### CS2 - Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF SCHOOL DISTRICT)  Delta School District #37	TRUSTEE ELECTORAL AREA (TEA NUMB	9
We, the following electors of the above-named trustee ele		,
NOMINEE'S LAST NAME GOOCH	FIRST NAME  Cassandra	Masako
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERI	RED BY THE PERSON NOMINATED TO APPE	AR ON THE BALLOT
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN Delta	POSTAL CODE
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
As a Candidate for the office of:		
BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTRICT)  Delta School District #37	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) TEA 1 (At Large)

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, age 18 or older.
- 2. Is a Canadian citizen.
- 3. Has been a resident of British Columbia, as determined in accordance with section 42 of the School Act, for at least six months immediately preceding today's date.
- 4. Is not disqualified under the School Act or any other enactment from being nominated for, being elected to or holding office as a trustee, or be otherwise disqualified by law.

A Nominator MUST be Qualified Under the Local Government Act or Vancouver Charter to Nominate a Nominee for Office

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
Tyson Miller Schofield	Taylor Burns Grant
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
Delta,	Delta,
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
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE
I you indield	DEVaut

Please see over for additional space when more than two (e.g., 10) nominators are required. For Boards that require 25 nominators attach an additional sheet(s) as necessary.

I consent to the above nomination for office:	
NOMINEE'S SIGNATURE	DATE: (YYYY/MM/DD) 2022/09/07

## **CS2 – Nomination Documents**

#### PLEASE PRINT IN BLOCK LETTERS

I do solemnly declare as follows:

1. I am qualified under section 32 of the School Act to be nominated, elected and to hold the office of

POSITION

### **BOARD OF EDUCATION TRUSTEE**

- 2. I am or will be on general voting day for the election, age 18 or older.
- 3. I am a Canadian citizen.
- 4. I have been a resident of British Columbia, as determined in accordance with section 42 of the School Act, for at least six months immediately preceding today's date.
- 5. I am not disqualified by the *School Act* or any other enactment from being nominated for, being elected to or holding office as a trustee, or 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 intend to fully comply with those requirements and restrictions.

DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FORT	
Delta, BC	2022/09/07
I am acting as my own Financial Agent  NOMINEE'S SIGNATURE	I have appointed as my Financial Agent  Knut Nordlie  FINANCIAL AGENT'S NAME (IF APPLICABLE)

# **CS3 – Other Information Provided by Candidate**

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:		
BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE)
BOARD OF EDUCATION TROSTEE	Delta School District #37	TEA 1 (At Large
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(5)
Gooch	Cassandra	Masako
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFE	RRED BY THE PERSON NOMINATED TO APPE	AR ON THE BALLOT
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
	Delta	
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	СІТУ/ТОМИ	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/YOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED A	S ADDRESS FOR SERVICE
Achieving for Delta	LE)	
I am acting as my own Financial Agent	I am not acting as my	own Financial Agent

Please ensure that name and mailing address information is the same as that entered on FORM CS2 – NOMINATION DOCUMENTS

# **CS4 – Appointment of Candidate Financial Agent**

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Gooch	Cassandra	Masako
BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE)
BOARD OF EDUCATION TRUSTEE	Delta School District #37	TEA 1 (At Large
I hereby appoint as my Financial Agent for the:		
GENERAL VOTING DATE: (YYYY/MM/DD)	General Local	
2022/10/15	Election	By-election
FINANCIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Nordlie	Knut	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
	Delta	
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
EFFECTIVE DATE OF APPOINTMENT: (YYYY/MM/DD) 2020/06/01	1	
CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)	
# 2	2022/09/07	
I hereby consent to act as the Financial Agent for the ab	oove-named Candidate for the:	
GENERAL VOTING DATE: (YYYY/MM/DD)	THE RESERVE OF THE PARTY OF THE	
2022/10/15	General Local	By-election
2022/10/15	<b>▼</b> Election	By-election
2022/10/15 FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	General Local Election	By-election POSTAL CODE
FINANCIAL AGENT ADDRESS FOR SERVICE	<b>▼</b> Election	
FINANCIAL AGENT ADDRESS FOR SERVICE	<b>V</b> Election	
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	<b>V</b> Election	POSTAL CODE
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)  Additional Addresses for Service Information  MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE	Election  CITY/TOWN  Delta	POSTAL CODE  OPTIONA  POSTAL CODE
FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	Election  CITY/TOWN  Delta  CITY/TOWN  EMAIL ADDRESS	POSTAL CODE  OPTIONA  POSTAL CODE

# CS5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Gooch	Cassandra	Masako
BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE)
BOARD OF EDUCATION TROSTEL	Delta School District #37	TEA 1 (At Large
I hereby appoint as my Official Agent for the:		
GENERAL VOTING DATE: (YYYY/MM/DD)	General Local	
2022/10/15	Election	By-election
OFFICIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Schofield	Tyson	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	Delta	POSTAL CODE
	Deita	
I hereby delegate to the above-named official agent	t the authority to appoint scruti	neers.
CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)	
	2022/09/07	
B. B. Carlotte and the second sec		
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$x_1, x_2, \dots, x_{n-1}, x_n, x_n, x_n, x_n, x_n, x_n, x_n, x_n$		
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# **CS6 – Appointment of Candidate Scrutineer**

PLEASE PRINT IN BLOCK LETTERS

Gooch	FIRST NAME  Cassandra	Masako
POSITION	JURISDICTION	TRUSTEE ELECTORAL AREA
BOARD OF EDUCATION TRUSTEE	(NAME OF SCHOOL DISTRICT)	(TEA NUMBER OR AT LARGE)
	Delta School District #37	TEA 1 (At Large)
I hereby appoint as my Scrutineer for the:		
GENERAL VOTING DATE: (YYYY/MM/DD)	General Local	
2022/10/15	✓ Election	By-election
SCRUTINEER'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Grant  MAILING ADDRESS (STREET ADDRESS/RO BOY MILMADED)	Taylor	
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	сітулоwы Delta	POSTAL CODE
CANDIDATE'S, SIGNATURE	DOTA  DATE: (YYYY/MM/DD)	
	2022/09/07	- Control of the Cont



# 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

- 1 2			1		
Person making disclosure:	Gooch last name		Casso	ndva Haso first & middle nar	
Street, rural route, post office	box:				
city: Delta		Province:	BC	Postal Code:	
Level of government that appl	ico to you.	ovincial Clo	ocal governme cophone educa		
Assets – S. 3 (a) List the name of each corporation	n in which you hold one o			neld by a trustee on yo	
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reditor's name(s)	creditor's address(es)
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* 1	
Provincial nominees and designated employees Local government officials, school board officials	, francophone education authority directors and designated employees must lis nat includes the municipality, local trust area or school district for which the
our capacity	name(s) of business(es)/organization(s)
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the legal description and address of all land in whe eement which entitles you to obtain an interest. Do Provincial nominees and designated employees re Local government officials, school board officials, only applicable land holdings within the regional of the official is elected or nominated, or where the	o not include your personal residence. must list all applicable land holdings in the province francophone education authority directors and designated employees must list district that includes the municipality, local trust area or school district for which
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# 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 yotes for electing directors? (Include shares held by a trustee on your behalf, but not shares you hold by way of security.)

## 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

Dr Robet E.L. Gooch, Inc. (medical pratica) 5683 9 ALR DOHL BC · rejidatical proporty. Location of composate
office. Owned by dirocal of composation

signature of person making disclosure

Sept. 7/2022

# 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

Print Form

Clear Form