

C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME LANNAN	FIRST NAME JENNIFER	MIDDLE NAME(S) SUZANNE
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) ELECTORAL AREA DIRECTOR - SALT SPRING 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)
- N/A** ☐ **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) CAPITAL REGIONAL DISTRICT		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 LANNAN		FIRST NAME JENNIFER	MIDDLE NAME(S) SUZANNE
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT SALT SPRING			
RESIDENTIAL ADDRESS (STREET ADDRESS) [REDACTED]		CITY/TOWN ISLAND. SSI	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) ELECTORAL AREA DIRECTOR		JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) SALT SPRING ISLAND CRD	

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) JENNIFER JOAN McCLEAN	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Jessica Clark Harkema
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 SALT SPRING ISLAND B.C. [REDACTED]	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR Salt Spring Island, 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 	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 09 08
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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) IVULA MARIA REA	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) KRISTEN ANNE BISHOP
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED] SALISPRING ISLAND BC	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED] SSI
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 

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) BRYAN RANDALL DUBIEN	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED] SSI	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:

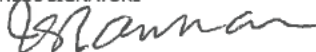
1. I am qualified under section 81 of the *Local Government Act* to be nominated, elected and to hold the office of:

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

SALT SPRING ISLAND – ELECTORAL AREA DIRECTOR.

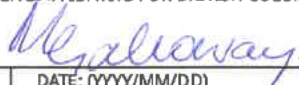
2. I am or will be on general voting day for the election, 18 years of age or older.
3. I am a Canadian citizen.
4. I have been a resident of British Columbia, as determined in accordance with section 67 of the *Local Government Act*, for the past six months immediately preceding today's date.
5. I am 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)

DATE: (YYYY/MM/DD)

SALT SPRING ISLAND

2026/09/10.

☐

I am acting as my own Financial Agent

☒

I have appointed as my Financial Agent

NOMINEE'S SIGNATURE

FINANCIAL AGENT'S NAME (IF APPLICABLE)

JOHNSON EMEKOBA

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)

CANDIDATE NOMINATION PACKAGE

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)
ELECTORAL AREA DIRECTOR	CAPITAL REGIONAL DISTRICT	SALT SPRING ISLAND
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
LANNAN	JENNIFER	SUZANNE
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
JENNIFER LANNAN		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
	SSI	
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
TELEPHONE NUMBER	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	CITY/TOWN	POSTAL CODE
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 LANNAN	FIRST NAME JENNIFER	MIDDLE NAME(S) SUZANNE
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) ELECTORAL AREA DIRECTOR	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) CAPITAL REGIONAL DISTRICT	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 EMEKOBA	FIRST NAME JOHNSON	MIDDLE NAME(S) UZOMA
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) [REDACTED]	CITY/TOWN SS1	POSTAL CODE [REDACTED]
TELEPHONE NUMBER [REDACTED]	EMAIL ADDRESS (IF AVAILABLE) [REDACTED]	
EFFECTIVE DATE OF APPOINTMENT: (YYYY/MM/DD) 2026/09/10.		
CANDIDATE'S SIGNATURE 	DATE: (YYYY/MM/DD) 2026 09 09	

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 SS1 SALT SPRING ISLAND	POSTAL CODE [REDACTED]
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) 2026 09 09	

C6 - Appointment of Candidate Scrutineer

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME LANNAN	FIRST NAME JENNIFER	MIDDLE NAME(S) SUZANNE
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR) ELECTORAL AREA DIRECTOR	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) SALT SPRING ISLAND	ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA) CRD
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 EMEKORA	FIRST NAME JOHNSON	MIDDLE NAME(S) WYOMIA
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) [REDACTED]	CITY/TOWN SALT SPRING ISLAND	POSTAL CODE [REDACTED]
CANDIDATE'S SIGNATURE 	DATE: (YYYY/MM/DD) 2026 10 10	

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:	LANNAN last name JENNIFER SUZANNE first & middle name(s)	
Street, rural route, post office box:	[REDACTED]	
City:	Province:	Postal Code:
SSI	B.C.	[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:

OSISI CONCEPT INC.

Corporate Assets – s. 5

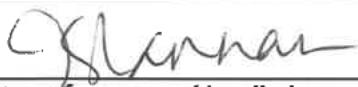
Do you individually, or together with your spouse, child, brother, sister, mother or father, own shares in a corporation which total more than 30% of votes for electing directors? (Include shares held by a trustee on your behalf, but not shares you hold by way of security.)

☐ 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.

I hold 49% of an incorporated business that my spouse & I own. We run a lifestyle brick & mortar store in Ganges Village, and have for 11 years.



signature of person making disclosure

2024 09 09

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 to the Chief Election Officer. Consent provided with this form allows the Capital Regional District (CRD) to provide your contact information, as appearing below, to the public and / or media. **All fields are optional.**

The information you choose to share will be posted to the CRD website (www.crd.ca/vote) as well as websites operated by CivicInfo BC (www.civicinfo.bc.ca). These are the primary sources through which the media, the public, provincial government ministries, researchers, and others are able to obtain province-wide local election information. CivicInfo BC may also use the information for internal purposes.

Completing any or all of this form is not mandatory and is entirely at your option.

I, JENNIFER SUZANNE LANNAN
(please print name of person nominated)

having submitted nomination documents for election to the office of Electoral Area Director in the 2026 General Local Elections, 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: <i>Note: the municipality/electoral area/treaty lands where the candidate resides will be publicly available as per the Local Government Act</i>	
208 PARK DRIVE SSI, BC, V8K 2R6	
Primary Phone:	Alternate Phone:
250 537 6610	
☒ Cell ☐ Landline ☐ Other: _____	☐ Cell ☐ Landline ☐ Other: _____
Email:	Website:
jenniferylannan@gmail.com	
Facebook:	Instagram:
X:	Other:

Age Range: ☐ 39 and under ☒ 40-64 ☐ 65 and Over ☐ Undisclosed

Gender (Self-identified): ☒ Female ☐ Male ☐ Non-binary ☐ Other/Undisclosed

Previous Elected Experience (Check one):

- ☐ Incumbent. Served in the same position between 2022 and 2026.
- ☐ Served in the same position prior to 2022, but not between 2022 and 2026.
- ☐ No experience in the same position but has been elected to office in another jurisdiction (school, local, provincial, or federal).
- ☒ None.

JSLannan
(Signature of Candidate)