

## C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF REGIONAL DISTRICT) <i>T.N.R.D.</i>	ELECTION AREA (NAME OF REGIONAL DISTRICT ELECTORAL AREA) <i>"N"</i>
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We, the following electors of the above-named jurisdiction, hereby nominate:

NOMINEE'S LAST NAME <i>GRAHAM</i>	FIRST NAME <i>HERBERT</i>	MIDDLE NAME(S) <i>STEVEN</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <i>HERB</i>		
RESIDENTIAL ADDRESS (STREET ADDRESS) <i>895 COLDWATER ROAD</i>	CITY/TOWN <i>MERRITT</i>	POSTAL CODE <i>V1K1B8</i>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) <i>P.O. BOX 759</i>	CITY/TOWN <i>MERRITT</i>	POSTAL CODE <i>V1K1B8</i>

As a Candidate for the office of:

POSITION (E.G. ELECTORAL AREA DIRECTOR) <i>ELECTORAL AREA DIRECTOR</i>	JURISDICTION (NAME OF REGIONAL DISTRICT) <i>T.N.R.D.</i>
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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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office or be otherwise disqualified by law.

**A Nominator MUST be Qualified under the Local Government Act to Nominate a Nominee for Office**

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>SHERIE ANN SCHEITEL</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>KENNETH WARREN JAMES GILLES</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>877 COLDWATER ROAD, MERRITT V1K1B8</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>1001 COLDWATER RD MERRITT V1K1B8</i>
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 <i>Sherie Scheitel</i>	NOMINATOR'S SIGNATURE <i>Kenneth Gilles</i>

**Please see over for additional space when more than two nominators (e.g., 10) are required. For local governments that require 25 nominators attach an additional sheet(s) as necessary.**

I consent to the above nomination for office:

NOMINEE'S SIGNATURE <i>[Signature]</i>	DATE: (YYYY/MM/DD) <i>2022- AUG 31</i>
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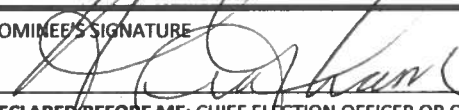
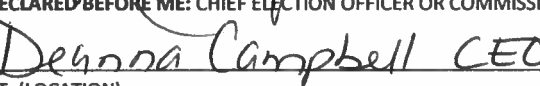

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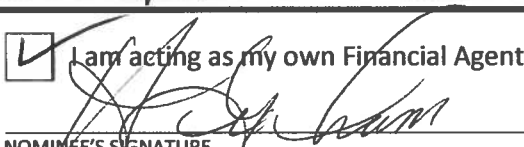
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I do solemnly declare as follows:

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. ELECTORAL AREA DIRECTOR) <i>ELECTORIAL AREA DIRECTOR</i>
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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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office, or be 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  CEO 	
AT: (LOCATION) <i>Kamloops, BC</i>	DATE: (YYYY/MM/DD) <i>2022/08/31</i>

<input checked="" type="checkbox"/> I am acting as my own Financial Agent 	<input type="checkbox"/> I have appointed as my Financial Agent _____ FINANCIAL AGENT'S NAME (IF APPLICABLE)
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