

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

Susan Peters

DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

SA

AT: (LOCATION)

CACHE CREEK

DATE: (YYYY / MM / DD)

2018/09/11

I am acting as my own Financial Agent

Susan Peters

NOMINEE'S SIGNATURE

I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)

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) CACHE CREEK	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
NOMINEE'S LAST NAME PETERS	FIRST NAME SUSAN	MIDDLE NAME(S) JEAN
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT SUE		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS 11609 WOODBURN DRIVE/Box 729	CITY/TOWN CACHE CREEK	POSTAL CODE V0K1H0
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER 250 457-0068	EMAIL ADDRESS (IF AVAILABLE) Sjpeters14@gmail.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

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	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)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	

I hereby consent to act as the Financial Agent for the above named Candidate for the:		
GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
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)	