

WABIGOON LAKE OJIBWAY NATION

Notice pursuant to the Indian Act and Indian Band Election Regulations NOTICE OF NOMINATION MEETING

Notice is hereby given that a meeting of the electors of the **Wabigoon Lake Ojibway Nation** will be held at the **WLON Band Office, 70 Main Street, Wabigoon Lake Ojibway Nation, ON**, on **August 8, 2025, BEGINNING AT 5:00 PM AND LASTING FOR AT LEAST 3 HOURS**, for the purpose of nominating candidates for the Offices of **one (1) Chief and four (4) Councillors** for the ensuing term.

The **ELECTION** will take place on **September 20, 2025**, from **9:00 AM to 8:00 PM** to be held at the **WLON Band Office, 70 Main Street, Wabigoon Lake Ojibway Nation, ON**.

Please note that any voter may nominate candidates by using a mail-in Nomination Form. You can mail or email a completed Nomination Form and a completed, signed, and witnessed Voter Declaration Form to the Electoral Officer before the time set out for the Nomination Meeting OR you may nominate candidates at the Nomination Meeting. **Mailed nominations not received by the Electoral Officer before the time set for Nomination Meeting are void.** To become a candidate, a person must be nominated by at least 2 electors.

Also note that any voter may vote by mail-in ballot. Mail-in ballot packages will automatically be sent to all off-reserve electors for whom the Wabigoon Lake Ojibway Nation has a mailing address on record.

There is no online voting for this event.

Dated July 8, 2025



Ben Ternes, Electoral Officer

For more information, please contact the Electoral Officer at OneFeather:

Email: nominations@onefeather.ca | **Toll Free:** 1-855-923-3006

Phone support is available weekdays from 9:30 am to 4:30 pm Pacific Time.

Please leave a message if we are unable to take your call.

209-852 Fort St. Victoria, BC V8W 1H8

www.onefeather.ca/nations/wabigoon



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If you agree to have your name and mailing address released to any candidate at this election for the purpose of sending you campaign literature, please check the statement below, fill in your information and sign your name, detach this form at the dotted line and return the bottom portion to the Electoral Officer at the address above.



I authorize that my name and address be given to candidates at this election.

Print Name

Date of Birth

Signature

Address

City/Town/First Nation

Province

Postal code