



C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

| | | |
|---|---|----------------------------------|
| JURISDICTION NAME: <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input checked="" type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA | | |
| We, the following electors of the above named jurisdiction, hereby nominate: | | |
| NOMINEE'S LAST NAME BARBER | FIRST NAME DIANNE | MIDDLE NAME(S) BEVERLY |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT | | |
| RESIDENTIAL ADDRESS (STREET ADDRESS) 37158 Schooner Way | CITY/TOWN PENDER ISLAND | POSTAL CODE V0N 2M2 |
| MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) | CITY/TOWN | POSTAL CODE |
| As a Candidate for the office of: | | |
| LOCAL TRUSTEE | JURISDICTION <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input checked="" type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA | |

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 52 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 being nominated for, being elected to or holding the office, or is not otherwise disqualified by law.
5. Is not subject to any of the disqualifications set out in section 66(2) of the *Local Government Act*.

| | |
|---|--|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Dorothy Susan Murdoch | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Barbara Jean Johnstone Grimmer |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 1105 STANLEY POINT DR. V0N 2M1 | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 2310 Grimmer Rd V0N 2M1 |
| 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 PO |
| NOMINATOR'S SIGNATURE | NOMINATOR'S SIGNATURE |

| | |
|---|---|
| I consent to the above nomination for office: | |
| NOMINEE'S SIGNATURE | DATE: (YYYY / MM / DD) Oct 1 / 14 |



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| | | |
|---|---|----------------------------------|
| JURISDICTION NAME: <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input checked="" type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA | | |
| We, the following electors of the above named jurisdiction, hereby nominate: | | |
| NOMINEE'S LAST NAME BARBER | FIRST NAME DIANNE | MIDDLE NAME(S) BEVERLY |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT | | |
| RESIDENTIAL ADDRESS (STREET ADDRESS) 37158 Schooner Way | CITY/TOWN PENDER ISLAND | POSTAL CODE V0N 2M2 |
| MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) | CITY/TOWN | POSTAL CODE |
| As a Candidate for the office of: | | |
| LOCAL TRUSTEE | JURISDICTION <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input checked="" type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA | |

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 52 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 being nominated for, being elected to or holding the office, or is not otherwise disqualified by law.
5. Is not subject to any of the disqualifications set out in section 66(2) of the *Local Government Act*.

| | |
|---|--|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) David Sherman | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) MATTHEW W.S. SWAN |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 2630 Lighthouse Lane | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 3409 OTTER BAY ROAD |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Pender Island, BC V0N2M2 | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR PENDER ISLAND BC V0N2M1 |
| NOMINATOR'S SIGNATURE | NOMINATOR'S SIGNATURE |

| | |
|---|---|
| I consent to the above nomination for office: | |
| NOMINEE'S SIGNATURE Dianne Barber | DATE: (YYYY / MM / DD) Oct 1 / 2014 |



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I do solemnly declare as follows:

1. I am qualified under section 66 of the *Local Government Act* to be nominated, elected and to hold the office of

| |
|--|
| LOCAL TRUSTEE of the <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input checked="" type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA |
|--|

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 52 of the *Local Government Act*, for the past six months immediately preceding today's date.

5. I am in no way disqualified by the *Local Government Act*, or any other enactment 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 fully intend to comply with those requirements and restrictions.

| | |
|---|---|
| NOMINEE'S SIGNATURE <i>Deanny Barber</i> | |
| DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA <i>[Signature]</i> | |
| AT: (LOCATION) <i>PENDER ISLAND</i> | DATE: (YYYY / MM / DD) <i>2014/10/02</i> |

| | |
|--|--|
| <input type="checkbox"/> I am acting as my own Financial Agent | <input checked="" type="checkbox"/> I have appointed as my Financial Agent |
| _____ Nominee's Signature | <i>Wendy MacDonald</i> Financial Agent's Name (If Applicable) |

HOWARD DUNSTAN BROWNE
Barrister & Solicitor
 1633 HILLSIDE AVENUE
 VICTORIA, B.C. V8T 2C4



Statement of Disclosure Financial Disclosure Act

You must complete a Statement of Disclosure form if you are:

- a nominee for election to provincial or local government office*, as a school trustee or as a director of a francophone education authority
- an elected local government official
- an elected school trustee, or a director of a francophone education authority
- an employee designated by a local government, a francophone education authority or the board of a school district
- a public employee designated by the Lieutenant Governor in Council

