

CANDIDATE NOMINATION PACKAGE

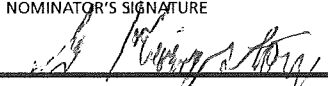

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS


JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) CITY OF PORT ALBERNI		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) CITY OF PORT ALBERNI	
We, the following electors of the above named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME PATTERSON	FIRST NAME CHARLENE	MIDDLE NAME(S) ANNE	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT CHAR PATTERSON			
RESIDENTIAL ADDRESS (STREET ADDRESS) 4815 ARGYLE ST.	CITY/TOWN PORT ALBERNI	POSTAL CODE V9Y 1V9	
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) 91A -	CITY/TOWN	POSTAL CODE	
As a Candidate for the office of:			
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) COUNCILLOR		JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) CITY OF PORT ALBERNI	

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 being nominated for, being elected to or holding the office, or is not otherwise disqualified by law.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Stanley Albert Kingston	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Grayle Stephen Player
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 3732 Argyle Way	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 4130 Clegg Cres. S.
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Port Alberni BC V9Y 1S8A	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Port Alberni
NOMINATOR'S SIGNATURE 	NOMINATOR'S SIGNATURE 

Please see over for additional space when more than two nominators are required. For local governments that require 25 nominators attach an additional sheet as necessary.

I consent to the above nomination for office:	
NOMINEE'S SIGNATURE 	DATE: (YYYY / MM / DD) 2018/09/05

CANDIDATE NOMINATION PACKAGE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
Sheila Kathleen Carroll	KARL RICHARD KORVEN
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
5011 South Street	3131 5th Ave V9Y 7H
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
V9V1G5 Port Alberni	Port Alberni B.C.
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
Sheila K Carroll	Karl Korven

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
Neil Anderson	Estelle Hembruff
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
2827 CARMICHAEL CRE.	209-3855 11th Ave.
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
Port Alberni B.C.	PORT ALBERNI, B.C.
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
Neil Anderson	ESTELLE HEMBRUFF

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
SHELI PARLANT	GRAHAM KERR
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
4815 LATHOM RD V9Y 5S3	4815 LATHOM RD. V9Y 5S3
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
Port Alberni B.C.	PORT ALBERNI B.C.
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
Sheli Parlant	Graham Kerr

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
PATRICIA McLean CURRIE	Judith Aileen Thompson
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
2868 1st Ave Port Alberni	3912 Cedar. St.
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
V9Y-1Y4 BC	V9Y 6C7
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
Patricia McLean Currie	J.A. Thompson

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
IAN THOMAS	DAVE ZRYN
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
3583-16th AVE Port Alberni	3756 Foulke Cres. Port Alberni
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
SAME AS ABOVE V9Y 5C9	N/A
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
Ian Thomas	Dave Zryn

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

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. MAYOR, COUNCILLOR, 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 being nominated for, being elected to or holding the office, or 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)

CITY HALL, PORT ALBERT

DATE: (YYYY / MM / DD)

2018/09/12



I am acting as my own Financial Agent

NOMINEE'S SIGNATURE



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)

2018 MUNICIPAL ELECTION

CITY OF PORT ALBERNI

CANDIDATE INFORMATION RELEASE AUTHORIZATION

Your nomination documents are available to the public to view as soon as they are submitted. Consent provided with this form simply allows the municipality to provide additional information, as appearing below, to the public and / or media.

The information you choose to share will be posted on websites operated by CivicInfo BC (www.civicinfo.bc.ca). This is the primary source through which the media, the public, provincial ministries, researchers, and others are able to obtain province-wide local election information.

I, CHARLENE ANNE PATTERSON
(please print name of person nominated)

having submitted nomination documents for election to the office of COUNCILLOR, hereby give my consent to share the following information. This information may be shared by email, posting on a website, phone, fax, or by any other means of electronic communication.

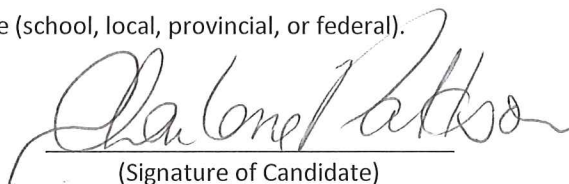
Address:	
4815 ARGYLE ST., PORT ALBERNI, BC V9Y 1V9	
Phone:	Alternate Phone (e.g. Cell):
	(250) 730-1636
Email:	
info@charslanding.com	
Website:	
www.charslanding.com	
Twitter:	Facebook:
@charslanding	charpca

Gender (Check one):

☒ Female ☐ Male ☐ Other / undisclosed

Previous Elected Experience (Check one):

- ☐ Incumbent. Served on Council *in the same role* between 2014 and 2018.
- ☐ Served on Council *different role* between 2014 and 2018.
- ☐ Served on council before 2014, but not during the past term.
- ☐ No council experience, but has been elected to office elsewhere (school, local, provincial, or federal).
- ☒ None.


(Signature of Candidate)

If you have questions about the information collected being on this form, please contact
CivicInfo BC at info@civicinfo.bc.ca, 250-383-4898.