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3:48pm
11/14/2024

CANDIDATE NOMINATION PACKAGE

C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME MALINSKI	FIRST NAME David	MIDDLE NAME(S) Michael
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION Councillor Village of Sayward		

SECTION B

This nomination package includes the following completed forms, appointments, consents and declarations:

- C2 – Nomination Documents
- C3 – Other Information Provided by Candidate
- C4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent)
- C5 – Appointment of Candidate Official Agent (if applicable)
- C6 – Appointment of Candidate Scrutineer (if applicable)
- Statement of Disclosure: Financial Disclosure Act (required under the *Financial Disclosure Act*)

Disclaimer: All attempts have been made to ensure the accuracy of the forms contained in the Candidate Nomination Package – however the forms are not a substitute for provincial legislation and/or regulations.

Please refer directly to the latest consolidation of provincial statutes at BC Laws (www.bclaws.ca) for applicable election-related provisions and requirements.

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C2 – Nomination Documents

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JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) Sayward Village	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) Sayward Village
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We, the following electors of the above named jurisdiction, hereby nominate:

NOMINEE'S LAST NAME MALINSKI	FIRST NAME DAVID	MIDDLE NAME(S) MICHAEL
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT David MALINSKI		
RESIDENTIAL ADDRESS (STREET ADDRESS) 431 Mac Millan Dr	CITY/TOWN Sayward	POSTAL CODE V0P 1R0
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) Sayward Village
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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) Kim Ann MacLeod	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Jamie Helena Levin
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Sayward, 391 Macmillan, V0P-1R0	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Sayward, 441 Macmillan Dr, V0P 1R0
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 KMacLeod	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) 2024/06/14
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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

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

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

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

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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

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C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS


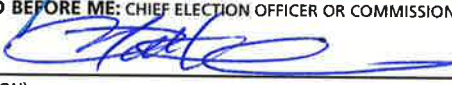
I do solemnly declare as follows:

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) Sayward BC	DATE: (YYYY / MM / DD) 2024/06/14

<input type="checkbox"/> I am acting as my own Financial Agent _____ NOMINEE'S SIGNATURE	<input checked="" type="checkbox"/> I have appointed as my Financial Agent LISA MARIE CLARK FINANCIAL AGENT'S NAME (IF APPLICABLE)
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C3 – Other Information Provided by Candidate

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Office for which individual is a nominee:

POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) <i>Councillor</i>	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <i>Sayward</i>	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) <i>Village</i>
NOMINEE'S LAST NAME <i>MALINSKI</i>	FIRST NAME <i>DAVID</i>	MIDDLE NAME(S) <i>MICHAEL</i>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <i>David Malinski</i>		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS <i>431 Mac Millan Dr / 242</i>	CITY/TOWN <i>Sayward</i>	POSTAL CODE <i>V0P 1R0</i>
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER <i>250 897 5437</i>	EMAIL ADDRESS (IF AVAILABLE) <i>info@PS real</i>	

Additional Addresses for Service Information OPTIONAL

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	

NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)

<input type="checkbox"/> I am acting as my own Financial Agent	<input checked="" type="checkbox"/> I am not acting as my own Financial Agent
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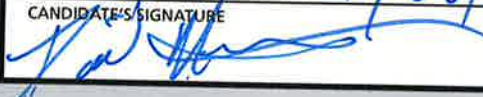
Please ensure that name and mailing address information is the same as that entered on FORM C2 – NOMINATION DOCUMENTS

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C4 – Appointment of Candidate Financial Agent

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CANDIDATE'S LAST NAME MALINSKI	FIRST NAME DAVID	MIDDLE NAME(S) MICHAEL
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) Councillor	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) Sayward	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) Sayward Village
I hereby appoint as my Financial Agent for the:		
GENERAL VOTING DATE: (YYYY / MM / DD) 2024/07/20	<input type="checkbox"/> General Local Election	<input checked="" type="checkbox"/> By-election
FINANCIAL AGENT'S LAST NAME CLARK	FIRST NAME Lisa	MIDDLE NAME(S) Marie
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) 1708 White River Main	CITY/TOWN Sayward	POSTAL CODE V0P 1R0
TELEPHONE NUMBER 250 287 6527	EMAIL ADDRESS (IF AVAILABLE) lisa.clarkecpa@icloud.com	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD) 2024/06/14		
CANDIDATE'S SIGNATURE 	DATE: (YYYY / MM / DD) 2024/06/14	

I hereby consent to act as the Financial Agent for the above named Candidate for the:

GENERAL VOTING DATE: (YYYY / MM / DD) 2024/07/20	<input type="checkbox"/> General Local Election	<input checked="" type="checkbox"/> By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) 1708 White River Main	CITY/TOWN Sayward	POSTAL CODE V0P 1R0
Additional Addresses for Service Information OPTIONAL		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
FINANCIAL AGENT'S SIGNATURE 	DATE: (YYYY / MM / DD) 2024/06/14	