C2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)		
City of Delta	City of Delta		
We, the following electors of the above-named jurisdiction	n, hereby nominate:		
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)	
Guichon	Alicia	Caroline	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFER	USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
Alicia Guichon			
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE	
	Delta		
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 MUNICIPALIT	Y OR REGIONAL DISTRICT)	
Councillor	City of Delta		

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 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 MON WILLIAM	NOMINATOR'S SIGNATURE DEVOWATE

Please see over for additional space when more than two nominators (e.g., 10) are required. For local governments 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) 2072/09/07

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)

Councillor

- 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	
NO.WILLES SIGNATURE	
Mhy	
DECLARED BEFORE ME: CHIEF EXECTION OFFICER OR COMMISSIONER FOR TA	AKING AFFIDAVITS FOR BRITISH COLUMBIA
Michelle Jansson mile	
AT: (LOCATION)	DATE: (YYYY/MM/DD)
Delta, British Columbia	2022/09/07
адиния живо като же объекты принично на самония (пр. 2004 или на самония да да во на принична во на принична п Принична принична пр	
I am acting as my own Financial Agent	✓ I have appointed as my Financial Agent
	Knut Nordlie
NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)

C3 - Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:		
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA)
Councillor	City of Delta	City of Delta
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Guichon	Alicia	Caroline
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFE	RRED BY THE PERSON NOMINATED TO APPE	AR ON THE BALLOT
Alicia Guichon		
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)	CITY/TOWN	POSTAL CODE
	Delta	
TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)	
Additional Addresses for Service Information		OPTIONA
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
IF EMAIL WAS PROVIDED AS ADDRESS FOR SERVICE		
FAX NUMBER	EMAIL ADDRESS	
	IF MAILING ADDRESS WAS PROVIDED A	AS ADDRESS FOR SERVICE
NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICAB	LE)	5 Marie 5 A 7 A 4 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Achieving for Delta		
I am acting as my own Financial Agent	I am not acting as m	y own Financial Agent
	от и при и при на при над предости и пременен у стородне и области бра в въздате и общене у и общени в в в в б	ra en reconstruir de la company de la co

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)
Guichon	Alicia	Caroline
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL
Councillor	REGIONAL DISTRICT)	DISTRICT ELECTORAL AREA)
Codifiction	City of Delta	City of Delta
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(5)
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		
CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)	
1//	A STATE OF THE PARTY OF THE PAR	
Alaush	2022/09/07	
Aland	2022/09/07	
I hereby consent to act as the Financial Agent for the a	2022/09/07	
I hereby consent to act as the Financial Agent for the a	2022/09/07	By-election
I hereby consent to act as the Financial Agent for the a GENERAL VOTING DATE: (YYYY/MM/DD) 2022/10/15 FINANCIAL AGENT ADDRESS FOR SERVICE	2022/09/07 above-named Candidate for the:	
I hereby consent to act as the Financial Agent for the ageneral voting date: (YYYY/MM/DD) 2022/10/15 FINANCIAL AGENT ADDRESS FOR SERVICE	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN	By-election
I hereby consent to act as the Financial Agent for the ageneral voting date: (YYYY/MM/DD) 2022/10/15 FINANCIAL AGENT ADDRESS FOR SERVICE	2022/09/07 above-named Candidate for the: General Local Election	By-election
I hereby consent to act as the Financial Agent for the agent act as the Financial Agent for the agent Address For Service (STREET ADDRESS OR EMAIL ADDRESS)	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN	By-election
I hereby consent to act as the Financial Agent for the ageneral voting date: (YYYY/MM/DD) 2022/10/15 FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for Service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN	By-election POSTAL CODE
I hereby consent to act as the Financial Agent for the ageneral voting date: (YYYY/MM/DD) 2022/10/15 FINANCIAL AGENT ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) Additional Addresses for Service Information MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN Delta	By-election POSTAL CODE OPTIONA
I hereby consent to act as the Financial Agent for the ageneral voting date: (YYYY/MM/DD) 2022/10/15 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	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN Delta	By-election POSTAL CODE OPTIONA
I hereby consent to act as the Financial Agent for the ageneral voting date: (YYYY/MM/DD) 2022/10/15 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	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN Delta	POSTAL CODE OPTIONA POSTAL CODE
I hereby consent to act as the Financial Agent for the ageneral voting date: (YYYY/MM/DD) 2022/10/15 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	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN Delta CITY/TOWN	POSTAL CODE OPTIONA POSTAL CODE
Thereby consent to act as the Financial Agent for the ageneral voting date: (yyyy/mm/dd) 2022/10/15 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 FAX NUMBER	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN Delta CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED DATE: (YYYY/MM/DD)	POSTAL CODE OPTIONA POSTAL CODE D AS ADDRESS FOR SERVICE
I hereby consent to act as the Financial Agent for the a	2022/09/07 above-named Candidate for the: General Local Election CITY/TOWN Delta CITY/TOWN EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDE	POSTAL CODE OPTIONA POSTAL CODE D AS ADDRESS FOR SERVICE

