

CS2 – Nomination Documents


PLEASE PRINT IN BLOCK LETTERS

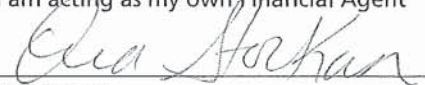
I do solemnly declare as follows:

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 in no way disqualified by the *School Act*, or any other enactment 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 fully intend to comply with those requirements and restrictions.

NOMINEE'S SIGNATURE 	
DECLARED BEFORE ME: CHIEF ELECTION OFFICER OR COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA Paula Skrzypka, CEO P.S.	
AT: (LOCATION) District of Lillooet	DATE: (YYYY / MM / DD) 2017/03/07

<input checked="" type="checkbox"/> I am acting as my own Financial Agent  NOMINEE'S SIGNATURE	<input type="checkbox"/> I have appointed as my Financial Agent _____ FINANCIAL AGENT'S NAME (IF APPLICABLE)
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JURISDICTION NAME (E.G. BOARD OF EDUCATION) <i>GOLD TRAIL - SEACOL DIST # 74</i>		TRUSTEE ELECTORAL AREA (E.G. AT LARGE OR TRUSTEE ELECTORAL AREA 1, 2) <i>District of Lillooet</i>	
We, the following electors of the above named trustee electoral area, hereby nominate:			
NOMINEE'S LAST NAME <i>STORKHAN</i>	FIRST NAME <i>ORRA</i>	MIDDLE NAME(S) <i>LOUISE</i>	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <i>Same</i>			
RESIDENTIAL ADDRESS (STREET ADDRESS) <i>#5 118-11th Ave</i>	CITY/TOWN <i>LILLOOET</i>	POSTAL CODE <i>VOK 1V0</i>	
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) <i>PO BOX 916</i>	CITY/TOWN <i>LILLOOET</i>	POSTAL CODE <i>VOK 1V0</i>	
As a Candidate for the office of:			
POSITION Board of Education Trustee	JURISDICTION NAME <i>SID # 74</i>	TRUSTEE ELECTORAL AREA <i>Dist of Lillooet</i>	

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 the office, or is not otherwise disqualified by law.

NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>LAURIE ALISON HOPFL</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>JACQUELINE TERESA BZDEL</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>P.O. Box 1428 330 HOLLYWOOD CRES, LILLOOET, BC VOK 1V0</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>P.O. Box 404 697 Columbia St. LILLOOET BC VOK 1V0</i>
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 <i>Laurie Hopfl</i>	NOMINATOR'S SIGNATURE <i>Jacqueline Bzdel</i>

Please see over for additional space when more than two nominators are required. For local governments that require 25 nominators attach an additional sheet as necessary.

I consent to the above nomination for office:

NOMINEE'S SIGNATURE <i>Orra Storkhan</i>	DATE: (YYYY / MM / DD) <i>2017/03/07</i>
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CS3 – Other Information Provided by Candidate

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Office for which individual is a nominee:

POSITION Board of Education Trustee	of the	JURISDICTION NAME (E.G. BOARD OF EDUCATION) SD #74	TRUSTEE ELECTORAL AREA (E.G. AT LARGE, TRUSTEE ELECTORAL AREA 1, 2) Lillooet
NOMINEE'S LAST NAME STORKAN		FIRST NAME ORRA	MIDDLE NAME(S) LOUISE
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT (Same)			
MAILING ADDRESS (STREET ADDRESS/PO BOX NUMBER) AS PROVIDED IN THE NOMINATION DOCUMENTS PO Box 916	CITY/TOWN LILLOOET	POSTAL CODE VOK 1V0	
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) #5 118 11th Ave	CITY/TOWN Lillooet	POSTAL CODE VOK 1V0	
TELEPHONE NUMBER (250) 256-3542	EMAIL ADDRESS (IF AVAILABLE) otjn1965@gmail.com		

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	

NAME OF ELECTOR ORGANIZATION ENDORSING THE CANDIDATE (IF APPLICABLE)



I am acting as my own Financial Agent



I am not acting as my own Financial Agent

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