C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
ANDREW	ROBERT	[redacted]

NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)

TRUSTEE, ISLANDS TRUST, GABRIOLA 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*)

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)
ISLANDS TRUST, GABRIOLA ISLAND	GABRIOLA ISLAND LOCAL TRUST committee

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

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
ANDREW	ROBERT	[redacted]

USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT

BOB ANDREW

RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
[redacted]	GABRIOLA Isl	[redacted]
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
/		

As a Candidate for the office of:

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)
LOCAL TRUSTEE	ISLANDS TRUST GABRIOLA Island

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 67 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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office or be otherwise disqualified by law.

A Nominator MUST be a qualified elector of the municipality or electoral area (or neighbourhood constituency, if applicable) where the candidate is running. Elector qualifications are listed in section 65 & 66 of the *Local Government Act* and section 23 & 24 of the *Vancouver Charter*.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
FAY WELLER	[redacted]
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** [redacted] GABRIOLA [redacted]	
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR**	
☑ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	
NOMINATOR'S SIGNATURE [redacted]	

Please see over for additional space when more than two nominators are required. Copies can be made as needed.

I consent to the above nomination for office:

NOMINEE'S SIGNATURE	DATE: (YYYY/MM/DD)
[signature]	2026/09/08

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 67 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 voting in an election in British Columbia or from being nominated for, being elected to or holding the office or be otherwise disqualified by law.

A Nominator MUST be a qualified elector of the municipality or electoral area (or neighbourhood constituency, if applicable) where the candidate is running. Elector qualifications are listed in section 65 & 66 of the *Local Government Act* and section 23 & 24 of the *Vancouver Charter*.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
Deborah Gail Ferens	MAYA RUGGLES
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** [redacted] Gabriola Island, BC	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** [redacted] GABRIOLA [redacted]
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**
☑ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☑ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE
NOMINATOR'S SIGNATURE [redacted]	NOMINATOR'S SIGNATURE [redacted]

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
REBECCA FURNELL	Jan PULLINGER
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** [redacted] GABRIOLA [redacted]	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** GABRIOLA BC [redacted]
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**
☐ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☑ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED [redacted] ANDIDATE IS RUNNING FOR OFFICE
NOMINATOR'S SIGNATURE [redacted]	NOMINATOR'S SIGNATURE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
Dyanleigh Densmore-Farley	Shirley Whalen
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** [redacted]	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** [redacted]
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**
☑ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☑ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE
NOMINATOR'S SIGNATURE [redacted]	NOMINATOR'S SIGNATURE [redacted]

C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

I do solemnly declare as follows:

1. I am qualified under section 81 of the *Local Government Act* to be nominated, elected and to hold the office of:

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)

TRUSTEE, ISLANDS TRUST

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 67 of the *Local Government Act*, for the past six months immediately preceding today's date.
5. I am not disqualified by the *Local Government Act* or any other enactment from voting in an election in British Columbia or 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 intend to fully comply with those requirements and restrictions.

NOMINEE'S SIGNATURE [redacted]	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA [redacted] (DCEO) [redacted]	
AT: (LOCATION) NANAIMO . BC	DATE: (YYYY/MM/DD) 2026/09/08

☐ I am acting as my own Financial Agent	☑ I have appointed as my Financial Agent [redacted]
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)

ELECTOR ORGANIZATION CANDIDATE ENDORSEMENT AND CONSENT

NAME OF ELECTOR ORGANIZATION (AS REGISTERED WITH ELECTIONS BC):		
PRINCIPLE OFFICIAL'S LAST NAME	FIRST NAME	MIDDLE NAME(S)

The above-named Elector Organization Agrees to Endorse:

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
PRINCIPLE OFFICIAL'S SIGNATURE		DATE: (YYYY/MM/DD)

I consent to the endorsement by the above-named Elector Organization

CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)

C3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which the individual is a nominee:

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)
TRUSTEE, ISLANDS TRUST	ISLANDS TRUST	GABRIOLA ISLAND LOCAL TRUST committee

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
ANDREW	ROBERT	[redacted]

USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT

BOB ANDREW

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
[redacted]	GABRIOLA ISL.	[redacted]

ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
[redacted]	GABRIOLA ISL.	

TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)
250-325-8059	robertjdandrew@gmail.com

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
	robertjdandrew@gmail.com

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	FIRST NAME	MIDDLE NAME(S)
ANDREW	ROBERT	[redacted]
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	**JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)**	**ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)**
ISLANDS TRUST TRUSTEE	GABRIOLA ISLAND LOCAL TRUST COMMITTEE	GABRIOLA Isl.

I hereby appoint as my Financial Agent for the:

GENERAL VOTING DATE: (YYYY/MM/DD)		
2026/10/19	☑ General Local Election	☐ By-election
FINANCIAL AGENT'S LAST NAME	**FIRST NAME**	**MIDDLE NAME(S)**
RUGGLES	MAYA	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	**CITY/TOWN**	**POSTAL CODE**
[redacted]	GABRIOLA	[redacted]
TELEPHONE NUMBER	**EMAIL ADDRESS (IF AVAILABLE)**	
250-247-7844	maya.ruggles@gmail.com.	
EFFECTIVE DATE OF APPOINTMENT: (YYYY/MM/DD)		
2026/09/07		
CANDIDATE'S SIGNATURE	**DATE: (YYYY/MM/DD)**	
[signature]	2026/09/08	

I hereby consent to act as the Financial Agent for the above-named Candidate for the:

GENERAL VOTING DATE: (YYYY/MM/DD)		
2026/10/19	☑ General Local Election	☐ By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	**CITY/TOWN**	**POSTAL CODE**
[redacted]	GABRIOLA	[redacted]

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)**	
[redacted]	2026/09/07	

C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
ANDREW	ROBERT	JOHN DAVID
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	**JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)**	**ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)**
TRUSTEE, ISLANDS TRUST	Gabriola ISLAND LOCAL TRUST COMMITTEE	GABRIOLA ISL.

I hereby appoint as my **Official Agent** for the:

GENERAL VOTING DATE: (YYYY/MM/DD)	☑ General Local Election	☐ By-election
2026/10/17		
OFFICIAL AGENT'S LAST NAME	**FIRST NAME**	**MIDDLE NAME(S)**
WELLER	FAY	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	**CITY/TOWN**	**POSTAL CODE**
[redacted]	GABRIOLA	[redacted]

☑ I hereby delegate to the above-named official agent the authority to appoint scrutineers.

CANDIDATE'S SIGNATU[redacted]	DATE: (YYYY/MM/DD)
	2026/09/08

C6 – Appointment of Candidate Scrutineer

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
ANDREW	ROBERT	[redacted]
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	**JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)**	**ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)**
TRUSTEE, ISLANDS TRUST	GABRIOLA ISLAND LOCAL TRUST COMMITTEE	GABRIOLA ISL.

I hereby appoint as my **Scrutineer** for the:

GENERAL VOTING DATE: (YYYY/MM/DD)		
2026/10/17	☑ General Local Election	☐ 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)**	
[redacted]	2016/09/08	

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*)

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: ANDREW (*last name*) | ROBERT JOHN DAVID (*first & middle name(s)*)

Street, rural route, post office box: [redacted]

City: GABRIOLA Island. **Province:** B. C. **Postal Code:** [redacted]

Level of government that applies to you:
- ( ) provincial
- (✓) local government
- ( ) 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:

Gabriola Agi Coop
Mid Island Coop
Gabriola Investment Coop
Coastal Community Credit Union

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)*

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)*

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)*

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.

[redacted]

signature of ~~person~~ making disclosure

Aug-30/2026
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

Islands Trust

TRUSTEE, GABRIOLA ISLAND LOCAL TRUST COMMITTEE

CANDIDATE INFORMATION RELEASE AUTHORIZATION

Your nomination documents are available to the public to view as soon as they are submitted. Consent provided with this form allows your regional district to provide additional information, as appearing below, to the public and / or media. **All fields are optional.**

The information you choose to share will be posted on websites operated by CivicInfo BC. This is the primary source through which the media (television, newspapers, radio, and online sources), the public, provincial ministries, researchers, and others are able to obtain province-wide local election information.

I, ROBERT JOHN DAVID ANDREW (Bob Andrew)
(please print name of person nominated)

having submitted nomination documents for election to the office of Islands Trust, hereby give my consent to share the following information. This information may be shared by email, posting on a website, phone, or by any other means of electronic communication.

