

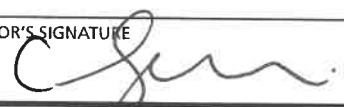

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) TOWN OF COMOX		ELECTION AREA (E.G. MUNICIPALITY, REGIONAL DISTRICT ELECTORAL AREA) MUNICIPALITY	
We, the following electors of the above named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME KERR		FIRST NAME JONATHAN	MIDDLE NAME(S) RANDAL
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT JONATHAN KERR			
RESIDENTIAL ADDRESS (STREET ADDRESS) 146 DONOVAN PLACE		CITY/TOWN COMOX	POSTAL CODE V9M 2S1
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, DIRECTOR) COUNCILLOR		JURISDICTION (E.G. MUNICIPALITY, REGIONAL DISTRICT) TOWN OF COMOX	

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 being nominated for, being elected to or holding the office, or is not otherwise disqualified by law.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) CHRISTYANNE WAGNER	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) KIMBERLY JOY MOORE
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 146 DONOVAN PLACE, COMOX, B.C., V9M 2S1	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 1470 NOEL AVENUE, COMOX, B.C., V9M 3C6
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
NOMINATOR'S SIGNATURE 	NOMINATOR'S SIGNATURE 

Please see over for additional space when more than two nominators are required. For local governments that require 25 nominators attach an additional sheet as necessary.

I consent to the above nomination for office:	
NOMINEE'S SIGNATURE 	DATE: (YYYY / MM / DD) 2021/10/04

CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

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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)

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 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



DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

Comox BC Shelly Russwurm

AT: (LOCATION)

Comox BC

DATE: (YYYY / MM / DD)

2021-10-18

I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

I have appointed as my Financial Agent

Christy Wagner

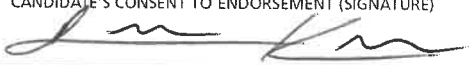
FINANCIAL AGENT'S NAME (IF APPLICABLE)

ELECTOR ORGANIZATION ENDORSEMENT PACKAGE

E2 – Elector Organization Endorsement Documents

PLEASE PRINT IN BLOCK LETTERS

ELECTOR ORGANIZATION'S LEGAL NAME (IF APPLICABLE) COMOX GREENSELECTOR ORGANIZATION		USUAL NAME IF DIFFERENT FROM LEGAL NAME OR NO LEGAL NAME COMOX GREENS	
ABBREVIATION/ACRONYMS/OTHER NAMES USED BY THE ELECTOR ORGANIZATION		NAME, ABBREVIATION OR ACRONYM TO BE INCLUDED ON THE BALLOT Comox Greens	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) 146 DONOVAN PLACE	CITY/TOWN COMOX	POSTAL CODE V9M 2S1	

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES) JONATHAN RANDAL KERR	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT JONATHAN KERR	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE) 	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)	CANDIDATE'S FULL NAME (FIRST, MIDDLE AND LAST NAMES)
USUAL NAME TO BE USED ON THE BALLOT	USUAL NAME TO BE USED ON THE BALLOT
CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)	CANDIDATE'S CONSENT TO ENDORSEMENT (SIGNATURE)

*Please see over for additional space when endorsing more than two candidates.
Please attach additional endorsement sheets as necessary.*



CANDIDATE INFORMATION RELEASE AUTHORIZATION

Your nomination documents are available to the public to view as soon as they are submitted. Consent provided with this form simply allows the municipality to provide additional information, as appearing below, to the public and / or media.

The information you choose to share will be posted on websites operated by CivicInfo BC (www.civicinfo.bc.ca). This is the primary source through which the media, the public, provincial ministries, researchers, and others are able to obtain province-wide local election information.

I, JONATHAN KERR

(please print name of person nominated)

having submitted nomination documents for election to the office of **COUNCILLOR** , hereby give my consent to share the following information. This information may be shared by email, posting on a website, phone, fax, or by any other means of electronic communication.

Address:	
146 DONOVAN PLACE, COMOX, BC, V9M 2S1	
Phone:	Alternate Phone (e.g. Cell):
250-702-5547	
Email:	
dr.jonathankerr@gmail.com	
Website:	Instagram:
www.healthycomox.ca	dr.jonathan.kerr and @HealthyComox
Twitter:	Facebook:
@ drjonathankerr and @ HealthyComox	www.facebook.com/jonathan.kerr.75 and @ HealthyComox

Gender (Check one):

- Female
 Male
 Other / undisclosed

Previous Elected Experience (Check one):

- Incumbent. Served on Council *in the same role* between 2014 and 2018.
 Served on Council *in a different role* between 2014 and 2018.
 Served on council before 2014, but not during the past term.
 No council experience, but has been elected to office elsewhere (school, local, provincial, or federal).
 None.


(Signature of Candidate)

If you have questions about the information collected being on this form, please contact CivicInfo BC at info@civicinfo.bc.ca, 250-383-4898.