

CS1 – Candidate Cover Sheet and Checklist Form

PLEASE PRINT IN BLOCK LETTERS

SECTION A

CANDIDATE'S LAST NAME TURPIN	FIRST NAME LISA	MIDDLE NAME(S) MICHELLE
NAME OF OFFICE FOR WHICH CANDIDATE IS SEEKING ELECTION BOARD OF EDUCATION TRUSTEE		

SECTION B

This information package includes the following completed forms, appointments, consents and declarations:

- ☐ **CS2 – Nomination Documents**
- ☐ **CS3 – Other Information Provided by Candidate**
- ☐ **CS4 – Appointment of Candidate Financial Agent** (if Candidate is not acting as own Financial Agent)
- ☐ **CS5 – Appointment of Candidate Official Agent** (if applicable)
- ☐ **CS6 – Appointment of Candidate Scrutineer** (if applicable)
- ☐ **Statement of Disclosure: *Financial Disclosure Act*** (required under the *Financial Disclosure Act*)

Disclaimer: All attempts have been made to ensure the accuracy of the forms contained in the Candidate Nomination Package – School Trustee; however, the forms are not a substitute for provincial legislation and/or regulations.

Please refer directly to the latest consolidation of provincial statutes at BC Laws (www.bclaws.ca) for applicable election-related provisions and requirements.

CS2 - Nomination Documents

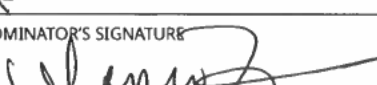
PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF SCHOOL DISTRICT) SD48 Howe Sound		TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) Squamish
We, the following electors of the above-named jurisdiction, hereby nominate:		
NOMINEE'S LAST NAME Turpin	FIRST NAME Lisa	MIDDLE NAME(S) Michelle
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT		
RESIDENTIAL ADDRESS (STREET ADDRESS) [REDACTED]	CITY/TOWN Garibaldi Highlands	POSTAL CODE V0N 1T0
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER) [REDACTED]	CITY/TOWN Garibaldi Highlands	POSTAL CODE V0N 1T0
As a Candidate for the office of:		
POSITION BOARD OF EDUCATION TRUSTEE	JURISDICTION (NAME OF SCHOOL DISTRICT) Howe Sound SD48	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) Squamish

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) Cheryl Anne Weeks	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) Annie L Goodacre
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED]	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR [REDACTED]
PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [REDACTED]	PROPERTY ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A NON-RESIDENT PROPERTY ELECTOR [REDACTED]
☒ 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)
2026/09/02

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)	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
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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

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

AT: (LOCATION)

District of Squamish

DATE: (YYYY/MM/DD)

2026/09/02



I am acting as my own Financial Agent



I have appointed as my Financial Agent

NOMINEE'S SIGNATURE

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) SEA TO SKY SD48	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) SQUAMISH
NOMINEE'S LAST NAME TURPIN	FIRST NAME LISA	MIDDLE NAME(S) MICHELLE
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 GARIBALDI HIGHLANDS	POSTAL CODE V0N1T0
ADDRESS FOR SERVICE (STREET ADDRESS OR EMAIL ADDRESS) 	CITY/TOWN Garibaldi Highlands	POSTAL CODE V0N1T0
TELEPHONE NUMBER 	EMAIL ADDRESS (IF AVAILABLE) Lisaturpin@iCLOUD.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	

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