

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
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We, the following electors of the above named jurisdiction, hereby nominate:

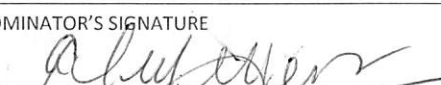

NOMINEE'S LAST NAME GRANT	FIRST NAME KENNETH	MIDDLE NAME(S) JOHN
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT KEN		
RESIDENTIAL ADDRESS (STREET ADDRESS) 1831 HEMLOCK AVE	CITY/TOWN COMOX	POSTAL CODE V9M1H2
MAILING ADDRESS IF DIFFERENT 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
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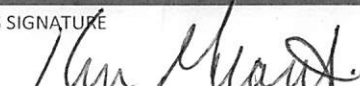
Each of us affirms that to the best of our knowledge, the above named person nominated for office:

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) ARTHUR LEO MEYERS	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) AUDREY GLENNYS CRAIG
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 659 Jubilee Court Comox BC V9M 4E8	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR #9-351 Church St, Comox BC V9M 2C1
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) Sept 4 2018
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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

[Handwritten Signature]

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

[Handwritten Signature]

AT: (LOCATION)

COMOX

DATE: (YYYY / MM / DD)

Sept 4, 2018

I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

I have appointed as my Financial Agent

RAYMOND CRAIG

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) TOWN OF COMOX	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) TOWN OF COMOX
NOMINEE'S LAST NAME GRANT	FIRST NAME KENNETH	MIDDLE NAME(S) SON
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT KEN		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS 1831 HEMLOCK AVE	CITY/TOWN COMOX B.C	POSTAL CODE V9M 2H2
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER 250-792-0007	EMAIL ADDRESS (IF AVAILABLE) KENNYGRANT1960@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 type="checkbox"/> I am acting as my own Financial Agent	<input checked="" type="checkbox"/> I am not acting as my own Financial Agent
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Please ensure that name and mailing address information is the same as that entered on FORM C2 – NOMINATION DOCUMENTS