C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)
RICHMOND	RICHMOND

We, the following electors of the above-named jurisdiction, hereby nominate:

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
GILL	MANDEEP	

USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT

~~MR~~ - MIKE GILL

RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
[redacted]	RICHMOND	[redacted]
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)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)
COUNCILLOR	RICHMOND

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)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
JASBIR GILL	AMARJIT GILL
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR**	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR**
[redacted]	[redacted]
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**
☒ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☒ 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

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)
	2026/09/21

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, 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) CITY OF RICHMOND	DATE: (YYYY/MM/DD) 2026/09/01

☐ I am acting as my own Financial Agent	☒ I have appointed as my Financial Agent
NOMINEE'S SIGNATURE	LYNN HOBBS FINANCIAL AGENT'S NAME (IF APPLICABLE)

ELECTOR ORGANIZATION CANDIDATE ENDORSEMENT AND CONSENT

NAME OF ELECTOR ORGANIZATION (AS REGISTERED WITH ELECTIONS BC):
RICHMOND UNITED VOTERS ASSOCIATION (RICHMOND UNITED)

PRINCIPLE OFFICIAL'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
HOBBS	ANDY	

The above-named Elector Organization Agrees to Endorse:

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
GILL	MANDEEP	

PRINCIPLE OFFICIAL'S SIGNATURE	DATE: (YYYY/MM/DD)
	2026-09-01

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

CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)
	2026/09/01

C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which the individual is a nominee:

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)
COUNCILLOR	RICHMOND	RICHMOND

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
GILL	MANDEEP	

USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT

MR ~~DR.~~ MIKE GILL

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
[redacted]	RICHMOND	[redacted]

ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE

TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)
604 379 6474	

Additional Addresses for Service Information — OPTIONAL

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE

FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE

Please ensure that name and mailing address information is the same as that entered on FORM C2 – NOMINATION DOCUMENTS

C4 – Appointment of Candidate Financial Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
GILL	MANDEEP	
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	**JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)**	**ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)**
COUNCILLOR	RICHMOND	RICHMOND.

I hereby appoint as my Financial Agent for the:

GENERAL VOTING DATE: (YYYY/MM/DD)	☒ General Local Election	☐ By-election
2026/10/17		

FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Hobbs	Lynn	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	**CITY/TOWN**	**POSTAL CODE**
[redacted]	Richmond	[redacted]
TELEPHONE NUMBER	**EMAIL ADDRESS (IF AVAILABLE)**	
604 277 1991	lynnhobbs06@gmail.com	
EFFECTIVE DATE OF APPOINTMENT: (YYYY/MM/DD)		
2026-06-01		
CANDIDATE'S SIGNATURE	**DATE: (YYYY/MM/DD)**	
[signature]	2026/04/01	

I hereby consent to act as the Financial Agent for the above-named Candidate for the:

GENERAL VOTING DATE: (YYYY/MM/DD)	☒ General Local Election	☐ By-election
2026/10/17		

FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
[redacted]	Richmond	[redacted]

Additional Addresses for Service Information — **OPTIONAL**

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	CITY/TOWN	POSTAL CODE
[redacted]	Richmond	[redacted]
FAX NUMBER	**EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE**	
	lynn hobbs 06@gmail.com	
FINANCIAL AGENT'S SIGNATURE	**DATE: (YYYY/MM/DD)**	
Lynn Hobbs	2026-09-01	

C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
GILL	MANDEEP	
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	**JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)**	**ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)**
COUNCILLOR	RICHMOND	RICHMOND.

I hereby appoint as my **Official Agent** for the:

GENERAL VOTING DATE: (YYYY/MM/DD)	☒ General Local Election	☐ By-election
2026/10/17		

OFFICIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
~~HOBBS~~ Ilich	~~ANDY~~ Matt	R
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	**CITY/TOWN**	**POSTAL CODE**
[redacted]	RICHMOND	[redacted]

☒ I hereby delegate to the above-named official agent the authority to appoint scrutineers.

CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)
[signature]	2026/09/01