

CANDIDATE NOMINATION PACKAGE

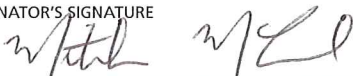

C2 – Nomination Documents

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 ROBERTSON	FIRST NAME HELEN	MIDDLE NAME(S) ROSE	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT			
RESIDENTIAL ADDRESS (STREET ADDRESS) 5830 TEBO AVE	CITY/TOWN PORT ALBERNI	POSTAL CODE V9Y-8S3	
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) 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) Mitchell Reid McLeod	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) TRACY Lynn Walker
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 4359 North Cres, Port Alberni, BC V9Y 3C1	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 4361 Burde St Port Alberni BC
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) Sep. 6 / 18

CANDIDATE NOMINATION PACKAGE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>PATICK JASCHMIDT</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Colleen Gray Stephens</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>5467 HASCAM Port Alberni</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>5221 Golden 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>5221 Gol St</i>
NOMINATOR'S SIGNATURE <i>[Signature]</i>	NOMINATOR'S SIGNATURE <i>Colleen Stephens</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Heather Thomson</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>CHERYL CELILE THOMAS</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>4480 Alwyn St</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>#209-3883 10th AVE-V94 448</i>
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <i>Port Alberni, BC V94 5V1</i>	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <i>PORT ALBERNI.</i>
NOMINATOR'S SIGNATURE <i>Heather Thomson</i>	NOMINATOR'S SIGNATURE <i>Cheryl Thomas</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Rene Mary Louise Johnson</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>BRENT ALBERT RONNING</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3947 Morrison Rd P.A V94 5T9</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>4422 LATHAM RD, PA V94 5S9</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>Brent Ronning</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Coral Dawn Johnson</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Kelda Jane Helweg-Larsen</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>3744 16th Ave Port Alberni BC V94 5E4</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>5183 Forrest Rd. Port Alberni BC V94 7A9</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>Coral Johnson</i>	NOMINATOR'S SIGNATURE <i>K. Helweg-Larsen</i>

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Fred Race</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Nicole Lynn Elizabeth Robertson</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>2683 5th Ave</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>4359 North Crescent</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>Nicole Robertson</i>

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

Dawnna Hartwell

AT: (LOCATION)

CITY HALL, PORT ALBERT

DATE: (YYYY / MM / DD)

2018/09/06



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, HELEN ROSE ROBERTSON
(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>5830 TEBB AVE</u>	
Phone:	Alternate Phone (e.g. Cell):
<u>250 724-6453</u>	
Email:	
<u>hrrobertson@shaw.ca</u>	
Website:	
Twitter:	Facebook:
	<u>Vote for Helen Robertson</u>

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.

Helen Rose Robertson
(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.