IF APPLICABLE) PROSTAL CODE IN THE CONTROL OF THE CONTROL O	and the state of t	en e	
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CANDIDATE NOMINATION PACKAGE

C4 – Appointment of Candidate Financial Agent

PLEASE PRINT IN BLOCK LETTERS

EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD) 2018/09/06 CANDIDATE'S SIGNATURE DATE: (YYYY / MM / DD) 2018/09/06 I hereby consent to act as the Financial Agent for the above named Candidate for the: GENERAL VOTING DATE: (YYYY / MM / DD) 2018/09/06 I hereby consent to act as the Financial Agent for the above named Candidate for the: GENERAL VOTING DATE: (YYYY / MM / DD) 2018/09/06 By-election Election CITYTOWN POSTAL CODE WOLL-1H O Additional Addresses for Service Information OPTIONA AMILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) FEMAIL WAS PROVIDED AS ADDRESS FOR SERVICE EMAIL ADDRESS IF MAILING ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE			
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POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR Thereby appoint as my Financial Agent for the: GENERAL VOTING DATE: (YYYY/MM / DD) JO 18 / 10 / 20 FINANCIAL AGENTS LAST NAME FIRST NAME DAVID MIDDLE NAME(S) POSTAL CODE FINANCIAL AGENTS LAST NAME DAVID FIRST NAME DAVID POSTAL CODE FIRST NAME DAVID MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID POSTAL CODE FIRST NAME DAVID MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID FIRST NAME DAVID FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID FIRST NAME DAVID FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID FIRST NAME DAVID FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME E.ECTION ALE MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME DAVID FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME MIDDLE NAME(S) POSTAL CODE FIRST NAME	DURDES	DAVID	MARK
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ANDIDATE: SIGNATURE DATE: (YYYY MM / DD) 2018/09/06 I hereby consent to act as the Financial Agent for the above named Candidate for the: GENERAL VOTING DATE: (YYYY / MM / DD) POSTAL CODE STREET ADDRESS OR SERVICE AMILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) FEMAIL WAS PROVIDED AS ADDRESS FOR SERVICE AX NUMBER DATE: (YYYY / MM / DD) General Local Election CITYTOWN POSTAL CODE CITYTOWN POSTAL CODE EMAIL ADDRESS IF MAILING ADDRESS FEMAIL WAS PROVIDED AS ADDRESS FOR SERVICE DATE: (YYYY / MM / DD) DATE: (YYYY / MM / DD)	EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
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