

CS2 - Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF SCHOOL DISTRICT) SD43 COQUITLAM		TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) 1
We, the following electors of the above-named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME Sherwood	FIRST NAME Julie	MIDDLE NAME(S) G
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT Julie Sherwood		
RESIDENTIAL ADDRESS (STREET ADDRESS) SAME	CITY/TOWN Port Coquitlam	POSTAL CODE V3B 5J9
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) SAME	CITY/TOWN	POSTAL CODE
As a Candidate for the office of:		
POSITION BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTRICT) SD43	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) 1

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 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 a qualified elector of the trustee electoral area where the candidate is running.
Elector qualifications are listed in section 40 and 41 of the *School Act*.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Anita Thibeault	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Caitlin Benavente
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR V3B5J9	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR V3B 5K4
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
☒ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☒ 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 	DATE: (YYYY/MM/DD) September 10, 2026

CANDIDATE NOMINATION PACKAGE - SCHOOL TRUSTEE

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 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 a qualified elector of the trustee electoral area where the candidate is running.
Elector qualifications are listed in section 40 and 41 of the *School Act*.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>Tracy Geary</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>V3C6E8</i>	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
☒ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☐ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE
NOMINATOR'S SIGNATURE <i>T. Geary</i>	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
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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
☐ BY CHECKING THIS BOX YOU CONFIRM THAT YOU ARE A QUALIFIED ELECTOR IN THE JURISDICTION THE CANDIDATE IS RUNNING FOR OFFICE	☐ 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

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, 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 42 of the *School Act*, for the past 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

S Shumvered

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

S Deal

AT: (LOCATION)

Port Coquitlam

DATE: (YYYY/MM/DD)

2026-09-10



I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

S Shumvered



I have appointed as my Financial Agent

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)

CS3 – Other Information Provided by Candidate

PLEASE PRINT IN BLOCK LETTERS

Office for which individual is a nominee:		
POSITION BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTRICT) SD43	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) 1
NOMINEE'S LAST NAME Sherwood	FIRST NAME Julie	MIDDLE NAME(S) G
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT Julie Sherwood		
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN Port Coquitlam	POSTAL CODE V3B 5J9
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) SAME	CITY/TOWN	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/TOWN	POSTAL CODE
FAX NUMBER	EMAIL ADDRESS IF MAILING ADDRESS WAS PROVIDED AS ADDRESS FOR SERVICE	

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