*("local government" includes municipalities, regional districts and the Islands Trust)

Form and Fact Sheets:

This form, Statement of Disclosure, can be found on the B.C. Government Web site: www.gov.bc.ca [type 'Statement of Disclosure' in the search bar]. The form can be printed and completed by hand, or it can be completed at your computer then printed. If you do complete the form at your computer, you will not be able to save it so please ensure you have printed the completed form before exiting the program. There are also important fact sheets on the Financial Disclosure Act to accompany this form on the Web site:

- Fact Sheet for those accepting nomination as a municipal official [type 'AG04003-a' in the search bar]
- Fact Sheet for those accepting nomination as member of the Legislative Assembly in B.C. [type 'AG04003-b' in the search bar].

Who has access to the information on this form?

The *Financial Disclosure Act* requires you to disclose assets, liabilities and sources of income. Under section 6 (1) of the Act, statements of disclosure filed by nominees or municipal officials are available for public inspection during normal business hours. Statements filed by designated employees are not routinely available for public inspection. If you have questions about this form, please contact your solicitor or your political party's legal counsel.

What is a trustee? – s. 5 (2)

In the following questions the term "trustee" does not mean school trustee or Islands Trust trustee. Under the Financial Disclosure Act a trustee:

- holds a share in a corporation or an interest in land for your benefit, or is liable under the Income Tax Act (Canada) to pay income tax on income received on the share or land interest
- has an agreement entitling him or her to acquire an interest in land for your benefit

| | | |
|--|--|-------------------------------------|
| Person making disclosure: | last name BARBER | first & middle name(s) DIANNE, B |
| Street, rural route, post office box: | 37158 Schooner Way | |
| City: | PENDER ISLAND | Province: B.C. Postal Code: V0N 2M2 |
| Level of government that applies to you: | <input type="checkbox"/> provincial <input checked="" type="checkbox"/> local government <input type="checkbox"/> school board/francophone education authority | |

If sections do not provide enough space, attach a separate sheet to continue.

Assets – S. 3 (a)

List the name of each corporation in which you hold one or more shares, including shares held by a trustee on your behalf:

| |
|------------------------------|
| Schooner Point Electric Ltd. |
| Schooner Point Holdings Ltd |
| |
| |
| |

Liabilities – s. 3 (e)

List all creditors to whom you owe a debt. Do not include residential property debt (mortgage, lease or agreement for sale), money borrowed for household or personal living expenses, or any assets you hold in trust for another person:
creditor's name(s) *creditor's address(es)*

| | |
|-----|--|
| NIL | |
| | |
| | |
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| | |

Income – s. 3 (b-d)

List each of the businesses and organizations from which you receive financial remuneration for your services and identify your capacity as owner, part-owner, employee, trustee, partner or other (e.g. director of a company or society).

- Provincial nominees and designated employees must list all sources of income in the province.
- Local government officials, school board officials, francophone education authority directors and designated employees must list only income sources within the regional district that includes the municipality, local trust area or school district for which the official is elected or nominated, or where the employee holds the designated position

your capacity

name(s) of business(es)/organization(s)

| | |
|-----------|------------------------------|
| 1/3 owner | Schooner Point Electric Ltd. |
| 1/2 owner | Schooner Point Holdings Ltd. |
| | |
| | |
| | |
| | |

Real Property – s. 3 (f)

List the legal description and address of all land in which you, or a trustee acting on your behalf, own an interest or have an agreement which entitles you to obtain an interest. Do not include your personal residence.

- Provincial nominees and designated employees must list all applicable land holdings in the province
- Local government officials, school board officials, francophone education authority directors and designated employees must list only applicable land holdings within the regional district that includes the municipality, local trust area or school district for which the official is elected or nominated, or where the employee holds the designated position

legal description(s)

address(es)

| | |
|--|------------------------------------|
| | |
| LT 11/SEC 10/NWD/PL NWS 2884/ TWP 1 | #204-1441 Blackwood St, White Rock |
| | |
| | |

Corporate Assets – s. 5

Do you individually, or together with your spouse, child, brother, sister, mother or father, own shares in a corporation which total more than 30% of votes for electing directors? (Include shares held by a trustee on your behalf, but not shares you hold by way of security.) no yes

If yes, please list the following information below & continue on a separate sheet as necessary:

- the name of each corporation and all of its subsidiaries
- in general terms, the type of business the corporation and its subsidiaries normally conduct
- a description and address of land in which the corporation, its subsidiaries or a trustee acting for the corporation, own an interest, or have an agreement entitling any of them to acquire an interest
- a list of creditors of the corporation, including its subsidiaries. You need not include debts of less than \$5,000 payable in 90 days
- a list of any other corporations in which the corporation, including its subsidiaries or trustees acting for them, holds one or more shares.

