

C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME MARCH	FIRST NAME ERIC	MIDDLE NAME(S) GEOFFREY
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) SALT SPRING ISLAND – ISLANDS TRUST TRUSTEE		

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

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) Alistair Clare Bibby	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Andrew David Oates
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Salt Spring Is., [REDACTED]	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Salt Spring Island, [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 	NOMINATOR'S SIGNATURE 

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) 2026/08/24
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C2 – Nomination Documents

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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)

SALT SPRING ISLAND - ISLANDS TRUST 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

MERIEL GALLOWAY

AT: (LOCATION)

SALT SPRING ISLAND

DATE: (YYYY/MM/DD)

SEPT 1, 2026



I am acting as my own Financial Agent



I have appointed as my Financial Agent

MADE LINE SMITH

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

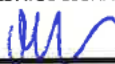
Office for which the individual is a nominee:

POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) ISLANDS TRUST TRUSTEE	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) SALT SPRING ISLAND
NOMINEE'S LAST NAME MARCH	FIRST NAME ERIC	MIDDLE NAME(S) GEOFFREY
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT ERIC G MARCH		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS [REDACTED]	CITY/TOWN SALT SPRING ISLAND	POSTAL CODE [REDACTED]
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) [REDACTED]	CITY/TOWN —	POSTAL CODE —
TELEPHONE NUMBER [REDACTED]	EMAIL ADDRESS (IF AVAILABLE) [REDACTED]	
Additional Addresses for Service Information		OPTIONAL
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE [REDACTED]	CITY/TOWN SALT SPRING ISLAND	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

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CANDIDATE'S LAST NAME MARCH	FIRST NAME ERIC	MIDDLE NAME(S) GEOFFREY
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) ISLANDS TRUST TRUSTEE	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) SALT SPRING ISLAND
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 SMITH	FIRST NAME MADELINE	MIDDLE NAME(S) CLAIRE
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) [REDACTED]	CITY/TOWN SALT SPRING ISLAND	POSTAL CODE [REDACTED]
TELEPHONE NUMBER [REDACTED]	EMAIL ADDRESS (IF AVAILABLE) [REDACTED]	
EFFECTIVE DATE OF APPOINTMENT: (YYYY/MM/DD) 2026/08/15		
CANDIDATE'S SIGNATURE 	DATE: (YYYY/MM/DD) 2026/09/01	

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	POSTAL CODE
Additional Addresses for Service Information		OPTIONAL
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE [REDACTED]	CITY/TOWN SALT SPRING ISLAND	POSTAL CODE [REDACTED]
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	
FINANCIAL AGENT'S SIGNATURE 	DATE: (YYYY/MM/DD) 2026/08/31	

C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME MARCH	FIRST NAME ERIC	MIDDLE NAME(S) GEOFFREY
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) ISLANDS TRUST TRUSTEE	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) ISLANDS TRUST	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) SALT SPRING ISLAND
I hereby appoint as my Official Agent for the:		
GENERAL VOTING DATE: (YYYY/MM/DD) 2026/10/17	☒ General Local Election	☐ By-election
OFFICIAL AGENT'S LAST NAME SMITH	FIRST NAME MADELINE	MIDDLE NAME(S) CLAIRE
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) [REDACTED]	CITY/TOWN SALT SPRING ISLAND	POSTAL CODE [REDACTED]
☒ I hereby delegate to the above-named official agent the authority to appoint scrutineers.		
CANDIDATE'S SIGNATURE 	DATE: (YYYY/MM/DD) 2026/10/31	

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:	MARCH last name	ERIC GEOFFREY first & middle name(s)
Street, rural route, post office box:	[REDACTED]	
City:	SALT SPRING ISLAND	Province: BC
		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:

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)

EMPL OYEE	SALT SPRING WILD CIDER

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.


signature of person making disclosure

date

AUG 29/26

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