### **C2** – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF M ELECTORAL AREA)	UNICIPALITY OR REGIONAL DISTRICT
We, the following electors of the above-named jurisdicti	on, hereby nominate:	
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(5)
1 OFC	Mayco	Joseph.
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFE	ERRED BY THE PERSON NOMINATED T	O APPEAR ON THE BALLOT
s. 22(1)	Veluelit	POSTAL CODE VGRSAO.
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) S 22(1)	Ucheeled	VAPSAO.
As a Candidate for the office of:		
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNI	CIPALITY OR REGIONAL DISTRICT)
<ol> <li>Has been a resident of British Columbia, as determined for the past six months immediately preceding today's of</li> <li>Is not disqualified under the <i>Local Government Act</i> or a Columbia or from being nominated for, being elected t</li> <li>A Nominator MUST be Qualified Under the <i>Local Government</i></li> </ol>	date. Iny other enactment from v o or holding the office or b	voting in an election in British be otherwise disqualified by law.
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, M	
LILIA NOEL	MARC TH	orn ton
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR S. 22(1)	RESIDENTIAL ADDRESS (CITY/T IF NOMINATING AS A RESIDEN S. 22(1)	OWN, STREET ADDRESS, POSTAL CODE)
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOV IF NOMINATING AS A NON-RES	VN, STREET ADDRESS, POSTAL CODE) SIDENT PROPERTY ELECTOR
s. 22(1)	s. 22(1)	
governments that require 25 nominator	than two nominators (e.g., rs attach an additional shee	, 10) are required. For local et(s) as necessary.
I consent to the above nomination for office:		
. 22(1)	DATE: (YYYY/MM/DD) 2075 · O	5:20
	An Al Second Concernation Concernation of the United	

ORIGINAL – Local Jurisdiction PLEASE KEEP A COPY FOR YOUR RECORDS This form is available for public inspection

OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
BRENDA REITE	
esidential address (city/town, street address, postal code) Nominating as a resident elector 2(1)	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
6. 22(1)	NOMINATOR'S SIGNATURE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
IOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
IOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
OMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
ESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
ROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
OMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

### **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) Our? 10R 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. quirements and restrictions of the Local Elections Campaign Financing Act and quirements and restrictions. DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA AT: (LOCATION) DATE: (YYYY/MM/DD) a: JA I have appointed as my Financial Agent gent l ai NOMINEE'S FINANCIAL AGENT'S NAME (IF APPLICABLE)

# C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL
(ano)lor	REGIONAL DISTRICT	DISTRICT ELECTORAL AREA)
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PRI	EFERRED BY THE PERSON NOMINATED TO	APPEAR ON THE BALLOT
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS		POSTAL CODE
22(1)	Uchelet.	VOP-340
address for service (street address or email address) $22(1)$	Uchelet	POSTAL CODE
22(1)	EMAIL ADDRESS (IF AVAILABLE)	
Additional Addresses for Service Information		POSTAL CODE
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE		FOSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROV	IDED AS ADDRESS FOR SERVICE
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLIC	CABLE)	
	r. 27	
	A surger and to the product of	and the first second
I am acting as my own Financial Agent	Lam not acting	as my own Financial Agent