Schooner Point Electric Ltd 'Electrical Contracting'
1/3 ownership in company business only - no land

There are no creditors
No affiliation with any other business.

Schooner Point Holdings Ltd. - "Design & Consulting"
1/2 ownership
No ownership of land
No Creditors

Deanne Baker
signature of person making disclosure

Sept 30, 2014
date

Where to send this completed disclosure form:

- ❖ **Local government officials:**
 - ... to your local chief election officer
 - with your nomination papers, and
 - ... to the officer responsible for corporate administration
 - between the 1st and 15th of January of each year you hold office, and
 - by the 15th of the month after you leave office
- ❖ **School board trustees/ Francophone Education Authority directors:**
 - ... to the secretary treasurer or chief executive officer of the authority
 - with your nomination papers, and
 - between the 1st and 15th of January of each year you hold office, and
 - by the 15th of the month after you leave office
- ❖ **Nominees for provincial office:**
 - with your nomination papers. If elected you will be advised of further disclosure requirements under the *Members' Conflict of Interest Act*.
- ❖ **Designated Employees:**
 - ... to the appropriate disclosure clerk (local government officer responsible for corporate administration, secretary treasurer, or Clerk of the Legislative Assembly)
 - by the 15th of the month you become a designated employee, and
 - between the 1st and 15th of January of each year you are employed, and
 - by the 15th of the month after you leave your position



C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:

| | | |
|--|---|---|
| POSITION LOCAL TRUSTEE | of the | JURISDICTION NAME <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input checked="" type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA |
| NOMINEE'S LAST NAME BARBER | FIRST NAME DIANNE | MIDDLE NAME(S) BEVERLY |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT DIANNE BARBER | | |
| MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS 37158 SCHOONER WAY | CITY/TOWN PENDER ISLAND | POSTAL CODE VON 2M2 |
| ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) | CITY/TOWN | POSTAL CODE |
| TELEPHONE NUMBER 250-629-3925 / cel / 250-539-0463 | EMAIL ADDRESS (IF AVAILABLE) dibarber@shaw.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 SERVICE | |

NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)
[Signature]

| | |
|--|---|
| <input type="checkbox"/> I am acting as my own Financial Agent | <input checked="" type="checkbox"/> I am not acting as my own Financial Agent |
|--|---|

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 BARBER | FIRST NAME DIANNE | MIDDLE NAME(S) Beverly |
| POSITION LOCAL TRUSTEE | JURISDICTION) <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input checked="" type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA | |
| I hereby appoint as my Financial Agent for the: | | |
| GENERAL VOTING DATE: 2014 / 11 / 15 | <input checked="" type="checkbox"/> General Local Election | <input type="checkbox"/> By-Election |
| FINANCIAL AGENT'S LAST NAME MacDONALD | FIRST NAME Wendy | MIDDLE NAME(S) LAUENDER |
| MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) 4861 Pirates Road | CITY/TOWN PENDER I | POSTAL CODE VON 2M2 |
| TELEPHONE NUMBER 250 629 3470 | EMAIL ADDRESS (IF AVAILABLE) 19mawendy@gmail.com! | |
| EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD) 2014/09/17 | | |
| CANDIDATE'S SIGNATURE <i>Dianne Barber</i> | DATE: (YYYY / MM / DD) 2014/09/17 | |

| | | |
|--|---|--------------------------------------|
| I hereby consent to act as the Financial Agent for the above named Candidate for the: | | |
| GENERAL VOTING DATE: 2014 / 11 / 15 | <input checked="" type="checkbox"/> General Local Election | <input type="checkbox"/> By-Election |
| FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) 4861 Pirates Road | CITY/TOWN Pender I. | POSTAL CODE VON 2M2 |
| 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 gma wendy66@gmail.com | |
| FINANCIAL AGENT'S SIGNATURE <i>W. MacDonald.</i> | DATE: (YYYY / MM / DD) 2014/09/17 | |