

# CANDIDATE NOMINATION PACKAGE

## C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

|   |   |
|---|---|
| JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><b>DISTRICT OF COLDSTREAM</b> | ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)<br><b>COLDSTREAM</b> |
|---|---|

We, the following electors of the above-named jurisdiction, hereby nominate:

|  |                                |                               |
|--|--------------------------------|-------------------------------|
| NOMINEE'S LAST NAME<br><b>HOFFMAN</b>  | FIRST NAME<br><b>STEPHANIE</b> | MIDDLE NAME(S)<br><b>ANNA</b> |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT<br><b>STEPHANIE HOFFMAN</b> |                                |                               |
| RESIDENTIAL ADDRESS (STREET ADDRESS)<br><b>1402 4900 HERITAGE DR</b>   | CITY/TOWN<br><b>VERNON</b>     | POSTAL CODE<br><b>V1T 9X1</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, ELECTORAL AREA DIRECTOR)<br><b>COUNCILLOR</b> | JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><b>DISTRICT OF COLDSTREAM</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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office or be otherwise disqualified by law.

A Nominator **MUST** be Qualified Under the *Local Government Act* or *Vancouver Charter* to Nominate a Nominee for Office


|  |  |
|--|--|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)  | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)  |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br><b>IF NOMINATING AS A RESIDENT ELECTOR</b>           | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br><b>IF NOMINATING AS A RESIDENT ELECTOR</b>           |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br><b>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR</b> | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br><b>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR</b> |
| NOMINATOR'S SIGNATURE  | NOMINATOR'S SIGNATURE  |


*Please see over for additional space when more than two nominators (e.g., 10) are required. For local governments that require 25 nominators attach an additional sheet(s) as necessary.*


I consent to the above nomination for office:

|   |   |
|---|---|
| NOMINEE'S SIGNATURE<br><b>St Hoffmann</b> | DATE: (YYYY/MM/DD)<br><b>2022/09/06</b> |
|---|---|

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|--|---|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Sean Bicknell</b>  | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)   |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br><b>8219 Westcal Road, Coldstream, V1B 1Y4</b> | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR           |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR  | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR |
|   | NOMINATOR'S SIGNATURE   |

|  |   |
|--|---|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Justin Diamond</b>   | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)   |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br><b>14395 Invercraig Pl Coldstream V1B 4A6</b> | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR           |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR  | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR |
| NOMINATOR'S SIGNATURE<br>   | NOMINATOR'S SIGNATURE   |

|   |   |
|---|---|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Sarah Schumaker</b>   | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)   |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br><b>18640 Clerke Road, Coldstream V1B 1W2</b> | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR           |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                       | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR |
| NOMINATOR'S SIGNATURE<br>  | 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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| 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, ELECTORAL AREA 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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office, or be 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)

DATE: (YYYY/MM/DD)

Cobstream BC

2022/09/06



I am acting as my own Financial Agent



I have appointed as my Financial Agent

NOMINEE'S SIGNATURE

FINANCIAL AGENT'S NAME (IF APPLICABLE)