



C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME CRUMBLEHULME	FIRST NAME BRIAN	MIDDLE NAME(S)
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION ISLANDS TRUSTEE Mayne Island		

SECTION B

This nomination package includes the following completed forms, appointments, consents and declarations:

- C2 – Nomination Documents**
- C3 – Other Information Provided by Candidate**
- C4 – Appointment of Candidate Financial Agent** (if Candidate is not acting as own Financial Agent)
- C5 – Appointment of Candidate Official Agent** (if applicable)
- C6 – Appointment of Candidate Scrutineer** (if applicable)
- Statement of Disclosure: Financial Disclosure Act** (required under the *Financial Disclosure Act*)

Disclaimer: All attempts have been made to ensure the accuracy of the forms contained in the Candidate Nomination Package – however the forms are not a substitute for provincial legislation and/or regulations.

Please refer directly to the latest consolidation of provincial statutes at BC Laws (www.bclaws.ca) for applicable election-related provisions and requirements.



C2 – Nomination Documents

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JURISDICTION NAME: <input type="checkbox"/> Galiano <input checked="" type="checkbox"/> Mayne <input 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 CRUMBLEHOLME	FIRST NAME BRIAN	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
RESIDENTIAL ADDRESS (STREET ADDRESS) 639 HORTON BAY ROAD	CITY/TOWN MAYNE IS.	POSTAL CODE VON 2J2
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 checked="" type="checkbox"/> Mayne <input 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) Debra Ann Foote	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) BRIAN DEARDEN
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 537 Club Crescent Mayne Is VON 2J1	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR 566 BLITZ RD MAYNE IS VON 2J1
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
NOMINATOR'S SIGNATURE 	NOMINATOR'S SIGNATURE

I consent to the above nomination for office:	
NOMINEE'S SIGNATURE 	DATE: (YYYY / MM / DD) 27 Sept. / 2014



C2 – Nomination Documents


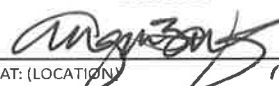
PLEASE PRINT IN BLOCK LETTERS

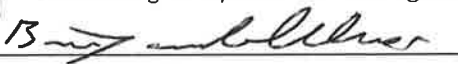
I do solemnly declare as follows:

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 checked="" type="checkbox"/> Mayne <input type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA
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- 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 	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA  ANGELA BAINS, DEPUTY CHIEF ELECTION OFFICER	
AT: (LOCATION) VICTORIA, BC	DATE: (YYYY / MM / DD) 2014/ 10/08

<input checked="" type="checkbox"/> I am acting as my own Financial Agent  Nominee's Signature	<input type="checkbox"/> I have appointed as my Financial Agent _____ Financial Agent's Name (If Applicable)
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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 checked="" type="checkbox"/> Mayne <input type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA
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NOMINEE'S LAST NAME CRUMBLEHULME	FIRST NAME BRIAN	MIDDLE NAME(S)
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USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS 639 HORTON BAY ROAD	CITY/TOWN MAYNE IS.	POSTAL CODE VON 2J2
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ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
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TELEPHONE NUMBER 250 539 3027	EMAIL ADDRESS (IF AVAILABLE) BRIARYCOTTAGE@GMAIL.COM
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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
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FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE
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NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)
N/A

<input checked="" type="checkbox"/> I am acting as my own Financial Agent	<input type="checkbox"/> I am not acting as my own Financial Agent
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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 CRUMBLEHOLME	FIRST NAME BRIAN	MIDDLE NAME(S)
POSITION LOCAL TRUSTEE	JURISDICTION) <input type="checkbox"/> Galiano <input checked="" type="checkbox"/> Mayne <input 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 CRUMBLEHOLME	FIRST NAME BRIAN	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) 639 HORTON BAY ROAD	CITY/TOWN MAYNE.	POSTAL CODE V0N 2J2,
TELEPHONE NUMBER 250 539 3027	EMAIL ADDRESS (IF AVAILABLE) BRIANLOTTAGE@GMAIL	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
CANDIDATE'S SIGNATURE 	DATE: (YYYY / MM / DD) 8 Oct, 2014	

CDM

I hereby consent to act as the Financial Agent for the above named Candidate for the:		
GENERAL VOTING DATE: 2014 / 11 / 15	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-Election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
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	
FINANCIAL AGENT'S SIGNATURE	DATE: (YYYY / MM / DD)	



C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION LOCAL TRUSTEE	JURISDICTION) <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input 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 Official Agent for the:		
GENERAL VOTING DATE: 2014 / 11 / 15	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-Election
OFFICIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
<input type="checkbox"/> I hereby delegate to the above named official agent the authority to appoint scrutineers		
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	



C6 – Appointment of Candidate Scrutineer

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION LOCAL TRUSTEE	JURISDICTION) <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input 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 Scrutineer for the:		
GENERAL VOTING DATE: 2014 / 11 / 15	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-Election
SCRUTINEER'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	

When appointing more than one Scrutineer, please attach additional appointment sheets as necessary.

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)*

N/A	

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)

N/A	

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)

N/A	

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.



signature of person making disclosure

23 Oct/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

2014 GENERAL LOCAL ELECTION

CONSENT OF DISCLOSURE OF PERSONAL INFORMATION

Name of Candidate: _____

Candidate for the Office of:

Capital Regional District Electoral Area Director

DIRECTOR of the

- Juan de Fuca Electoral Area
- Salt Spring Island Electoral Area
- Southern Gulf Islands Electoral Area

Islands Trust Local Trustee

LOCAL TRUSTEE of

- Galiano Island Local Trust Area
- Mayne Island Local Trust Area
- N. Pender Island Local Trust Area
- S. Pender Island Local Trust Area
- Salt Spring Island Local Trust Area
- Saturna Island Local Trust Area

In accordance with the *Freedom of Information and Protection of Privacy Act*, I hereby authorize election staff to include on the Capital Regional District website and make available to any person the following information with respect to my candidacy for elected office:

Address:

639 HORTON BAY ROAD
MAYNE ISLAND, BC. V0N 2J2

Telephone Number(s) (Indicate if home, business or campaign office):


250 539 3027

E-mail address:

BRIARY COTTAGE @ GMAIL.COM

Website: address:

Social Media Addresses (Facebook /Twitter/Google+/Flickr/LinkedIn)


Signature of Nominated Candidate

8 OCT 2014.
Date

Personal information on this form is collected solely for the purposes authorized by the *Local Government Act* and is subject to disclosure in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for authorizing candidate information to be placed on the Capital Regional District website or made available to any person for the general local election. Questions regarding this collection of personal information should be directed to the Chief Election Officer or Deputy Chief Election Officer at:

Capital Regional District
625 Fisgard Street
Victoria, BC, V8W 1R7
T: 250.360.3129
F: 250.360.3130
www.crd.bc.ca