

## C2 - Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

|                                                                                                                      |  |                                                                                                                            |                           |
|----------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|---------------------------|
| JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><b>PORT MOODY</b>                                        |  | ELECTION AREA (NAME OF MUNICIPALITY, NEIGHBOURHOOD CONSTITUENCY, OR REGIONAL DISTRICT ELECTORAL AREA)<br><b>PORT MOODY</b> |                           |
| We, the following electors of the above-named jurisdiction, hereby nominate:                                         |  |                                                                                                                            |                           |
| NOMINEE'S LAST NAME<br><b>GRASTY</b>                                                                                 |  | FIRST NAME<br><b>JOHN</b>                                                                                                  | MIDDLE NAME(S)            |
| USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT |  |                                                                                                                            |                           |
| RESIDENTIAL ADDRESS (STREET ADDRESS)<br>[REDACTED]                                                                   |  | CITY/TOWN<br><b>PORT MOODY</b>                                                                                             | POSTAL CODE<br>[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)<br><b>COUNCILLOR</b>                                     |  | JURISDICTION (NAME OF MUNICIPALITY OR REGIONAL DISTRICT)<br><b>PORT MOODY</b>                                              |                           |

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)<br><b>SEE NEXT PAGE</b>                                                                            | 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                                         |
| <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input type="checkbox"/> 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<br> | DATE: (YYYY/MM/DD)<br><b>2026-09-11</b> |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|

# 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)<br><b>BEVERLY KAY SHEEN</b>                                                                                   | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)<br><b>VINCENT MATTHEW TONG</b>                                                                                |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br><b>PORT MOODY BC</b>                                   | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR<br><b>PORT MOODY BC</b>                                   |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                                 | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                                 |
| <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input checked="" type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE |
| NOMINATOR'S SIGNATURE<br>                                                    | NOMINATOR'S SIGNATURE<br>                                                   |

|                                                                                                                                                    |                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)                                                                                                    | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)                                                                                                    |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      |
| <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input type="checkbox"/> 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)                                                                                                    | NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)                                                                                                    |
| RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                | RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A RESIDENT ELECTOR                                                |
| PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      | PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)<br>IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR                                      |
| <input type="checkbox"/> BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE | <input type="checkbox"/> 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)

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

DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA

AT: (LOCATION)

CITY OF PORT MOODY

DATE: (YYYY/MM/DD)

2026-09-11



I am acting as my own Financial Agent



I have appointed as my Financial Agent

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)

# 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:                | <div>GRASTY<br/><small>last name</small></div>                                                                                                                                         | <div>JOHN<br/><small>first &amp; middle name(s)</small></div> |
| Street, rural route, post office box:    | <div>[REDACTED]</div>                                                                                                                                                                  |                                                               |
| City:                                    | <div>PORT MOODY</div>                                                                                                                                                                  | Province: <div>BC</div> Postal Code: <div>[REDACTED]</div>    |
| Level of government that applies to you: | <div><input type="radio"/> provincial</div> <div><input checked="" type="radio"/> local government</div> <div><input type="radio"/> school board/francophone education authority</div> |                                                               |

*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:

|                         |
|-------------------------|
| NORTHERN ALLIANCE TRUST |
| NORTH POLE MINING LTD   |
|                         |
|                         |
|                         |
|                         |

## 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)*

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|  |

*creditor's address(es)*

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## 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*

|         |
|---------|
| CAP CPP |
|         |
|         |
|         |
|         |
|         |

*name(s) of business(es)/organization(s)*

|  |
|--|
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## 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)*

|  |
|--|
|  |
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|  |

*address(es)*

|  |
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## Corporate Assets – s. 5

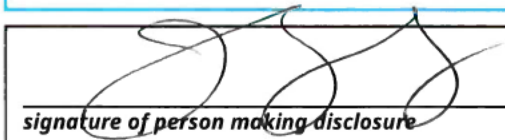
Do you individually, or together with your spouse, child, brother, sister, mother or father, own shares in a corporation which total more than 30% of votes for electing directors? (Include shares held by a trustee on your behalf, but not shares you hold by way of security.)

☒ 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.

N/A

  
signature of person making disclosure

2026-09-10  
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