CS2 – Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE)
SD43 Coquitlam	#3 PORT COQUITLAM

We, the following electors of the above-named jurisdiction, hereby nominate:

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
THOMAS	MICHAEL	ALLEN

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
	PORT COQUITLAM	V3B3W7
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE

As a Candidate for the office of:

POSITION	JURISDICTION (NAME OF SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE)
BOARD OF EDUCATION TRUSTEE	SD43 COQUITLAM	#3 PORT COQUITLAM

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)	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES)
LAURA KATHLEEN THOMAS	CHRISTINE SHERREE POLLOCK
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** PORT COQUITLAM, T, V3B3W7	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) **IF NOMINATING AS A RESIDENT ELECTOR** PORT COQUITLAM, E, V3C6B3
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)
	2026/09/01

CS2 – Nomination Documents

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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

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

AT: (LOCATION)	DATE: (YYYY/MM/DD)
Port Coquitlam, BC	2026/09/01

☑ I am acting as my own Financial Agent NOMINEE'S SIGNATURE	☐ 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):
N/A

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	JURISDICTION (NAME OF SCHOOL DISTRICT)	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE)
BOARD OF EDUCATION TRUSTEE	SD43 COQUITLAM	#3 PORT COQUITLAM

NOMINEE'S LAST NAME	FIRST NAME	MIDDLE NAME(S)
THOMAS	MICHAEL	ALLEN

USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT

MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS	CITY/TOWN	POSTAL CODE
	PORT COQUITLAM	V3B3W7

ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS)	CITY/TOWN	POSTAL CODE
MICHAEL@THOMASFROMPOCO.CA		

TELEPHONE NUMBER	EMAIL ADDRESS (IF AVAILABLE)
604-715-7320	MICHAEL@THOMASFROMPOCO.CA

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
	PORT COQUITLAM	V3B3W7

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