C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)	
Town of Ladysmith	Town of Ladysmith	
We, the following electors of the above-named jurisdict	ion, hereby nominate:	
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
BARLING	KISSELL	MAT
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREF		EAR ON THE BALLOT
Kusa Barlina.		
RRedacted	CITY/TOWN	POSTAL CODE
	Ladysmith	V9G1B7
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS	CITY/TOWN	POSTAL CODE
	101.1	V9G1B7
	Ladysm.TL	V76107
As a Candidate for the office of:	DESCRIPTION OF THE PARTY OF THE	
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY	TY OR REGIONAL DISTRICT)
MAYOR	Town of Ladys	smith
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CANDIDATE NOMINATION PACKAGE		
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CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	
INIATOR	
I am or will be on general voting day for the election, 1	18 years of age or older.
I am a Canadian citizen.	
I have been a resident of British Columbia, as determine for the past six months immediately preceding today's	ed in accordance with section 67 of the <i>Local Government Ac</i> date.
I am not disqualified by the <i>Local Government Act</i> or a Columbia or from being nominated for, being elected t	ny other enactment from voting in an election in British to or holding the office, or be otherwise disqualified by law.
To the best of my knowledge, the information provided	d in these nomination documents is true.
I fully intend to accept the office if elected.	
I am aware of and understand the requirements and re I intend to fully comply with those requirements and re	estrictions of the <i>Local Elections Campaign Financing Act</i> and estrictions.
NOMINEE'S SIGNATURE	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR	TAKING AFFIDAVITS FOR RRITISH COLLIMBIA
SYDNEY IANSON	TARREST TO CONTINUE COLUMNIA
AT (LOCATION)	DATE: (YYYY/MM/DD)
CITY HALL, TOWN OF LADYS	MITH 2025/01/24
I am acting as my own Financial Agent	I have appointed as my Financial Agent
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)