C5 – Appointment of Candidate Official Agent

PLEASE PRINT IN BLOCK LETTERS

CANDIDATE'S LAST NAME	FIRST NAME	MIDDLE NAME(5)
Guichon	Alicia	Caroline
POSITION (E.G., MAYOR, COUNCILLOR, ELECTORAL AREA DIRECTOR)	JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL	ELECTION AREA (NAME OF MUNICIPALITY, REGIONAL DISTRICT
Councillor	City of Delta	City of Delta
	City of Delta	City of Delta
I hereby appoint as my Official Agent for the:		
GENERAL VOTING DATE: (YYYY/MM/DD) 2022/10/15	General Local Election	By-election
OFFICIAL AGENT'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
Schofield	Tyson	THEORET ISOME(S)
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE
	Delta	
I hereby delegate to the above-named official age	ent the authority to appoint scrut	ineers.
CANDIDATE'S SIGNATURE	DATE: (YYYY/MM/DD)	
Alust	2022/09/07	
· /		
	180 1 181 1	

C6 – Appointment of Candidate Scrutineer

PLEASE PRINT IN BLOCK LETTERS

Alicia Alicia FURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT) City of Delta General Local Election FIRST NAME Taylor CITY/TOWN Delta	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) City of Delta By-election MIDDLE NAME(S)
General Local Election Taylor CITY/TOWN	ELECTION AREA (NAME OF MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) City of Delta By-election MIDDLE NAME(5)
General Local Election Taylor City/Jown	MUNICIPALITY OR REGIONAL DISTRICT ELECTORAL AREA) City of Delta By-election MIDDLE NAME(S)
General Local Election FIRST NAME Taylor	City of Delta By-election MIDDLE NAME(5)
General Local Election FIRST NAME Taylor CITY/TOWN	By-election MIDDLE NAME(5)
Election FIRST NAME Taylor CITY/TOWN	MIDDLE NAME(S)
Election FIRST NAME Taylor CITY/TOWN	MIDDLE NAME(S)
Election FIRST NAME Taylor CITY/TOWN	MIDDLE NAME(S)
Taylor	
CITY/TOWN	POSTAL CODE
CITY/TOWN	POSTAL CODE
Delta	
DATE: (YYYY/MM/DD)	
2022/09/07	
The second secon	



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

 * ("Jack to the property" in the dear require little and the later to the l
 - *("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:	N last name	ALICIA	CAROLINE first & middle name(s)	V
Street, rural route, post office box:				
City: De Ha	Province:	BC	Postal Code:	
Level of government that applies to you:	O provincial O school board/fra	ofocal governme		190

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:	
Backwads Family Farm Market Ltd.	
Felix Farmy Ltd.	
467773 BC Ltd.	
	į,

Liabilities – s. 3 (e)List all creditors to whom you owe a debt. Do not include residential property debt (mortgage, lease or agreem

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)
AH SU , took & 814 0502-	SEROPAMIS FOR OUR JOY
1118 Street: DOHA	1 W of ACT TOO. TO A T
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	71 4352
Allog Flywh	CL C (ROLPE 1573) EXPTIBERE

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.

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brotated that 7 off - Own	LEAL FOR THE BELLANDER
7.79	1 K 2 5 90 T FT J Q (080P J 9 4.89) 51
15th SC , July PP VC & C	awn efect in p8 vibiles

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)	
LT 232 PLNWP04211	38883 Campbell Road, Abbotsford	
LT 68 PLNWP04211	2165 Dixon Road, Abbottford	
PCL2DL 108+109 LMP 41894	3050 46A Street, Delta	
PCL E LMP41477	52nd Street Delta	
LT 18 PLNWPD4211	2035 Interprovincial Hwy Abbotsford	

PCL 1 DL 108, 109, 127 LMP41894 - 3044 418 Street, Delta LT 4 DL 108, 109 LMP40488 -3020 418 Street, Delta PCL A of PCL 1 DL 108; 109, 127 LMP41894 418 Street, Delta LT 6 NWD LMP51927 -2150 52nd St, Delta Sect. 15

PCL C (Ref PL 1573) EXPT 1.66 AZ - HWY 17, DCHA ON SRW PL 45037 PT in PL LMP49827 + PT in PL LMP51927 N 1/2 of NE 1/4 Sec 15 TWP NWP

S'12 of the NE'14 Sec 15 Twp 5 Ex (1)

PT Red on PL 22977 In PL 36703 (3)

PT L4.15 Aznes) Shown on SRW PL 45037

PT LMP49827 (5) PT Sobdiv By PL

LMP5422 (6) PT on SRU

LT B Sec 22 TWP 19 PL BCP47641 NWD - No. 5 Rod, Abbotsford.

PCLE (Ref PL 9680) DL 177 GP ZEX PT - 5398 44 Ave, Detta

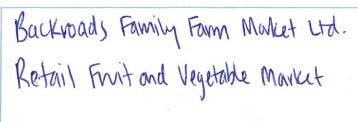
Corporate Assets - s. 5

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.)

Ono Oyes

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.



M. R	
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