

**C1 – Candidate Cover Sheet and Checklist Form**

PLEASE PRINT IN BLOCK LETTERS

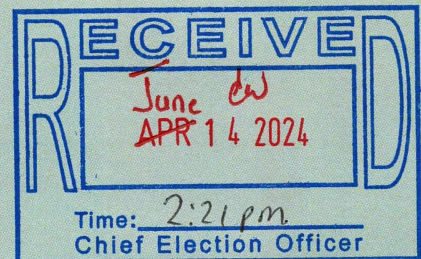
**SECTION A**

CANDIDATE'S LAST NAME <b>FRANCE</b>	FIRST NAME <b>John</b>	MIDDLE NAME(S) <b>DOUGLAS</b>
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION <b>Councillor</b>		

**SECTION B**

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

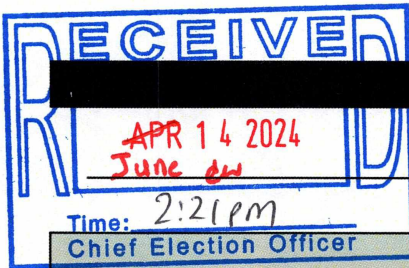
- ☒ C2 – Nomination Documents
- ☒ C3 – Other Information Provided by Candidate
- ☒ C4 – Appointment of Candidate Financial Agent (if Candidate is not acting as own Financial Agent)
- ☒ C5 – Appointment of Candidate Official Agent (if applicable)
- ☒ C6 – Appointment of Candidate Scrutineer (if applicable)
- ☐ 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](http://www.bclaws.ca)) for applicable election-related provisions and requirements.





## CANDIDATE NOMINATION PACKAGE

## C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS



JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) Village of Sayward		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) Municipality
We, the following electors of the above named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME France	FIRST NAME John	MIDDLE NAME(S) Douglas
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT John France		
RESIDENTIAL ADDRESS (STREET ADDRESS) 64 Grayhawk Place	CITY/TOWN Courtenay	POSTAL CODE V9N 0G1
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) Village of Sayward

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) LORNA JEAN AGNEW	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) MILENA GRADISAR
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR SAYWARD B.C. VOPIRO	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 261 AMBLESIDE ST
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR 754 SAYWARD RD.	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR SAYWARD, BC
NOMINATOR'S SIGNATURE Lorna D. Agnew	NOMINATOR'S SIGNATURE M. Gradisar

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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# CANDIDATE NOMINATION PACKAGE

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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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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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

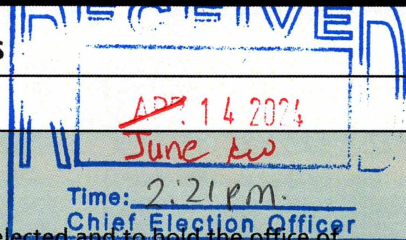
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
PROPERTY ADDRESS (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



# 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 *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

*[Handwritten Signature]*

DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

*[Handwritten Signature]*

AT: (LOCATION)

Campbell River, BC

DATE: (YYYY / MM / DD)

2024/06/14



I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

*[Handwritten Signature]*



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)



# CANDIDATE NOMINATION PACKAGE

## C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:

POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) <b>Councillor</b>	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <b>Seyward</b>	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) <b>Village</b>
NOMINEE'S LAST NAME <b>FRANCE</b>	FIRST NAME <b>John</b>	MIDDLE NAME(S) <b>DOUGLAS</b>
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS <b>64 Grayhawk Place</b>	CITY/TOWN <b>Courtenay</b>	POSTAL CODE <b>V9N 0G1</b>
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER <b>718 878 1065</b>	EMAIL ADDRESS (IF AVAILABLE) <b>JO France S3 @ Gmail. Com</b>	

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	

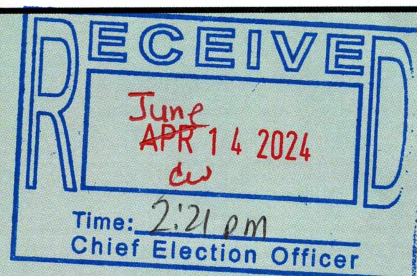
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)



I am acting as my own Financial Agent



I am not acting as my own Financial Agent



Please ensure that name and mailing address information is the same as that entered on FORM C2 – NOMINATION DOCUMENTS



**C4 – Appointment of Candidate Financial Agent**

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR)	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT)	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
<b>I hereby appoint as my Financial Agent for the:</b>		
GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	

<b>I hereby consent to act as the Financial Agent for the above named Candidate for the:</b>		
GENERAL VOTING DATE: (YYYY / MM / DD)	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
<b>Additional Addresses for Service Information</b>		
<b>OPTIONAL</b>		
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)	