

NOTICE OF NIPISSING FIRST NATION 2024
ELECTION NOMINATION MEETING

Notice is hereby given that there shall be a meeting of Nipissing First Nation electors for the purpose of nominating candidates for Nipissing First Nation Chief and Council on **Friday May 17, 2024** between the hours of **7 pm and 9 pm** at **Nipissing First Nation community center** located at 36 Semo Road, Garden Village, Ontario.

You may also nominate a candidate through the use of the attached nomination form and voter declaration and witness statement and submission of this completed form to the following mail or email address and it being received on or before the close of the Friday May 17, 2024 meeting:

Fred Bellefeuille

Nipissing First Nation Electoral Officer **OR** Email to: **Fred_Bellefeuille@msn.com**
P.O. Box 23004 RPO FERRIS,
North Bay, ON P1A 4K6

In order to be a nominator or seconder of a nomination for a candidate for the position of Chief or Councillor you must be an eligible voter of Nipissing First Nation which is someone who is a member of Nipissing First Nation and who has attained 18 years of age on or before the date of the vote.

In order to be an eligible candidate for a position of Chief or Council the person nominated must be:

- a) an “eligible voter” as defined in the Nipissing First Nation Custom Election Regulations;
- b) must be resident within a 100 km radius of Nipissing First Nation administration office located in Garden Village;
- c) take a leave of absence from his/her employment effective from the date of acceptance of nomination until the results of the election have been finalized, if employed by Nipissing First Nation.

Given under my hand at Nipissing First Nation, this 17th day of April, 2024.



Fred Bellefeuille
Nipissing First Nation Electoral Officer

Any questions concerning the nomination meeting can be directed to the Electoral Officer, Fred Bellefeuille at 705-845-1605 or email at Fred_Bellefeuille@msn.com

Mail-In Nomination Form

I _____ Band Number _____
(Print your name)

As an elector of Nipissing First Nation **hereby nominate** the following:

For the office of Chief:

Name _____ Tel number: _____

Address: _____ Email: _____

For the office of Council

Name _____ Tel number: _____

Address: _____ Email: _____

Name _____ Tel number: _____

Address: _____ Email: _____

Name _____ Tel number: _____

Address: _____ Email: _____

Name _____ Tel number: _____

Address: _____ Email: _____

You may add pages if you wish to nominate more.

Remember for this mail-in nomination form to be accepted it must be accompanied by a signed voter declaration form and witness statement and sent to:

By email: Send a clear scanned or photo of this form to: **Fred_Bellefeuille@msn.com**

By Mail: **Fred Bellefeuille**
Electoral Officer Nipissing First Nation
P.O. Box 23004 RPO FERRIS
North Bay, On P1A4K6

Nominator Signature: _____ **Tel Number:** _____

Note: Please complete and sign Voter Declaration and have witness sign.

Voter Declaration Accompanying the Mail-in Nomination form

This declaration must be signed by you and a witness, who is at least 18 years old, and be returned to the Electoral Officer with your completed nomination form or your nomination will not be accepted.

In the matter of the election of Nipissing First Nation, held according to the *Nipissing*

First Nation Custom Election Regulations, I _____ solemnly
(Please print your name)
declare that:

1. I am a member of the Nipissing First Nation;
2. My Band number is _____ and my date of birth is _____;
3. My current mailing address is:

4. My telephone number is _____.
5. I am at least 18 years of age;
6. I do not know of any reason why I would be disqualified from nominating in this election;

I make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath. I understand that it is an offence to make a false statement in this declaration.

Signature of Elector

Date

Witness Declaration

Declared before me _____ at _____
(Print witness name) (municipality)
this _____ day of _____ 20 _____.
(date) (month) (year)

Signature of Witness

Address

City Province Postal Code

Telephone number of Witness: _____