

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

PLEASE PRINT IN BLOCK LETTERS

**SECTION A**

|                                                                                                                                |                          |                                  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|
| CANDIDATE'S LAST NAME<br><b>BROWN</b>                                                                                          | FIRST NAME<br><b>IAN</b> | MIDDLE NAME(S)<br><b>Charles</b> |
| NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)<br><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

## C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

|                                                                                                                      |  |                                                                                                                                      |                                  |
|----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><i>District of Squamish</i>                              |  | ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)<br><i>District of Squamish</i> |                                  |
| We, the following electors of the above-named jurisdiction, hereby nominate:                                         |  |                                                                                                                                      |                                  |
| NOMINEE'S LAST NAME<br><i>Brown</i>                                                                                  |  | FIRST NAME<br><i>IAN</i>                                                                                                             | MIDDLE NAME(S)<br><i>Charles</i> |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT |  |                                                                                                                                      |                                  |
| RESIDENTIAL ADDRESS (STREET ADDRESS)<br>[REDACTED]                                                                   |  | CITY/TOWN<br><i>SQUAMISH</i>                                                                                                         | POSTAL CODE<br><i>V8B 2A1</i>    |
| 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><i>COUNCILLOR</i>                                     |  | JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><i>District of Squamish</i>                                              |                                  |

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 a qualified elector of the municipality or electoral area (or neighbourhood constituency, if applicable) where the candidate is running. Elector qualifications are listed in section 65 & 66 of the *Local Government Act* and section 23 & 24 of the *Vancouver Charter*.

|                                                                                                                                                               |                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>JUDITH L. RHODES</i>                                                                                    | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><i>Barbara Patricia Rudkin</i>                                                                             |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br>[REDACTED]                                             |
| 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                                                 |
| <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE |
| NOMINATOR'S SIGNATURE<br><i>Judi Rhodes</i>                                                                                                                   | NOMINATOR'S SIGNATURE<br><i>Barbara Rudkin</i>                                                                                                                |

Please see over for additional space when more than two nominators are required. Copies can be made as needed.

|                                               |                    |
|-----------------------------------------------|--------------------|
| I consent to the above nomination for office: |                    |
| NOMINEE'S SIGNATURE                           | DATE: (YYYY/MM/DD) |

# CANDIDATE NOMINATION PACKAGE

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 a qualified elector of the municipality or electoral area (or neighbourhood constituency, if applicable) where the candidate is running. Elector qualifications are listed in section 65 & 66 of the *Local Government Act* and section 23 & 24 of the *Vancouver Charter*.

|                                                                                                                                                               |                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>AGNES L. PELLATT</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>[REDACTED]                                             | 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                                      |
| <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE |
| NOMINATOR'S SIGNATURE<br><b>Agnes R. Pellatt</b>                                                                                                              | 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)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                | 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                                      |
| <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE |
| 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)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                | 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                                      |
| <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE |
| NOMINATOR'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)

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)

District of Squamish

DATE: (YYYY/MM/DD)

2026/09/08



I am acting as my own Financial Agent



I have appointed as my Financial Agent

NOMINEE'S SIGNATURE

FINANCIAL AGENT'S NAME (IF APPLICABLE)

## ELECTOR ORGANIZATION CANDIDATE ENDORSEMENT AND CONSENT

NAME OF ELECTOR ORGANIZATION (AS REGISTERED WITH ELECTIONS BC):

PRINCIPLE OFFICIAL'S LAST NAME

FIRST NAME

MIDDLE NAME(S)

The above-named Elector Organization Agrees to Endorse:

CANDIDATE'S LAST NAME

FIRST NAME

MIDDLE NAME(S)

PRINCIPLE OFFICIAL'S SIGNATURE

DATE: (YYYY/MM/DD)

I consent to the endorsement by the above-named Elector Organization

CANDIDATE'S SIGNATURE

DATE: (YYYY/MM/DD)