Address:	
[redacted] GABRIOLA ISL.	
Primary Phone:	**Alternate Phone:**
250-325-8059	250-668-8059
Email:	
robertjandrew@gmail.com	
Website:	**Instagram:**
Twitter (X) or BlueSky:	**Facebook:**

Gender (Self-identified):

☐ Female ☑ Male ☐ Non-binary ☐ Other / Undisclosed

Previous Elected Experience (Check one):

☐ Incumbent. Served as a Gabriola Island Local Trust Committee Trustee between 2022 and 2026.

☐ Served as a Gabriola Island Local Trust Committee Trustee prior to 2022, but not during the past term.

☑ No experience as a Gabriola Island Local Trust Committee Trustee, but has been elected to office elsewhere (school, local, provincial, or federal).

☐ None.

[redacted]
(Signature of Candidate)

If you have questions about the information collected being on this form, please contact CivicInfo BC at elections@civicinfo.bc.ca, 250-383-4898.

REGIONAL DISTRICT OF NANAIMO

REQUEST FOR COPY OF THE LIST OF REGISTERED ELECTORS

The list of electors contains personal information as defined in the *Freedom of Information and Protection of Privacy Act* and this information is confidential. The *Local Government Act* provides for significant penalties for the misuse of the list of elector information. Candidates (or a person accepting the list of electors on behalf of a candidate) are responsible for protecting the confidentiality of the list of electors and for ensuring that all people in their organization, on a paid or unpaid basis, (the "Campaign Workers") who have access to the list of electors, do likewise.

The list of electors must be stored in a secure manner, so that only authorized Campaign Workers have access to the information. All persons who have access to the list of electors' information are individually responsible for protecting the confidentiality of that information.

I, the undersigned, acknowledge that:

- The information contained in the list of electors is confidential, is subject to the restrictions of the *Local Government Act*, and is supplied exclusively and solely for election purposes;
- I have an overall responsibility to maintain the security and the confidential nature of the contents of this list;
- I understand and accept that the information may **not be used, copied, or distributed**, in whole or in part, by or for any person, in any form whatsoever, except for election purposes;
- I ensure that Campaign Workers will be made aware of the permitted uses for the list of electors and of the confidential nature of this list;
- I will notify the Chief Election Officer as soon as possible after becoming aware if any Campaign Worker has used the list of electors other than for the permitted uses;
- If I provide any Campaign Worker with access to, or a copy of personal information, I will track and retain the following information in a personal information register:
    - Date of provision, access or distribution;
    - The number of duplicates of the list of electors;
    - To whom the personal information was provided;
    - How the personal information was provided (e.g., access to database, provision of electronic copy of records, provision of a paper copy of record, etc.)
    - Confirmation that the individual or entity agrees to be bound by the same; and
    - Confirmation of date that the personal information was returned to me;
- In the case of loss or theft or, or unauthorized access, to personal information, I will carry out the following procedures:
    - Contain the breach and identify the source of the breach;
    - Report the loss, theft, or unauthorized access to the Chief Election Officer;
    - Carry out any additional instructions provided by the Chief Election Officer;
    - Retrieve, if possible, all the personal information that was lost,
    - Document the circumstances that led to the incident; and
    - Review processes and procedures to prevent future incidents
- I will ensure that any Campaign Worker with access to, or a copy of personal information has returned the personal information to me after general voting day.
- I will return **all** copies, paper or electronic, of the list of electors to the Chief Election Officer no later than 8 weeks after the declaration of final results of the general local election.
- OR

- I will ensure **all** copies, paper or electronic, of the list of electors is confidentially, completely, and irreversibly destroyed no later than 8 weeks after the declaration of final results of the general local election.

I, the undersigned, hereby request a copy of the list of registered electors for the 2026 Regional District of Nanaimo general local election.

I understand that the *Election Act* and the *Local Government Act* provide significant penalties for making a false or misleading statement or for the misuse of information in the list of registered electors.

Please note: The list will be provided electronically on an encrypted USB device. Paper copies are not available.

