

C2 – Nomination Documents


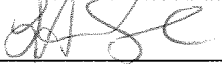
PLEASE PRINT IN BLOCK LETTERS

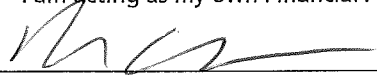
I do solemnly declare as follows:

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, 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.
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 being nominated for, being elected to or holding the office, or 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) CACHE CREEK	DATE: (YYYY / MM / DD) 2018/09/07

<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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CANDIDATE NOMINATION PACKAGE

C3 – Other Information Provided by Candidate

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Office for which individual is a nominee:

POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
NOMINEE'S LAST NAME DUBOIS	FIRST NAME DAVID	MIDDLE NAME(S) MARK
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS 1571 VALLEYVIEW DR / BOX 722	CITY/TOWN CACHE CREEK	POSTAL CODE V0K-1H0
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER 250-457-7319	EMAIL ADDRESS (IF AVAILABLE) Davidmdubois@hotmail.com	

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


CANDIDATE NOMINATION PACKAGE

C4 – Appointment of Candidate Financial Agent


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CANDIDATE'S LAST NAME DUBOIS	FIRST NAME DAVID	MIDDLE NAME(S) MARK
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)

I hereby appoint as my Financial Agent for the:

GENERAL VOTING DATE: (YYYY / MM / DD) 2018/10/20	<input checked="" type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT'S LAST NAME DUBOIS	FIRST NAME DAVID	MIDDLE NAME(S) MARK
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) 1571 VALLEYVIEW DR / BOX 722	CITY/TOWN CACHE CREEK	POSTAL CODE V0K-1H0
TELEPHONE NUMBER 250-457-7319	EMAIL ADDRESS (IF AVAILABLE) David.m.dubois@hotmail.com	
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) 2018/10/20	<input checked="" type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) 1571 VALLEYVIEW DR / BOX 722	CITY/TOWN CACHE CREEK	POSTAL CODE V0K-1H0
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	
FINANCIAL AGENT'S SIGNATURE 	DATE: (YYYY / MM / DD) 2018/09/06	