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**DECLARATION OF NOMINEE
ELECTORAL AREA A (KYUQUOT/NOOTKA-SAYWARD)**

I, GERALD DAVID WHALLEY,
(full name of person nominated)

also known as GERALD WHALLEY,
(usual name if different from full name, and preferred for ballot)

residing at [REDACTED] BC, VOPIRO

and having a mailing address of _____
(if different from residential address)

having been nominated for the office of director for Electoral Area A (Kyuquot/Nootka-Sayward) of the Strathcona Regional District do hereby consent to the nomination and further, do SOLEMNLY DECLARE that:

- a) I am qualified under Section 81 of the *Local Government Act* to be nominated to the office noted above;
- b) to the best of my knowledge and belief, the information provided in the nomination documents is true;
- c) if elected, I fully intend to accept the office for which I have been nominated; and
- d) I am aware of the *Local Elections Campaign Financing Act*, and I understand and intend to fully comply with the requirements and restrictions that apply under that Act.

[REDACTED]
Nominee Signature

250-282-3787

Phone Number of Nominee

gdwhalley46@gmail.com
Email Address

Declared before me at Campbell River,

British Columbia this 1st day of

September, 2026.

Dubson
Chief Election Officer or Commissioner
for taking affidavits for British Columbia

☒ I am acting as my own Financial Agent

[REDACTED]
NOMINEE'S SIGNATURE

☐ I am appointing the following Financial Agent:

FINANCIAL AGENT'S NAME (IF APPLICABLE)

**DECLARATION OF NOMINEE
ELECTORAL AREA A (KYUQUOT/NOOTKA-SAYWARD)**

Complete the following section only if, as Nominee, you wish an endorsement to apply.

Pursuant to Section 92(1)(b) of the *Local Government Act*, I hereby consent to the endorsement by

(name of elector organization)

and wish to have the endorsement of this organization included on the ballot.

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)