

CANDIDATE NOMINATION PACKAGE

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)
We, the following electors of the above named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME <i>Gulliso</i>	FIRST NAME <i>Nicole</i>	MIDDLE NAME(S) <i>Lynn</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>V0C 1V0</i>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
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>Tashana Beth Winkley</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Scott A Gulliso</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) [REDACTED]	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) [REDACTED]
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [REDACTED]	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [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:	
NAME [REDACTED]	DATE: (YYYY / MM / DD) <i>2024/01/16</i>