

CANDIDATE NOMINATION PACKAGE - SCHOOL TRUSTEE

CS2 - Nomination Documents

PLEASE PRINT IN BLOCK LETTERS

JURISDICTION (NAME OF SCHOOL DISTRICT) <i>SKAHA SD #67 OKANAGAN</i>		TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) <i>SKAHA SD #67 OKANAGAN Area 2</i>	
We, the following electors of the above-named jurisdiction, hereby nominate:			
NOMINEE'S LAST NAME <i>Van Alphen</i>	FIRST NAME <i>LINDA</i>	MIDDLE NAME(S) <i>MAUREEN</i>	
USUAL NAME OF PERSON NOMINATED IF DIFFERENT FROM ABOVE AND PREFERRED BY THE PERSON NOMINATED TO APPEAR ON THE BALLOT <i>LINDA</i>			
RESIDENTIAL ADDRESS (STREET ADDRESS) [REDACTED]	CITY/TOWN <i>BC SUMMERLAND</i>	POSTAL CODE [REDACTED]	
MAILING ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS (STREET ADDRESS/PO BOX NUMBER)	CITY/TOWN	POSTAL CODE	
As a Candidate for the office of:			
POSITION BOARD OF EDUCATION TRUSTEE		JURISDICTION (NAME OF SCHOOL DISTRICT) <i>OKANAGAN SKAHA</i>	TRUSTEE ELECTORAL AREA (TEA NUMBER OR AT LARGE) <i>2</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, 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>Gileen Stettin</i>	NOMINATOR'S NAME (FIRST, MIDDLE AND LAST NAMES) <i>MANPREET KAUR BRAR</i>
RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>Summerland</i>	RESIDENTIAL ADDRESS (CITY/TOWN, STREET ADDRESS, POSTAL CODE) IF NOMINATING AS A RESIDENT ELECTOR <i>Summerland</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
☒ 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>Gileen Stettin</i>	NOMINATOR'S SIGNATURE <i>Manpreet Kaur Brar</i>

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 (YY/MM/DD)

*Linda Van Alphen**Sept 10, 2026*

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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

Ammanda Kidd, Deputy Chief Election Officer

AT: (LOCATION)

Summerland, BC

DATE: (YYYY/MM/DD)

2026/09/10



I am acting as my own Financial Agent

NOMINEE'S SIGNATURE

Linda Van Olfen



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)