# **C4** – Appointment of Candidate Financial Agent

PLEASE PRINT IN BLOCK LETTERS

ANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
OSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL
	REGIONAL DISTRICT)	DISTRICT ELECTORAL AREA)
hereby appoint as my Financial Agent for the:		
ENERAL VOTING DATE: (YYYY/MM/DD)	General Local	
	Election	By-election
INANCIAL AGENT'S LAST NAME	FIRST DAME	MIDDLE NAME(S)
$\backslash$		
IAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)		POSTAL CODE
	X	
ELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
X		
FFECTIVE DATE OF APPOINTMENT: (YYYY/MM/DD)	/	
	$\backslash$	
ANDIDATE'S SIGNATURE	DATE (YYYY/MM/DD)	
hereby consent to act as the <b>Financial Agent</b> for the al	pove-named Candidate for the	
	General Local	By-election
SENERAL VOTING DATE: (YYYY/MM/DD)	General Local Election	By-election
SENERAL VOTING DATE: (YYYY/MM/DD)	General Local	
INANCIAL AGENT ADDRESS FOR SERVICE	General Local Election	By-election
INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS)	General Local Election	By-election POSTAL CODE
INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS)	General Local Election	By-election POSTAL CODE OPTIONA
INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS)	General Local Election	By-election POSTAL CODE
INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS)	General Local Election	By-election POSTAL CODE OPTIONA
INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) TEMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	General Local Election CITY/TOWN	By-election POSTAL CODE OPTIONA
SENERAL VOTING DATE: (YYYY/MM/DD) INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) E EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	General Local Election	POSTAL CODE POSTAL CODE OPTIONA POSTAL CODE
SENERAL VOTING DATE: (YYYY/MM/DD) INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) E EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN CITY/TOWN EMAIL ADDRESS	POSTAL CODE POSTAL CODE OPTIONA POSTAL CODE
hereby consent to act as the Financial Agent for the ak seneral VOTING DATE: (YYYY/MM/DD) INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) F EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE AX NUMBER		POSTAL CODE POSTAL CODE OPTIONA POSTAL CODE
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INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for service Information Mailing Address (STREET Address/PO BOX NUMBER) E EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE AX NUMBER		POSTAL CODE POSTAL CODE OPTIONA POSTAL CODE
INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for service Information Mailing Address (STREET Address/PO BOX NUMBER) E EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE AX NUMBER		POSTAL CODE POSTAL CODE OPTIONA POSTAL CODE
INANCIAL AGENT ADDRESS FOR SERVICE STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for service Information Mailing Address (STREET Address/PO BOX NUMBER) E EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE AX NUMBER		POSTAL CODE POSTAL CODE OPTIONA POSTAL CODE

# C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
NOFL	Mayno	JOSEAL
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL	ELECTION AREA (NAME OF
	DISTRICT)	MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA)
Councillar	Ucluelet	
hereby appoint as my <b>Official Agent</b> for the:		
GENERAL VOTING DATE: (YYYY/MM/DD)	General Local Election	By-election
DFFICIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
WALLING ADDITEDS (STREET ADDITEDS) O SOA NOMBAL		
I hereby delegate to the above-named official age	nt the authority to appoint scr	utineers.
CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)	
	seval and the second and the second	



# Statement of Disclosure Financial Disclosure Act

### You must complete a Statement of Disclosure form if you are:

- a nominee for election to provincial or local government office\*, as a school trustee or as a director of a francophone education authority
- an elected local government official
- · an elected school trustee, or a director of a francophone education authority
- · an employee designated by a local government, a francophone education authority or the board of a school district
- a public employee designated by the Lieutenant Governor in Council
- \*("local government" includes municipalities, regional districts and the Islands Trust)

# Who has access to the information on this form?

The *Financial Disclosure Act* requires you to disclose assets, liabilities and sources of income. Under section 6 (1) of *the Act*, statements of disclosure filed by nominees or municipal officials are available for public inspection during normal business hours. Statements filed by designated employees are not routinely available for public inspection. If you have questions about this form, please contact your solicitor or your political party's legal counsel.

# What is a trustee? - s. 5 (2)

In the following questions the term "trustee" does not mean school trustee or Islands Trust trustee. Under the Financial Disclosure Act a trustee:

- holds a share in a corporation or an interest in land for your benefit, or is liable under the Income Tax Act (Canada) to pay income tax on income received on the share or land interest
- · has an agreement entitling him or her to acquire an interest in land for your benefit

Person making disclosure:	Authame Mirst & finedie name(s)			
Street, rural route, post office box: S. 22(1)				
city: Ucluelet	Province: BC Postal Code: UDA 340			
Level of government that applies to you:	<ul><li>O provincial</li><li>O local government</li><li>School board/francophone education authority</li></ul>			

If sections do not provide enough space, attach a separate sheet to continue.

