

Toquaht Nation Nomination Papers 2015

THIS CANDIDATE DECLARATION IS SWORN IN ACCORDANCE WITH THE TOQUAHT NATION GOVERNMENT ELECTIONS ACT (TNS 1/2014)

I, _____, DO SOLEMNLY SWEAR AND AFFIRM THAT HAVING BEEN PROPERLY NOMINATED FOR THE OFFICE OF COUNCIL AUGUST 16TH, 2015 THAT:

1. I AM A REGISTERED CITIZEN AND ELECTOR OF THE TOQUAHT NATION;
2. I AM AT LEAST 18 YEARS OF AGE;
3. I AM NOT PRESENTLY IN AN UNDISCHARGED PERSONAL BANKRUPTCY PROCEEDING;
4. I AM NOT SUFFERING FROM A MEDICAL CONDITION, INCLUDING MENTAL ILLNESS OR DEPENDENCY ON DRUGS OR ALCOHOL, THAT A MEDICAL PRACTITIONER IN WRITING CONCLUDES WOULD RENDER ME INCAPABLE OF PERFORMING THE DUTIES OR EXERCISING THE POWERS OF THE ELECTED OFFICE;
5. I HAVE NOT BEEN CONVICTED AND INCARCERATED FOR AN INDICTABLE OFFENCE;
6. I AM NOT AN ELECTORAL OFFICER OR ELECTION OFFICIAL IN THIS ELECTION;
7. I FULLY AND WITHOUT EXCEPTION SHALL COMPLY WITH ALL THE REQUIRED DOCUMENTATION AND CANDIDATE REQUIREMENTS IN ACCORDANCE WITH AND PURSUANT TO THE ELECTIONS ACT;
8. I FULLY AND WITHOUT EXCEPTION MEET ALL ELIGIBILITY REQUIREMENTS AND QUALIFICATIONS AS A CANDIDATE IN THE 2015 TOQUAHT NATION ELECTIONS PURSUANT TO THE ELECTIONS ACT;
9. I MAKE THIS DECLARATION FREELY AND WITHOUT COMPULSION; AND FINALLY;
10. I ACCEPT THE NOMINATION OF THE OFFICE OF COUNCIL IN THIS ELECTION.

I UNDERSTAND THAT BY SIGNING BELOW THAT ALL THE INFORMATION CONTAINED HERE IS TRUE, AND THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY BE PUNISHABLE UNDER THE ELECTION ACT.

CANDIDATES NAME (PRINT CLEARLY)

X. _____
CANDIDATES SIGNATURE

ADDRESS: _____

PHONE: _____

EMAIL: _____

DEPOSIT RECEIVED: YES / NO RECEIPT NO. ISSUED: _____ CANDIDATES DOB: _____

CHIEF ELECTORAL OFFICER – LAWRENCE LEWIS DATE: _____

For more information please contact Lawrence Lewis, Electoral Officer

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