

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF REGIONAL DISTRICT) <i>Thompson Nicola Regional District</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>Rice</i>		FIRST NAME <i>Steven</i>	MIDDLE NAME(S) <i>Wayne</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT			
RESIDENTIAL ADDRESS (STREET ADDRESS) <i>9300 Highway 8</i>		CITY/TOWN <i>Spence Bridge</i>	POSTAL CODE <i>V0K 2L0</i>
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. ELECTORAL AREA DIRECTOR) <i>Electoral Area Director</i>		JURISDICTION (NAME OF REGIONAL DISTRICT) <i>Thompson Nicola Regional District</i>	

Each of us **affirms** that to the best of our knowledge, the above-named person nominated for office:

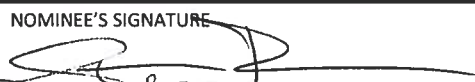
1. Is or will be on general voting day for the election, 18 years of age or older.
2. Is a Canadian citizen.
3. Has been a resident of British Columbia, as determined in accordance with section 67 of the *Local Government Act*, for the past six months immediately preceding today's date.
4. Is not disqualified 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>CAROL MARY MADDEN</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Wanda Marie Dickinson</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3706 RIVERVIEW AVE, B.C. V0K 2L0</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>4835 Steelhead St Spence Bridge BC V0K 2L0</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>Carol Madden</i>	NOMINATOR'S SIGNATURE <i>Wanda Dickinson</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 	DATE: (YYYY/MM/DD) <i>2022/09/06</i>
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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)

Electoral Area Director

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

Deanna Campbell CEO

DATE: (YYYY/MM/DD)

AT: (LOCATION)

Kamloops, BC

2022/09/06



I am acting as my own Financial Agent



I have appointed as my Financial Agent



NOMINEE'S SIGNATURE

FINANCIAL AGENT'S NAME (IF APPLICABLE)