

## CANDIDATE NOMINATION PACKAGE

## C2 – Nomination Documents

SEP 07 2013

PLEASE PRINT IN BLOCK LETTERS

CITY OF PORT ALBERNI


JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <b>CITY OF PORT ALBERNI</b>		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) <b>CITY OF PORT ALBERNI</b>	
We, the following electors of the above named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <b>HAGGARD</b>		FIRST NAME <b>DEBORAH</b>	MIDDLE NAME(S) <b>JO</b>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <b>DEBBIE HAGGARD</b>			
RESIDENTIAL ADDRESS (STREET ADDRESS) <b>5215 MAERELLE ROAD</b>		CITY/TOWN <b>PORT ALBERNI</b>	POSTAL CODE <b>V9Y 8R2</b>
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, DIRECTOR) <b>COUNCILLOR</b>		JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <b>CITY OF PORT ALBERNI</b>	

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)	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

*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) <b>2013/09/07</b>

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CANDIDATE NOMINATION PACKAGE

CITY OF PORT ALBERNI

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>William Thomas Brown</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Christopher Joseph Alemany</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>4396 Michigan Road V9Y5Z2</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3854 6th Ave V9Y4M2</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>[Signature]</i>	NOMINATOR'S SIGNATURE <i>[Signature]</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Janette T. Cormier</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>ROSALIND CONON CHAPMAN</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>6045 River Rd. V9Y6Z8</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>V9Y2N6 PORT ALBERNI, 2354 ANDERSON AVE</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>[Signature]</i>	NOMINATOR'S SIGNATURE <i>[Signature]</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Tauraan Seib</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>SHARON HAGGARD</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>2893 6th Ave Port Alberni V9Y 2H1</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3380 ARGYLE STREET</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 <i>PORT ALBERNI, BC V9Y 0A1</i>
NOMINATOR'S SIGNATURE <i>[Signature]</i>	NOMINATOR'S SIGNATURE <i>[Signature]</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>TERRY DEAKIN</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>ALLAN R. HAGGARD</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3169 - 2nd Ave Port Alberni V9Y4C4</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3380 ARGYLE ST.</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 <i>PORT ALBERNI, BC V9Y0A1</i>
NOMINATOR'S SIGNATURE <i>[Signature]</i>	NOMINATOR'S SIGNATURE <i>[Signature]</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Sharie Marie Minions</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Dallas Christopher Haggard</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3610 Estevan Drive Port Alberni BC V9Y5G9</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>5509 Woodland W Cres Port Alberni V9Y8E6</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>[Signature]</i>	NOMINATOR'S SIGNATURE <i>[Signature]</i>

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NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Shayland Lee Haggard</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>5509 Woodland cres West Port Alberni</i>	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 <i>V1Y 8E6</i>	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE <i>S. Haggard</i>	NOMINATOR'S SIGNATURE

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

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## 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. 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 ALBERNI

DATE: (YYYY / MM / DD)

2018/09/07



I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

Dobie Niggel



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](http://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, DEBORAH HAGGARD  
(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:	
<u>5215 MAEBELLE ROAD, PORT ALBERNI, BC V9Y 8R2</u>	
Phone:	Alternate Phone (e.g. Cell):
<u>250-724-1589</u>	
Email:	
<u>debbie.haggard@shaw.ca</u>	
Website:	
Twitter:	Facebook:

#### 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.

Deborah Haggard  
(Signature of Candidate)

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