

Instructions

It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

Nomination paper of a person to be a candidate at an election to be held in the following municipality

Nominated for the Office of Deputy Mayor Georgetown
Ward Name or Number (if any) Georgetown Buffs

Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name FRINGUE Given Name(s) GRANT

Nominee's full qualifying address within municipality

Suite/Unit Number 082464 Street Name Stoke Road 6

Municipality Georgetown Buffs Province ON Postal Code N4K 5N5

Mailing Address Same as qualifying address

Suite/Unit Number Street Number Street Name

Municipality

Province

Postal Code

If nominated for school board, full address of residence within its jurisdiction

Suite/Unit Number Street Number Street Name

Municipality

Province

Postal Code

Email Address

Kfringue23@outlook.com

Telephone Number 519 270 6535

Telephone Number 2 ---

Declaration of Qualification

I, AK GRANT FRINGUE, declare that I am presently legally qualified (or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.

Signature of Nominee

June 18/22
Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd)

2022/08/14

Time Received

1:11 p.m.

Initial of Nominee or Agent (if filed in person)

Signature of Clerk or Designate

Certification by Clerk or Designate

I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature

Date Certified (yyyy/mm/dd)



Instructions

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Name of person seeking nomination

Last Name or Single Name PRINGLE Given Name(s) GRANT

Endorsement signatures for the nomination of a person for an office in the municipality of

Georgian Bluffs in the year 2022

Name of person providing endorsement

Last Name or Single Name PRINGLE Given Name(s) MACKENZIE

Qualifying Address Suite/Unit No.	Street No.	Street Name	Province	Postal Code
		<u>82464</u>	<u>ON</u>	<u>N4K 5N5</u>
Municipality	<u>GEORGIAN BLUFFS</u>			

I endorse Grant Pringle as a candidate and declare that I am qualified to be an elector in this municipality.

Maggi Pringle
Signature

2022/08/07
Date (YYYY/mm/dd)

Name of person providing endorsement

Last Name or Single Name PRINGLE Given Name(s) MITCHELL

Qualifying Address Suite/Unit No.	Street No.	Street Name	Province	Postal Code
		<u>82464</u>	<u>ON</u>	<u>N4K 5N5</u>
Municipality	<u>GEORGIAN BLUFFS</u>			

I endorse Grant Pringle as a candidate and declare that I am qualified to be an elector in this municipality.

Maggi Pringle
Signature

2022/08/07
Date (YYYY/mm/dd)

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Name of person providing endorsement			
Last Name or Single Name <u>Scott</u>		Given Name(s) <u>EVAN MELISSA</u>	
Qualifying Address			
Suite/Unit No. <u>82488</u>	Street No. <u>Side Road 6</u>	Street Name	Postal Code <u>N4K5N5</u>
Municipality <u>Georgian Bluffs</u>		Province <u>ON</u>	
I endorse <u>GRANT TRINGE</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Unscott</u>		Date (yyyy/mm/dd) <u>2022/08/08</u>	
Signature			

Name of person providing endorsement			
Last Name or Single Name <u>Scott</u>		Given Name(s) <u>EVAN</u>	
Qualifying Address			
Suite/Unit No. <u>82488</u>	Street No. <u>Side Road 6</u>	Street Name	Postal Code <u>N4K5N5</u>
Municipality <u>Georgian Bluffs</u>		Province <u>ON</u>	
I endorse <u>GRANT TRINGE</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>C Scott</u>		Date (yyyy/mm/dd) <u>2022/08/08</u>	
Signature			

Name of person providing endorsement			
Last Name or Single Name <u>CATTO</u>		Given Name(s) <u>SCOTT</u>	
Qualifying Address			
Suite/Unit No. <u>122414</u>	Street No. <u>GREY ROAD 5</u>	Street Name	Postal Code <u>N4K5N5</u>
Municipality <u>GEORGIAN BLUFFS</u>		Province <u>ON</u>	
I endorse <u>GRANT TRINGE</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Scott Catto</u>		Date (yyyy/mm/dd) <u>2022/08/08</u>	
Signature			


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Name of person providing endorsement		Given Name(s)	
Last Name or Single Name Mielhausen		Jennifer	
Qualifying Address		Street No.	Street Name
Suite/Unit No.		122414	Grey County Roads
Municipality		Province	Postal Code
Georgian Bluffs		Ontario	N4K 5N5
I endorse Grant Pringle		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature		Date (yyyy/mm/dd)	
		2022/08/08	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name McKinna		Rebecca	
Qualifying Address		Street No.	Street Name
Suite/Unit No.		057825	Conc 11 Tara
Municipality		Province	Postal Code
Georgian Bluffs		Ont	N0H 2A0
I endorse Grant Pringle		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature		Date (yyyy/mm/dd)	
		2022/08/08	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name Mason		Cassidy	
Qualifying Address		Street No.	Street Name
Suite/Unit No.		240068	Wilcox Side Rd.
Municipality		Province	Postal Code
Georgian Bluffs		ON	N4K 5N7
I endorse Grant Pringle		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature		Date (yyyy/mm/dd)	
		(1997/07/30)	

