



CANDIDATE NOMINATION PACKAGE

C1 - Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME <b>GRIMES</b>	FIRST NAME <b>CHRISTINE</b>	MIDDLE NAME(S)
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION <b>ISLANDS TRUSTEE SALT SPRING</b>		

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*)

250-360-3130

*Whistler 2020  
resp.*

CRD EXECUTIVE OFFICE  
*Received*  
OCT 10 2014

**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](http://www.bclaws.ca)) for applicable election-related provisions and requirements.



CANDIDATE NOMINATION PACKAGE

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION NAME:  Galiano  Mayne  N. Pender  S. Pender  Salt Spring  Saturna Island  
**LOCAL TRUST AREA**

We, the following electors of the above named jurisdiction, hereby nominate:

NOMINEE'S LAST NAME <b>GRIMES</b>	FIRST NAME <b>CHRISTINE</b>	MIDDLE NAME(S)
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <b>544 VESUVIUS BAY RD.</b>		
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN <b>SALT SPRING ISLAND</b>	POSTAL CODE <b>V8K 1K7</b>
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE

As a Candidate for the office of:

<b>LOCAL TRUSTEE</b>	JURISDICTION <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input checked="" type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island <b>LOCAL TRUST AREA</b>
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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) <b>NOMI DAVIS</b>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <b>Judi Stevenson</b>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>334 CUSHEON LAKE RD</b>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <b>631 H. Belcher</b>
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <b>SALT SPRING ISLAND, BC</b>	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR <b>Salt Springs, BC</b>
NOMINATOR'S SIGNATURE <b>Nomi Davis</b>	NOMINATOR'S SIGNATURE <b>Judi Stevenson</b>

I consent to the above nomination for office:

NOMINEE'S SIGNATURE 	DATE: (YYYY / MM / DD) <b>2014/10/09</b>
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CANDIDATE NOMINATION PACKAGE

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 type="checkbox"/> Mayne <input type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input checked="" 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 OATHS IN BRITISH COLUMBIA <b>IAN H. CLEMENT</b> Barrister & Solicitor #1 - 105 Rainbow Road Salt Spring Island, B.C. V8K 2Y5 537-5505	
AT: (LOCATION) Salt Spring Is.	2014/10/09

<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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CANDIDATE NOMINATION PACKAGE

**C3 – Other Information Provided by Candidate**

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:

POSITION <b>LOCAL TRUSTEE</b>	of the	JURISDICTION NAME <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input checked="" type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island LOCAL TRUST AREA
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NOMINER'S LAST NAME <b>GRIMES</b>	FIRST NAME <b>CHRISTINE</b>	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  
**544 VESUVIUS BAY RD.**

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN <b>SALT SPRING ISLAND</b>	POSTAL CODE <b>V8K 1K7</b>
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ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) <b>CHRISTINE.GRIMES@GMAIL.COM</b>	CITY/TOWN	POSTAL CODE
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TELEPHONE NUMBER <b>250-538-2445</b>	EMAIL ADDRESS (IF AVAILABLE)
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Additional Addresses for Service Information <span style="float: right;">OPTIONAL</span>		
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)

<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



CANDIDATE NOMINATION PACKAGE

**C4 – Appointment of Candidate Financial Agent**

N/A

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION <b>LOCAL TRUSTEE</b>	JURISDICTION) <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input checked="" type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island <b>LOCAL TRUST AREA</b>	
I hereby appoint as my <b>Financial Agent</b> for the:		
GENERAL VOTING DATE: <b>2014 / 11 / 15</b>	<input type="checkbox"/> General Local Election	<input type="checkbox"/> By-Election
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT: (YYYY / MM / DD)		
CANDIDATE'S SIGNATURE	DATE: (YYYY / MM / DD)	

I hereby consent to act as the <b>Financial Agent</b> for the above named Candidate for the:		
GENERAL VOTING DATE: <b>2014 / 11 / 15</b>	<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
<b>Additional Addresses for Service Information</b>		<b>OPTIONAL</b>
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)	



CANDIDATE NOMINATION PACKAGE

C5 – Appointment of Candidate Official Agent

N/A

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
POSITION <b>LOCAL TRUSTEE</b>	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 <b>LOCAL TRUST AREA</b>	
I hereby appoint as my <b>Official Agent</b> for the:		
GENERAL VOTING DATE: <b>2014 / 11 / 15</b>	<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)	



CANDIDATE NOMINATION PACKAGE

C6 - Appointment of Candidate Scrutineer

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME <b>GRIMES</b>	FIRST NAME <b>CHRISTINE</b>	MIDDLE NAME(S)
POSITION <b>LOCAL TRUSTEE</b>	JURISDICTION) <input type="checkbox"/> Galiano <input type="checkbox"/> Mayne <input type="checkbox"/> N. Pender <input type="checkbox"/> S. Pender <input checked="" type="checkbox"/> Salt Spring <input type="checkbox"/> Saturna Island <b>LOCAL TRUST AREA</b>	
I hereby appoint as my Scrutineer for the:		
GENERAL VOTING DATE: <b>2014 / 11 / 15</b>	<input checked="" type="checkbox"/> General Local Election	<input type="checkbox"/> By-Election
SCRUTINEER'S LAST NAME <b>Slakov</b>	FIRST NAME <b>Jan</b>	MIDDLE NAME(S) <b>Bianca</b>
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) <b>135 Deer Park Rd.</b>	CITY/TOWN <b>Salt Spring Is</b>	POSTAL CODE <b>V8K 1P5</b>
CANDIDATE'S SIGNATURE 	DATE: (YYYY / MM / DD) <b>2014 / 10 / 9</b>	

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



BRITISH COLUMBIA

# 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](http://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 GRIMES	first & middle name(s) CHRISTINE
Street, rural route, post office box:	544 VESUVIUS BAY RD.	
City:	SALT SPRING ISLAND	Province: BC
		Postal Code: V8K 1K7
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:

N/A



**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)

ONTARIO STUDENT LOANS -

PO BOX 4500, 189 RED RIVER RD., 4TH FL,  
THUNDER BAY, ON, P7B 6G9

TD CANADA TRUST - STUDENT

LINE OF CREDIT - 364 SCOTT ST. ST. CATHARINES ON.  
~~L2M 3W4~~

ISLAND SAVINGS - line of credit

124 McPHILLIPS AVE, SALT SPRING ISLAND  
V8K 2T5

[Empty boxes for creditor names]

[Empty boxes for creditor addresses]

**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)

Registered Massage Therapist

Christine Grimes RMT

Sole proprietor

[Empty boxes for business names]

**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  
[Empty boxes for legal descriptions]

[Empty boxes for addresses]

### 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.

October 9th 2014

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*signature of person making disclosure* *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