

C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME ELLIOTT	FIRST NAME TORI	MIDDLE NAME(S) [REDACTED]
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) LOCAL TRUSTEE, Gabriola Island Local Trust Area		

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

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) GABRIOLA ISLAND LOCAL TRUST COMMITTEE		ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) GABRIOLA ISLAND LOCAL TRUST COMMITTEE	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME ELLIOTT		FIRST NAME TOBI	MIDDLE NAME(S) [REDACTED]
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT TOBI ELLIOTT			
RESIDENTIAL ADDRESS (STREET ADDRESS) [REDACTED]		CITY/TOWN GABRIOLA	POSTAL CODE [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) LOCAL TRUSTEE		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) GABRIOLA ISLAND LOCAL TRUST COMMITTEE	

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) Dianna Marie Bondar		NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Susan Katharine Boulton	
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 Gabriola, BC [REDACTED]		PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Gabriola, B.C. [REDACTED]	
☒ 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]	

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 [REDACTED]	DATE: (YYYY/MM/DD) 2026/09/08

CANDIDATE NOMINATION PACKAGE

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) ARDYTH Lenore Cooper	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) SHIRLEY WHALEN
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR GABRIOLA BC	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 [REDACTED]	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [REDACTED]
☒ 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)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
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
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR
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	NOMINATOR'S SIGNATURE

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)

LOCAL TRUSTEE

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

DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

DILBAR RUPA (DCED)

AT: (LOCATION)

NANAIMO

DATE: (YYYY/MM/DD)

2026/09/08



I am acting as my own Financial Agent



I have appointed as my Financial Agent

MARY LOUISE FLEMING

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) LOCAL TRUSTEE	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) GABRIOLA ISLAND LOCAL TRUST COMMITTEE
NOMINEE'S LAST NAME ELLIOTT	FIRST NAME TOBI	MIDDLE NAME(S) [REDACTED]
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT TOBI ELLIOTT		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS [REDACTED]	CITY/TOWN GABRIOLA	POSTAL CODE [REDACTED]
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) TOBI TRUSTEE 2026@GMAIL.COM	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER [REDACTED]	EMAIL ADDRESS (IF AVAILABLE)	
Additional Addresses for Service Information		OPTIONAL
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE [REDACTED]	CITY/TOWN GABRIOLA	POSTAL CODE [REDACTED]
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	

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 ELLIOTT	FIRST NAME TOBI	MIDDLE NAME(S) [REDACTED]
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) LOCAL TRUSTEE	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) GABRIOLA ISLAND LOCAL TRUST COMMITTEE
I hereby appoint as my Financial Agent for the:		
GENERAL VOTING DATE: (YYYY/MM/DD) 2026/10/17	☒ General Local Election	☐ By-election
FINANCIAL AGENT'S LAST NAME FLEMING	FIRST NAME MARY	MIDDLE NAME(S) LOUISE
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) [REDACTED]	CITY/TOWN GABRIOLA	POSTAL CODE [REDACTED]
TELEPHONE NUMBER [REDACTED]	EMAIL ADDRESS (IF AVAILABLE) louise.freirebelle@gmail.com	
EFFECTIVE DATE OF APPOINTMENT: (YYYY/MM/DD) 2026/08/18		
CANDIDATE'S SIGNATURE [REDACTED]	DATE: (YYYY/MM/DD) 2026/08/18	

I hereby consent to act as the Financial Agent for the above-named Candidate for the:		
GENERAL VOTING DATE: (YYYY/MM/DD) 2026/10/17	☒ General Local Election	☐ By-election
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) [REDACTED]	CITY/TOWN GABRIOLA	POSTAL CODE [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 [REDACTED]	DATE: (YYYY/MM/DD) 2026/08/18	



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:	ELLIOTT last name	TOBI LEE DAWN first & middle name(s)
Street, rural route, post office box:	[REDACTED]	
City:	GABRIOLA	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:

IGM Financial Inc / MAN Prov / PFC H (SA F CL) / BROOKFIELD Corp / CND UTIL
CUM RED / INTACT FINL / POWER FINE / Amphenol Corp CIA / Apple Inc / FISERV
INC / IQVIA Holdings / LVMH MOET Hennessy L Vuitton / Microsoft Corp / Visa Inc
ASML Holdings / Purpose US Cash Fund / Adobe Inc / Adyen NV Unsponsored ADR /
Align Technologies / Alphabet Inc / Cadence Design / Constellation Energy / Euronet Worldwide
Inc / Fiserv Inc / Goldman Sachs Grp Inc / Intuitive Surgical Inc New / IQVIA Holdings Inc /

Assets - s. 3 (2) (cont'd)

Quanta Services Inc / RELX PLC Sponsored ADR /
ROPER TECHNOLOGIES INC / ROYAL BANK of CANADA /
SERVICE NOW INC / STRYKER CORP Com /
SYNOPSIS INC / THERMO FISHER SCIENTIFIC INC /
TORONTO DOMINION BANK / ACCENTURE PLC
CL A NEW / EATON CORP PLC / PURPOSE ~~MTN~~
FED CASH FUND F / 407 INTL 3.83% A2 MTN
GWST PRIN CYC AD4 / POWER CORP / INTACT
FNCL 5.16% / CDN NTL RY 3.95% /
PFC HISA F CL FSR F - NL

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)

LOCAL TRUSTEE, Gabriela	
Island Local	
Trust Committee	ISLANDS TRUST
VICE CHAIR	ISLANDS TRUST
OWNER	ARISE ENTERPRISES 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)

Corporate Assets – s. 5

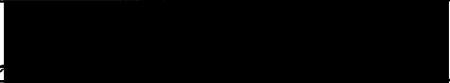
Do you individually, or together with your spouse, child, brother, sister, mother or father, own shares in a corporation which total more than 30% of votes for electing directors? (Include shares held by a trustee on your behalf, but not shares you hold by way of security.)

☐ 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.

ARISE ENTERPRISES LTD.
documentary film development +
production Company.
100% ownership


signature of person making disclosure

September 8/26
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



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, TOBI ELLIOTT
(please print name of person nominated)

having submitted nomination documents for election to the office of LOCAL TRUSTEE, 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:	
	GABRIOLA 
Primary Phone:	Alternate Phone:
	
Email:	
TOBI TRUSTEE2026@GMAIL.COM	
Website:	Instagram:
TOBI ELLIOTT.CA	
Twitter (X) or BlueSky:	Facebook:
	Tobi Elliott for Trustee 2026

Gender (Self-identified):

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

Previous Elected Experience (Check one):

- ☒ Incumbent. Served as the Electoral Area Director between 2022 and 2026.
- ☐ Served as the Electoral Area Director in this area prior to 2022, but not during the past term.
- ☐ No experience as the Electoral Area Director for this area, but has been elected to office elsewhere (school, local, provincial, or federal).
- ☐ None.



(Signature of Candidate)