SCANNED 09/03

CANDIDATE NOMINATION PACKAGE

C1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
TARR	PAMELA	ELIZABETH

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

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) NA
- ☑ **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)
CAPITAL REGIONAL DISTRICT	SALT SPRING ISLAND

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

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
TARR	PAMELA	ELIZABETH

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

PAM TARR

RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE
[redacted]	SALT SPRING ISLAND	[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 COMMUNITY COMMISSIONER	SALT SPRING 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)
EARL JAY SWANSON ROOK	BRIAN PHILIP WEBSTER
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** SALT SPRING ISLAND, [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)
	2026/08/27

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 COMMUNITY COMMISSIONER

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.	2026/09/03.

☐ I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

☑ I have appointed as my Financial Agent

JON COOKSEY

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)
LOCAL COMMUNITY COMMISSIONER	CAPITAL REGIONAL DISTRICT	SALT SPRING ISLAND

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
TARR	PAMELA	ELIZABETH

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

PAM TARR

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
[redacted]	SALT SPRING ISLAND	[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	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	FIRST NAME	MIDDLE NAME(S)
TARR	PAMELA	ELIZABETH
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)
LOCAL COMMUNITY COMMISSIONER	CAPITAL REGIONAL DISTRICT	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	FIRST NAME	MIDDLE NAME(S)
COOKSEY	JONATHAN	BRADY
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)
2026/07/01

CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)
Pamela Tarr	2026/08/30

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)	CITY/TOWN	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	DATE: (YYYY/MM/DD)
Jonathan Cooksey	2026/08/30

C6 – Appointment of Candidate Scrutineer

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
TARR	PAMELA	ELIZABETH
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)
LOCAL COMMUNITY COMMISSIONER	CAPITAL REGIONAL DISTRICT	SALT SPRING ISLAND

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)
COOKSEY	JONATHAN	BRADY
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) [redacted]	CITY/TOWN SALT SPRING ISLAND	POSTAL CODE [redacted]
CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD) 2026/08/30	

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: Tarr (*last name*) Pamela Elizabeth (*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:

None

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)*
None	

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)*
None	

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)*
Central Block condo STRATA LOT 24 SECTION 10	213 - 1075 Tillicum Rd., Esquimalt, BC V9A 0L5

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.

Pamela Cox	Sept 3, 2026
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

CRD
Making a difference...together

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, PAMELA ELIZABETH TARR
(please print name of person nominated)

having submitted nomination documents for election to the office of LOCAL COMMUNITY COMMISSIONER 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: *Note: the municipality/electoral area/treaty lands where the candidate resides will be publicly available as per the Local Government Act*	
Primary Phone:	**Alternate Phone:**
(250) 221-9747	
■ Cell ☐ Landline ☐ Other: _____	☐ Cell ☐ Landline ☐ Other: _____
Email:	**Website:**
PAMTARR1@GMAIL.COM	WWW.PAMTARR.CA
Facebook:	**Instagram:**
https://www.facebook.com/pamtarrforLCC	https://www.instagram.com/pamtarrforlcc/
X:	**Other:**

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

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

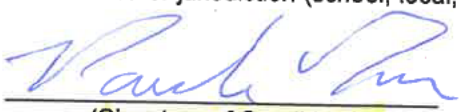
Previous Elected Experience (Check one):

☐ 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.



(Signature of Candidate)

If you have questions about the information collected being on this form, please contact the CRD at elections@crd.bc.ca, 250.360.3127 or CivicInfo BC at elections@civicinfo.bc.ca, 250.383.4898.