### Assets – s. 3 (a)

List the name of each corporation in which you hold one or more shares, including shares held by a trustee on your behalf:

OZZARD Finilogmental INC.
Uchelet Pentit Center Hel
0784054 B.C. Lfd.

### Liabilities – s. 3 (e)

List all creditors to whom you owe a debt. Do not include residential property debt (mortgage, lease or agreement for sale), money borrowed for household or personal living expenses, or any assets you hold in trust for another person:

creditor's name(s)	creditor's address(es)
creditor's name(s)	Yelulet

### Income – s. 3 (b-d)

List each of the businesses and organizations from which you receive financial remuneration for your services and identify your capacity as owner, part-owner, employee, trustee, partner or other (e.g. director of a company or society).

- Provincial nominees and designated employees must list all sources of income in the province.
- Local government officials, school board officials, francophone education authority directors and designated employees must list only income sources within the regional district that includes the municipality, local trust area or school district for which the official is elected or nominated, or where the employee holds the designated position.

your capacity	name(s) of business(es)/organization(s)
General Manager - operations	Uchuetes Rentif Center Lite
GM- operations.	UZZADO Environmental INC
	5. ÷

# Real Property - s. 3 (f)

List the legal description and address of all land in which you, or a trustee acting on your behalf, own an interest or have an agreement which entitles you to obtain an interest. Do not include your personal residence.

- · Provincial nominees and designated employees must list all applicable land holdings in the province.
- Local government officials, school board officials, francophone education authority directors and designated employees must list
  only applicable land holdings within the regional district that includes the municipality, local trust area or school district for which the
  official is elected or nominated, or where the employee holds the designated position.

legal description(s)	address(es)
	333Folles Road
	317 Fortes. Road
PENVIP 587757 District lat 284	2102 Peninusalu. Roccel
PENVIP 85941, Pistrid Lot 284	LotC
	369 North Rocicl.

# Corporate Assets - s. 5

Do you individually, or together with your spouse, child, brother, sister, mother or father, own shares in a corporation which total more than 30% of votes for electing directors? (Include shares held by a trustee on your behalf, but not shares you hold by way of security.) **O** no **O** yes

#### If yes, please list the following information below & continue on a separate sheet as necessary:

- · the name of each corporation and all of its subsidiaries
- · in general terms, the type of business the corporation and its subsidiaries normally conduct
- a description and address of land in which the corporation, its subsidiaries or a trustee acting for the corporation, own an interest, or have an agreement entitling any of them to acquire an interest
- a list of creditors of the corporation, including its subsidiaries. You need not include debts of less than \$5,000 payable in 90 days
- a list of any other corporations in which the corporation, including its subsidiaries or trustees acting for them, holds one or more shares.

022ARD Environmentel Frie - Soilel Solid Waste Recycling -CIBC - BONIC-Herelit Rent it Carter - CIBC- BAN - equipment property Holding tond work . Foresty Avarten. - Ltd B-C date Where to send this completed disclosure form:

#### Local government officials:

#### ... to your local chief election officer

· with your nomination papers, and

#### ... to the officer responsible for corporate administration

- between the 1st and 15th of January of each year you hold office, and
- · by the 15th of the month after you leave office

#### School board trustees/ Francophone Education Authority directors:

#### ... to the secretary treasurer or chief executive officer of the authority

- · with your nomination papers, and
- · between the 1st and 15th of January of each year you hold office, and
- · by the 15th of the month after you leave office

#### Nominees for provincial office:

• with your nomination papers. If elected you will be advised of further disclosure requirements under the Members' Conflict of Interest Act

#### **Designated Employees:**

# ... to the appropriate disclosure clerk (local government officer responsible for corporate administration, secretary treasurer, or Clerk of the Legislative Assembly)

- · by the 15th of the month you become a designated employee, and
- · between the 1st and 15th of January of each year you are employed, and
- · by the 15th of the month after you leave your position