

CANDIDATE NOMINATION PACKAGE

C2 - Nomination Documents

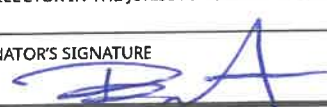
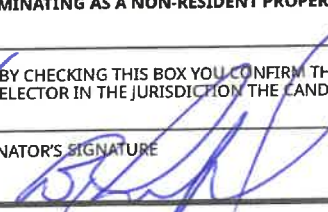
PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) PORT COQUITLAM		ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) PORT COQUITLAM	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME WEST		FIRST NAME BRADLEY	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT BRAD WEST			
RESIDENTIAL ADDRESS (STREET ADDRESS) -		CITY/TOWN PORT COQUITLAM	POSTAL CODE V3C 5X2
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) MAYOR		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) PORT COQUITLAM	

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) BLAIRE WEST	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) BRIAN LEAVOLD
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR PORT COQUITLAM V3C5X2	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR PORT COQUITLAM V3C5X2
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)

2026/09/10

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)

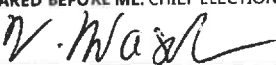
Mayor

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)

Port Coquitlam, BC

DATE: (YYYY/MM/DD)

2026/09/10



I am acting as my own Financial Agent



NOMINEE'S SIGNATURE



I have appointed as my Financial Agent

FINANCIAL AGENT'S NAME (IF APPLICABLE)

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)

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

CANDIDATE'S SIGNATURE

DATE: (YYYY/MM/DD)

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)

MAYOR

JURISDICTION (NAME OF
MUNICIPALITY OR
REGIONAL DISTRICT)

Port Coquitlam

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

Port Coquitlam

NOMINEE'S LAST NAME

WEST

FIRST NAME

BRADLEY

MIDDLE NAME(S)

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

BRAD WEST

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)
AS PROVIDED IN THE NOMINATION DOCUMENTS

1 - - - - -

CITY/TOWN

Port Coquitlam

POSTAL CODE

V3C 5X2

ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)

CITY/TOWN

POSTAL CODE

TELEPHONE NUMBER

604 313 9185

EMAIL ADDRESS (IF AVAILABLE)

info @ mayor bradwest.ca

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