CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT
CITY OF PORT ALBERNI	PORT ALBERNI
We, the following electors of the above-named jurisdic	tion, hereby nominate:
NOMINEE'S LAST NAME	FIRST NAME MIDDLE NAME(S)
KERK	WENDY LEE
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PR	EFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN POSTAL CODE
	PORT ALBERN V97 4L
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)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)
Councillor	POST AIBERNI
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LISA J HAGEN

V9Y 6V3

CANDIDATE NOMINATION PACKAGE

C2 - Nomination Documents

1. I am qualified under section 81 of the Local Government Act to be nominated, elected and to hold the off POSITION (E.G., MAYOR, COUNCILLOR, 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 B Columbia or from being nominated for, being elected to or holding the office, or be otherwise disqualified. 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 Financial and I intend to fully comply with those requirements and restrictions. NOMINEE'S SIGNATURE DECLARED REFORE MEL CHIEF ELECTION DEFICER OR GOMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA AT: (LOCATION) DATE: (YYYY/MM/DD) 2022-09-06 I am acting as my own Financial Agent I have appointed as my Financial Agent	PLEASE PRINT IN BLOCK LETTERS		
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 B Columbia or from being nominated for, being elected to or holding the office, or be otherwise disqualified. 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 Financia and I intend to fully comply with those requirements and restrictions. NOMINEE'S SIGNATURE DECLARED REFORE ME. CHIEF ELECTION DEFICER OR GOMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA AT: (LOCATION) DATE: (YYYY/MM/DD) 2022-09-06			
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TORT ALBERNI 2022-09-06			
AT: (LOCATION) PORT ALBERNI 2022-09-06			
FORT ALBERNI 2022-09-06			
I am acting as my own Financial Agent I have appointed as my Financial Agent			
NOMINEE'S SIGNATURE MARIE J. CHARLAI WIZ LA CTI	roix		