NAME OF CANDIDATE	*TELEPHONE NUMBER*
ROBERT JOHN DAVID ANDREW	250-325-8059 250-668-8059 (cell)
OFFICIAL AGENT NAME (IF APPLICABLE)	
FAY WELLER	

[redacted]

SIGNATURE OF CANDIDATE

Aug-30/2026

DATE

Personal information contained on this form is collected under sections 26(a) and 26(c) of the Freedom of Information and Protection of Privacy Act *for the purpose of conducting the 2026 general local elections. If you have any questions about the collection of this information, please contact the Chief Election Officer, Regional District of Nanaimo, by phone at 250-390-4111 or 1-877-607-4111, or email at vote@rdn.bc.ca.*

REGIONAL DISTRICT OF NANAIMO

ACKNOWLEDGEMENT OF RECEIPT OF COPY OF THE LIST OF REGISTERED ELECTORS

The list of electors contains personal information as defined in the *Freedom of Information and Protection of Privacy Act* and this information is confidential. The *Local Government Act* provides for significant penalties for the misuse of the list of elector information. Candidates (or a person accepting the list of electors on behalf of a candidate) are responsible for protecting the confidentiality of the list of electors and for ensuring that all people in their organization, on a paid or unpaid basis, (the "Campaign Workers") who have access to the list of electors, do likewise.

The list of electors must be stored in a secure manner, so that only authorized Campaign Workers have access to the information. All persons who have access to the list of electors' information are individually responsible for protecting the confidentiality of that information.

I, the undersigned, acknowledge that:

- I have received a copy of the list of electors;
- The information contained in the list of electors is confidential, is subject to the restrictions of the *Local Government Act*, and is supplied exclusively and solely for election purposes;
- I have an overall responsibility to maintain the security and the confidential nature of the contents of this list;
- I understand and accept that the information may **not be used, copied, or distributed**, in whole or in part, by or for any person, in any form whatsoever, except for election purposes;
- I ensure that Campaign Workers will be made aware of the permitted uses for the list of electors and of the confidential nature of this list;
- I will notify the Chief Election Officer as soon as possible after becoming aware if any Campaign Worker has used the list of electors other than for the permitted uses;
- If I provide any Campaign Worker with access to, or a copy of personal information, I will track and retain the following information in a personal information register:
    - Date of provision, access or distribution;
    - The number of duplicates of the list of electors;
    - To whom the personal information was provided;
    - How the personal information was provided (e.g., access to database, provision of electronic copy of records, provision of a paper copy of record, etc.)
    - Confirmation that the individual or entity agrees to be bound by the same; and
    - Confirmation of date that the personal information was returned to me;
- In the case of loss or theft or, or unauthorized access, to personal information, I will carry out the following procedures:
    - Contain the breach and identify the source of the breach;
    - Report the loss, theft, or unauthorized access to the Chief Election Officer;
    - Carry out any additional instructions provided by the Chief Election Officer;
    - Retrieve, if possible, all the personal information that was lost,
    - Document the circumstances that led to the incident; and
    - Review processes and procedures to prevent future incidents
- I will ensure that any Campaign Worker with access to, or a copy of personal information has returned the personal information to me after general voting day.

- I will return **all** copies, paper or electronic, of the list of electors to the Chief Election Officer no later than 8 weeks after the declaration of final results of the general local election.
- OR
- I will ensure **all** copies, paper or electronic, of the list of electors is confidentially, completely, and irreversibly destroyed no later than 8 weeks after the declaration of final results of the general local election.

I understand that the *Election Act* and the *Local Government Act* provide significant penalties for making a false or misleading statement or for the misuse of information in the list of registered electors.

NAME OF CANDIDATE	*TELEPHONE NUMBER*
ROBERT JOHN DAVID ANDREW	250-325-8059
OFFICIAL AGENT NAME (IF APPLICABLE)	
FAY WELLER	

[redacted]

SIGNATURE OF CANDIDATE

Sept. 8/2026

DATE

Declared before me at NANAIMO, BC

this 8 day of SEPT, 2026.

[redacted]

~~Chief Election Officer or~~
Deputy Chief Election Officer

ELECTION OFFICE USE ONLY

Format of List Provided (check one): ☑ Electronic

Date Provided: SEPT 8 2026

~~CEO~~/DCEO Initials: [redacted]

Date Returned: _____

CEO/DCEO Initials: _____

Personal information contained on this form is collected under sections 26(a) and 26(c) of the Freedom of Information and Protection of Privacy Act *for the purpose of conducting the 2026 general local elections. If you have any questions about the collection of this information, please contact the Chief Election Officer, Regional District of Nanaimo, by phone at 250-390-4111 or 1-877-607-4111, or email at vote@rdn.bc.ca.*