

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF REGIONAL DISTRICT) <i>Thompson Nicola</i>		ELECTION AREA (NAME OF REGIONAL DISTRICT ELECTORAL AREA) <i>Area "I"</i>	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <i>Thorpe</i>		FIRST NAME <i>Patricia</i>	MIDDLE NAME(S) <i>Edith</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <i>Tricia Thorpe</i>			
RESIDENTIAL ADDRESS (STREET ADDRESS) <i>1340 Botanie Creek Rd</i>		CITY/TOWN <i>Lytton</i>	POSTAL CODE <i>V0K1Z0</i>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) <i>P.O. Box 694</i>		CITY/TOWN <i>Lytton</i>	POSTAL CODE <i>V0K1Z0</i>
As a Candidate for the office of:			
POSITION (E.G. ELECTORAL AREA DIRECTOR) <i>Electoral Area Director "I"</i>		JURISDICTION (NAME OF REGIONAL DISTRICT) <i>Thompson Nicola</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 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>Arlene Maus</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>R. MARIE HEASTER</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3475 Botanie Crk Rd Lytton, BC V0K1Z0</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>2910 BOTANIE CREEK RD</i>
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <i>3475 Botanie Crk Rd Lytton BC V0K1Z0</i>	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE <i>Mrs. Arlene Maus</i>	NOMINATOR'S SIGNATURE <i>R. M. Heaster</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>Thorpe</i>	DATE: (YYYY/MM/DD) <i>2022/08/14</i>
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CANDIDATE NOMINATION PACKAGE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
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

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
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

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

C2 – Nomination Documents

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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>Electoral Area Director</i>

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 	
AT: (LOCATION) <i>Kamloops, BC</i>	DATE: (YYYY/MM/DD) <i>2022/08/30</i>
<input checked="" type="checkbox"/> I am acting as my own Financial Agent NOMINEE'S SIGNATURE	<input type="checkbox"/> I have appointed as my Financial Agent 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. ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF REGIONAL DISTRICT)	ELECTION AREA (NAME OF REGIONAL DISTRICT ELECTORAL AREA)
ELECTORAL AREA DIRECTOR	Thompson-Nicola	AREA "I"
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
THORPE	PATRICIA	EDITH
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
TRICIA THORPE		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
PO BOX 694	LYTTON	V0K1Z0
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
1340 BOTANIE CREEK RD.	LYTTON	V0K1Z0
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
250 256 8045	triciat023@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)

N/A

<input checked="" type="checkbox"/> I am acting as my own Financial Agent	<input 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