CANDIDATE NOMINATION PACKAGE

OF OF OH PUBLISHED

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

	T SUSSELVE AS A MUNICIPALITY OF	ESIGNAL DISTRICT FLESTORAL AREA	
JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, R	A STATE OF THE STA	
CITY OF PORT ALBERNI CITY OF PORT ALBERNI		ALBERNI	
OTT OT TOTAL TELEVISION			
We, the following electors of the above named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)	
D	\square	1	
PAULSON	KONALD	MLLAN	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT			
RON PAULSON			
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE	
3081 -654 AVENUE	PORT ALBERNI	V9Y 268	
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE	
v v			
As a Candidate for the office of:			
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION (E.G. MUNICIPALITY, REG	GIONAL DISTRICT)	
COUNCILLOR	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)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
MYRA ELIZABETH LOUISE PAULSON	Brynn Nicole Paulsar
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL AUDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
3081 6+11 AVE PORT ALBER 11 BC U94268	
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
	\wedge
NOMINATOR'S SIGNATURE BUYONDE	NOMINATOR'S SIGNATURE PAGE LISE OF THE PAGE LISE NOMINATOR'S SIGNATURE PAGE LISE NOMINATOR'S SIGNATURE PAGE LISE 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) 2018/09/07

CANDIDATE NOM	INATION PACKAGE
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
POMSTEELE	Jeannette Michelle Bodovinac
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
4668 ARBYLEST V9Y IWA	3516 McKnight St V947NS
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITYTOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE BULLOVINAL
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Lynn Steele	NOMINATOR'S NAME (FIRST, MIDDLE-AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 4668 Argyle St. Vgy IW4	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)
DAVID AVDAGW ARRAY MC CORMICK RESIDENTIAL ADDRESS (CITYTOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	TOUN PHILIP RICHARDS N 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 1912WZ	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR VIY IB4
NO MINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
) Huaj	gr ("au")
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
MICHAR TOHAL CARTOR	MORRIS SAMES SCHELLES BELL
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTA, CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
5359 RUSSBUST PORT AUBBENI, B.C.	3761 EXTON ST PORT ALBRANI V94341
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/
	2 Chillis
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S, NAME (FIRST, MIDDLE AND LAST NAMES)
Iori F Duanette.	PATRICIA L. SCHELLEBRERG.
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
5424 Haslam Dr. V94718	3761 EXTON ST. PORT ALDRANISC
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
Off her	Schollenberg

CITY OF PORT ALBERN

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS		
I do solemnly declare as follows:		
1. I am qualified under section 81 of the <i>Local Government Act</i> 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 <i>Local Government Act</i> , for the past six months immediately preceding today's date.		
5. I am not disqualified by the <i>Local Government Act</i> 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 i	n 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 <i>Local Elections Campaign Financing Act</i> 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	I have appointed as my Financial Agent	
K. a. Janla		
NÓMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)	



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.

1. Row	ALD PA	ULSUN	
.,	(ple	ase print name	of person nominated)
consent to share		ation. This in	to the office of COUNCILOR , hereby give my formation may be shared by email, posting on a website, unication.
Address:			
3081-6	th AVENU	l E	
Phone:			Alternate Phone (e.g. Cell):
(250) 724	-0702		(250) 731-9551
Email:			
Persons	con roubeti	ne gma	il. com.
Website:			
Twitter:			Facebook:
Gender (Check o	ne):		
☐ Female	🔼 Male	☐ Other /	undisclosed
Previous Elected	Experience (Check	cone):	
🔀 Incumbent. Sei	rved on Council <i>in the</i>	e same role bet	ween 2014 and 2018.
☐ Served on Cour	ncil <i>different role</i> bety	ween 2014 and	2018.
☐ Served on coun	icil before 2014, but r	not during the p	ast term.
☐ No council expe	erience, but has been	elected to offic	e elsewhere (school, local, provincial, or federal).
□ None.			
			De Cellula

(Signature of Candidate)

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



