

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <i>District of Hudson's Hope</i>		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) <i>District of Hudson's Hope</i>	
We, the following electors of the above named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <i>KING</i>		FIRST NAME <i>JOSEPH</i>	MIDDLE NAME(S) <i>NATHAN</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT			
RESIDENTIAL ADDRESS (STREET ADDRESS) [REDACTED]		CITY/TOWN <i>HUDSON'S HOPE</i>	POSTAL CODE <i>VOC1V0</i>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) <i>PO Box 343</i>		CITY/TOWN <i>HUDSON'S HOPE</i>	POSTAL CODE <i>VOC1V0</i>
As a Candidate for the office of:			
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) <i>Councillor</i>		JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <i>District of Hudson's Hope</i>	

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 being nominated for, being elected to or holding the office, or is not otherwise disqualified by law.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Stephanie Lavern Keehn</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Travous John Quibell</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED]	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED]
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 [REDACTED]	NOMINATOR'S SIGNATURE [REDACTED]

Please see over for additional space when more than two nominators are required. For local governments that require 25 nominators attach an additional sheet as necessary.

I consent to the above nomination for office:

NOMINEE'S SIGNATURE [REDACTED]	DATE: (YYYY / MM / DD) <i>2024/01/10</i>
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CANDIDATE NOMINATION PACKAGE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
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) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
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
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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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, 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
 Corporate Officer, Deputy Chief Election Officer

AT: (LOCATION)

District office Hudson's Hope

DATE: (YYYY / MM / DD)

2024 11 / 11

I am acting as my own Financial Agent


NOM



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)