

CANDIDATE NOMINATION PACKAGE


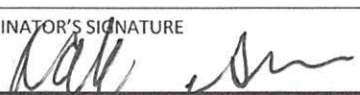
C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

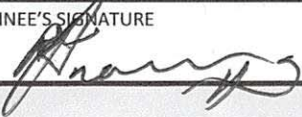
JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) TOWN OF COMOX		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) TOWN OF COMOX	
We, the following electors of the above named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME FREEMAN	FIRST NAME RONALD	MIDDLE NAME(S) JAMES	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT RON FREEMAN			
RESIDENTIAL ADDRESS (STREET ADDRESS) 1972 COUGAR CRESCENT	CITY/TOWN COMOX	POSTAL CODE V9M 2K5	
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) COUNCILLOR		JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) TOWN OF COMOX	

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) TAMSYN OUESNEL	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) DALE LINDSAY GREENE
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR V9M 2J2 9-1957 GUTHRIE RD COMOX	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR V9M 3C8 1523 CHILCOTIN CRES. COMOX B.C.
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 

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 	DATE: (YYYY / MM / DD) 2018-09-14

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: CLERK, ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

AT: (LOCATION)

COMOX

DATE: (YYYY / MM / DD)

2018/09/14

I am acting as my own Financial Agent

I have appointed as my Financial Agent

NOMINEE'S SIGNATURE

FINANCIAL AGENT'S NAME (IF APPLICABLE)

C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:		
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) TOWN OF COMOX	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) TOWN OF COMOX
NOMINEE'S LAST NAME FREEMAN	FIRST NAME RONALD	MIDDLE NAME(S) JAMES
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT RON FREEMAN		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS 1972 COUGAR CRESCENT	CITY/TOWN COMOX	POSTAL CODE V9M 2K5
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER 250.792.3433	EMAIL ADDRESS (IF AVAILABLE) ronfreeman56@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)		
<input checked="" type="checkbox"/> I am acting as my own Financial Agent	<input type="checkbox"/> 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		