## **C2** – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MU ELECTORAL AREA)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)		
District of North Saanich	District of North Saanich			
We, the following electors of the above-named jurisdic	tion, hereby nominate:			
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)		
Farmere	Raymon	Travis		
RESIDENTIAL ADDRESS (STREET ADDRESS) 303-1510 Jubilee Ave.	Victoria	POSTAL CODE V8R4N3		
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, ELECTORAL AREA DIRECTOR)  Councillor	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)  District of North Saanich			

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.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)

- 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 or Vancouver Charter to Nominate a Nominee for Office

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES),

SHARON K	FORSTER	George Kni	cts
RESIDENTIAL ADDRESS (CITY/TOWN, S IF NOMINATING AS A RESIDENT EL		RESIDENTIAL ADDRESS (CTY/TOWN, STREET ADD IF NOMINATING AS A RESIDENT ELECTOR	RESS, POSTAL CODE)
PROPERTY ADDRESS (CITY/TOWN, STE IF NOMINATING AS A NON-RESIDE		PROPERTY ADDRESS (CITY/TOWN, STREET ADDRE IF NOMINATING AS A NON-RESIDENT PROPERTY E	
NOMINATOR'S SIGNATURE	Fontes	NOMINATOR'S SIGNATURE	

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) 2023/05/27





CANDIDATE NO	VINATION 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  8 908 HARO PATCK TERRACE	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				
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				
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				

#### CANDIDATE NOMINATION PACKAGE

### **C2** – Nomination Documents

#### PLEASE PRINT IN BLOCK LETTERS

1 do	0 50	lemn	lv	dec	are	as	fol	lows:
------	------	------	----	-----	-----	----	-----	-------

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, ELECTORAL AREA 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 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  THE CHIEF ELECTION OFFICER OR COMMISSIONER FO	R TAKING AFFINAVITS FOR BRITISH COLUMBIA			
Schmill DEPuty CHIEF ELECTION OFFICER				
Moth Saanch & 243/05/31				
✓ I am acting as my own Financial Agent	I have appointed as my Financial Agent			
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)			
RACHEL DUMAS				

Dumas

HACHEL DUMAS
CORPORATE OFFICER
DISTRICT OF NORTH SAANICH
1620 MILLS ROAD, NORTH SAANICH BC V8L 5S9
COMMISSIONER FOR TAKING AFFIDAVITS
IN THE PROVINCE OF ERITISH COLUMBIA