

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)  
Mayor

- 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 <u>Santo Jalavici</u>	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA <u>Marilyn Surgeson</u>	
AT: (LOCATION) <u>CACHE CREEK</u>	DATE: (YYYY / MM / DD) <u>2018/09/13</u>

<input checked="" type="checkbox"/> I am acting as my own Financial Agent <u>Santo Jalavici</u> NOMINEE'S SIGNATURE	<input type="checkbox"/> I have appointed as my Financial Agent _____ FINANCIAL AGENT'S NAME (IF APPLICABLE)
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**CANDIDATE NOMINATION PACKAGE**

**C3 – Other Information Provided by Candidate**

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**Office for which individual is a nominee:**

POSITION (E.G. MAYOR, COUNCILLOR, DIRECTOR) <b>Mayor</b>	JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) <b>Municipality</b>	ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) <b>Cache Creek</b>
NOMINEE'S LAST NAME <b>Talarico</b>	FIRST NAME <b>Santo</b>	MIDDLE NAME(S)
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>2121 Back Valley RD P.O. Box 834 Cache Creek</b>	CITY/TOWN <b>Cache Creek</b>	POSTAL CODE <b>V0K-1H0</b>
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER <b>250 457-7069</b>	EMAIL ADDRESS (IF AVAILABLE) <b>twdynent@telus.net</b>	
<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	

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**

**CANDIDATE NOMINATION PACKAGE**

**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)	