

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) DISTRICT OF HUDSON'S HOPE		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) N/A
We, the following electors of the above named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME GORDARO	FIRST NAME GRETA	MIDDLE NAME(S) EILEEN
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 HUDSON'S HOPE	POSTAL CODE V0C 1V0
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) Box 687	CITY/TOWN HUDSON'S HOPE	POSTAL CODE V0C 1V0
As a Candidate for the office of:		
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR		JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) DISTRICT OF HUDSON'S HOPE

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) ROBERT Glen Fequet	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Cassandra Noel Stark
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 HUDSON'S HOPE, BC V0C 1V0	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR V0C 1V0
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) 2024 / 01 / 19