CS2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

School District #50 (Haida Gwaii)	TRUSTEE ELECTORAL AREA (TEA NUMI	BER OR AT LARGE)		
We, the following electors of the above-named trustee electoral area, hereby nominate:				
NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)		
POST	MIRANDA	MAE		
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT				
RESIDENTIAL ADDRESS (STREET ADDRESS)	CITY/TOWN	POSTAL CODE		
724 2nd Avenue	Daajing hiids	VOTISO		
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE		
PO BOX 647	Daujing Gilds	VOTISO		
As a Candidate for the office of:				
POSITION BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISRICT) School District #50 (Haida Gwaii)	TRUSTEE ELECTORAL AREA (TEA NUMBER-OR 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) Sarah Hoffman Pansino	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Jesse William Hazen Embree	
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Daging Gilds (202 2nd Avenue 150	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR Daying Girls 1624 5th Ame., VOT 150	
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 She Prigis	NOMINATOR'S RIGNATURE JUSSELL	

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)
m ~ · ~	2022/09/09

CANDIDATE NOMINATION F		
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 AREA OFFICE OFFICE	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/FOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	
NOMNATOR'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) #F 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	
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	
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	
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	
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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	
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE	

CANDIDATE NOMINATION PACKAGE - SCHOOL TRUSTEE

CANDIDATE NOMINATION PACKAGE - SCHOOL TRUSTEE

CS2 – Nomination Documents

	PLEASE PRINT IN BLOCK LETTERS				
I do	o solemnly declare as follows:				
1.	I am qualified under section 32 of the School Act to be no	ominated, elected and to hold the office of			
	BOARD OF EDUCATION TRUSTEE				
2.	am or will be on general voting day f ir the election, age 18 or older.				
3.	am a Canadian citizen.				
4.	have been a resident of British Columbia, as determined in accordance with section 42 of the School Act, for it least six months immediately preceding today's date.				
5.	I am not disqualified by the <i>School Act</i> or any other enactment from being nominated for, being elected to or holding office as a trustee, or otherwise disqualified by law.				
6.	o the best of my knowledge, the information provided in these nomination documents is true.				
7.	I fully intend to accept the office if elected.				
_	I am aware of and understand the requirements and rest and intend to fully comply with those requirements and				
	NOMINEE'S SIGNATURE				
	DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKE	ING AFFIDAVITS FOR BRITISH COLUMBIA			
	Draying Girds - SDSD office 3rd pre	DATE: (YYYY/MM/DD) 2022-69-09			
	I am acting as my own Financial Agent	I have appointed as my Financial Agent			
	NOMINEE'S SIGNATURE	FINANCIAL AGENT'S NAME (IF APPLICABLE)			
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