



Page 1 of 2

### NOMINATION FOR OFFICE OF DIRECTOR ELECTORAL AREA B (CORTES ISLAND)

We, the following electors of Electoral Area B (Cortes Island), hereby NOMINATE

Candace Jade Jordan

(full name of person nominated)

also known as: Jade Jordan

(usual name of person nominated if different from above and preferred by the person nominated to appear on the ballot)

residing at: [REDACTED] V3B 6X7

(full residential address)

and having a mailing address of: Box 33, Mansons Landing, Cortes Island, BC.  
(if different from residential address) VOP 1K0

as a candidate for the office of director for Electoral Area B (Cortes Island) of the Strathcona Regional District.

Each of us affirms that to the best of our knowledge, the above-named person nominated for office:

- Is or will be on general voting day for the election, 18 years of age or older.
- Is a Canadian citizen.
- Has been a resident of British Columbia, as determined in accordance with section 67 of the *Local Government Act*, for at least six months immediately preceding today's date.
- Is not disqualified under the *Local Government Act* or any other enactment from being nominated for, being elected to or holding office as a Director or otherwise disqualified by law.

A nominator **MUST** be a qualified elector of the electoral area where the candidate is running. Elector qualifications are listed in section 65 of the *Local Government Act*.

| NOMINATOR NUMBER 1:                                                                                                                                                  | NOMINATOR NUMBER 2:                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES):<br><b>Jacqueline Julia Mathieu</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><br>Cortes Island, Squirell Cove, 1699 Oceanview rd, VOP1T0  | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE):<br>IF NOMINATING AS A RESIDENT ELECTOR                                                      |
| LEGAL DESCRIPTION OR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE):<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                  | LEGAL DESCRIPTION OR 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 DECLARE THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION OF THE CANDIDATE'S NOMINATION FOR OFFICE. | <input type="checkbox"/> BY CHECKING THIS BOX, YOU DECLARE THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION OF THE CANDIDATE'S NOMINATION FOR OFFICE. |
| NOMINATOR'S SIGNATURE<br>[REDACTED]                                                                                                                                  | NOMINATOR'S SIGNATURE                                                                                                                                     |

Please see over for additional space when more than two nominators are required.

I consent to the above nomination for office:

DATE AND SIGNATURE

2026/08/10

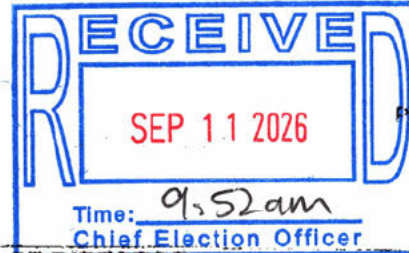
990 Cedar Street, Campbell River, BC V9W 7Z8

Fax: 250-830-871

Toll free: 1-877-830-2990

www.srd.ca

**Strathcona**  
REGIONAL DISTRICT



Page 1 of 2

**NOMINATION FOR OFFICE OF DIRECTOR  
ELECTORAL AREA B (CORTES ISLAND)**

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(full residential address)

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| NOMINATOR NUMBER 1                                                                                                                                                   | NOMINATOR NUMBER 2                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><u>Dina Anne Elizabeth King</u>                                                                                   | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)                                                                                                     |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br><u>985 Thunder road,</u><br><u>Mansons Landing, BC V0P1K0</u> | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                 |
| LEGAL DESCRIPTION OR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      | LEGAL DESCRIPTION OR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) 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 OF THE CANDIDATES RUNNING FOR OFFICE       | <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION OF THE CANDIDATES RUNNING FOR OFFICE |
| [REDACTED SIGNATURE]                                                                                                                                                 | NOMINATOR'S SIGNATURE                                                                                                                               |

Please see over for additional space when more than two nominators are required.

I consent to the above nomination for office

DATE: 2026/08/10

2026/08/10

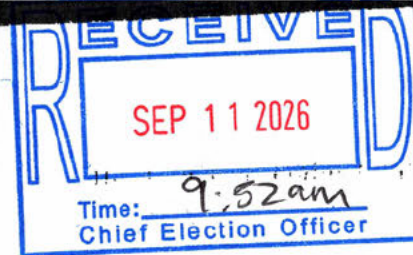
980 Cedar Street, Campbell River, BC V9W 1Z8

Fax 250-830-871

Toll free 1-877-830-2990

www.srd.ca

Tel 250-830-8700



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| NOMINATOR NUMBER 1:                                                                                                                                           | NOMINATOR NUMBER 2:                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>Mark George Christian</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><b>504 Sutil Point Rd, Mansons<br/>Landing V0P 1K0</b> | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                         |
| LEGAL DESCRIPTION OR PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                            | LEGAL DESCRIPTION OR 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, I affirm that I am a qualified elector in the jurisdiction of the candidate I am nominating.        | <input type="checkbox"/> By checking this box, I affirm that I am a qualified elector in the jurisdiction of the candidate I am nominating. |
| NOMINATOR SIGNATURE<br>[REDACTED]                                                                                                                             | NOMINATOR SIGNATURE                                                                                                                         |

or additional space when more than two nominators are required.

Please provide nomination for office

September 10, 2026

990 Cedar Street, Campbell River, BC V9W 7Z8  
Fax: 250-830-671

Toll free: 1-877-830-2990

2026/08/10  
www.srd.ca

Strathcona  
LOCAL DISTRICT

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This form is available for public inspection

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VOP1K0

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## NOMINATOR NUMBER 1:

## NOMINATOR NUMBER 2:

Wendy Marie Lotnick

RESIDENTIAL ADDRESS (CITY, TOWN, STREET ADDRESS, POSTAL CODE)  
IF NOMINATING AS A RESIDENT ELECTORBox 398 Mansons Landing  
974 Siskin Lane VOP 1K0LEGAL DESCRIPTION OR PROPERTY ADDRESS (CITY, TOWN, STREET ADDRESS,  
POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR

974 Siskin Lane Mansons Landing

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)

JASON BARRY Jeffery

RESIDENTIAL ADDRESS (CITY, TOWN, STREET ADDRESS, POSTAL CODE)  
IF NOMINATING AS A RESIDENT ELECTOR986 Charlotte Road  
Box 149LEGAL DESCRIPTION OR PROPERTY ADDRESS (CITY, TOWN, STREET ADDRESS,  
POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR
☒ I CHECK  
this nomination
I DECLARE THAT YOU ARE A QUALIFIED ELECTOR  
NOMINATING FOR OFFICE

Please see over for additional space when more than two nominators are required.

I consent to the above nomination for office:

DATE: 2026/08/10

2026/08/10