# CANDIDATE NOMINATION PACKAGE - SCHOOL TRUSTEE

## **mination Documents**

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF SCHOOL DISTRICT)  ABBUTS FURD SCHOOL DISTRICT #34	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE)  ABBOTSFORD  State to sall area in here by normalis
Are, the following electors of the above-harred or NOMINEE'S LAST NAME	MACHIER SINGH
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PERSON NOMINATED IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS)  MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN POSTAL CODE  CITY/TOWN POSTAL CODE  CITY/TOWN POSTAL CODE
As a Candidate for the office of Position  BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTINCT)  ARBOTS FORD SCHOOL DESTINCT  ARBOTS FORD SCHOOL DESTINCT  ARBOTS FORD  AND ADDRESS AND ARBOT

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.
- 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

A Nominator MUST be Qualified Under the Local Government Act of Valletin NAME (FIRST, MIDDLE AND LAST NAMES)			
NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)  HARPINDERSTIKAUR, TOOK  RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)  IF NOMINATING AS A RESIDENT ELECTOR  ABBOTS FORD  PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE)  IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR  ABBOTS FORD,  PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR		
NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE  Free than two (e.g., 10) nominators are required.		

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.

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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
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NOMINATOR'S SIGNATURE	NOMINATOR'S SIGNATURE

CANDIDATE NOMINATION PACKAGE - SCHOOL TRUSTEE

### 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.

NOMINEE'S SIGNATURE  DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FORM  AT: (LOCATION)  ABBOTS FOR O	AKING AFFIDAVITS FOR BRITISH COLUMBIA  M  DATE: (YYYYMMM/DD)  2025 (08126
I am acting as my own Financial Agent NOMINEE'S SIGNATURE	I have appointed as my Financial Agent  RASAU BUTTAR  FINANCIAL AGENT'S NAME (IF APPLICABLE)