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Name of person providing endorsement	
Last Name or Single Name PRINGLE	Given Name(s) LORENDA A
Qualifying Address Suite/Unit No. 082464 Sdrd 6	Street Name RR#3 Owen Sound
Municipality Georgian Bluffs	Province Ontario
	Postal Code N4K-5N5
I endorse Kenneth Grant Pringle as a candidate and declare that I am qualified to be an elector in this municipality.	
Lorenda Pringle Signature	
2022/08/10 Date (yyyy/mm/dd)	

Name of person providing endorsement	
Last Name or Single Name Mc Comb	Given Name(s) Ronald
Qualifying Address Suite/Unit No. 082423 Sdrd 6	Street Name RR-3 Owen Sound
Municipality Georgian Bluffs	Province ON
	Postal Code N4K5N5
I endorse Grant Pringle as a candidate and declare that I am qualified to be an elector in this municipality.	
Ronald McComb Signature	
2022/08/10 Date (yyyy/mm/dd)	

Name of person providing endorsement	
Last Name or Single Name McComb	Given Name(s) Marilyn
Qualifying Address Suite/Unit No. 082423 Sdrd 6	Street Name RR-3 Owen Sound
Municipality Georgian Bluffs	Province ON
	Postal Code N4K5N5
I endorse Grant Pringle as a candidate and declare that I am qualified to be an elector in this municipality.	
Marilyn McComb Signature	
2022/08/10 Date (yyyy/mm/dd)	

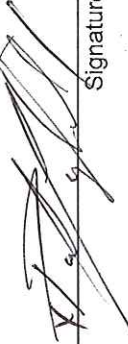
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Name of person providing endorsement	
Last Name or Single Name <u>Campbell</u>	Given Name(s) <u>Faith</u>
Qualifying Address Suite/Unit No. <u>082456</u>	Street Name <u>SIDE ROAD #6</u>
Municipality <u>Georgian Bluffs</u>	Province <u>ON</u>
	Postal Code <u>N4K5N5</u>
I endorse <u>Grant Penhale</u> as a candidate and declare that I am qualified to be an elector in this municipality.	
	Signature 
	Date (yyyy/mm/dd) <u>2022/08/10</u>

Name of person providing endorsement	
Last Name or Single Name <u>D Reiter</u>	Given Name(s) <u>Doreen</u>
Qualifying Address Suite/Unit No. <u>082456</u>	Street Name <u>Sidord 6</u>
Municipality <u>Georgian Bluffs</u>	Province <u>ON</u>
	Postal Code <u>N4K5N5</u>
I endorse <u>Doreen Reiter</u> as a candidate and declare that I am qualified to be an elector in this municipality.	
	Signature 
	Date (yyyy/mm/dd) <u>2022/08/10</u>

Name of person providing endorsement	
Last Name or Single Name <u>Vokes</u>	Given Name(s) <u>Enca</u>
Qualifying Address Suite/Unit No. <u>082118</u>	Street Name <u>Sidord 6</u>
Municipality <u>Georgian Bluffs</u>	Province <u>ON</u>
	Postal Code <u>N4K5N5</u>
I endorse <u>Grant Pringle</u> as a candidate and declare that I am qualified to be an elector in this municipality.	
	Signature <u>E. Vokes</u>
	Date (yyyy/mm/dd) <u>2022/08/10</u>

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Name of person providing endorsement		Given Name(s)	
Last Name or Single Name <u>KIRKCONNELL</u>		<u>Robert</u>	
Qualifying Address		Street Name	
Suite/Unit No. <u>082409</u>	<u>Sideroad 6</u>		
Municipality <u>Georgian Bluffs</u>		Province <u>ON</u>	Postal Code <u>N4K 5N5</u>
I endorse <u>Grant Pringle</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>RJ JW</u>		<u>2022/08/10</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name <u>Kirkconnor</u>		<u>Mary Ann</u>	
Qualifying Address		Street Name	
Suite/Unit No. <u>082406</u>	<u>Sideroad 6</u>		
Municipality <u>Georgian Bluffs</u>		Province <u>ON</u>	Postal Code <u>N4K 5N5</u>
I endorse <u>Robert Pringle Grant Pringle</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>M Kirkconnor</u>		<u>2022/08/10</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name <u>Denard</u>		<u>Mary Courtney</u>	
Qualifying Address		Street Name	
Suite/Unit No. <u>082409</u>	<u>Sideroad 6</u>		
Municipality <u>Georgian Bluffs</u>		Province <u>ON</u>	Postal Code <u>N4K 5N5</u>
I endorse <u>Grant Pringle</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Mary Courtney</u>		<u>2022/08/10</u>	
Signature		Date (yyyy/mm/dd)	

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Name of person providing endorsement			
Last Name or Single Name <i>Testares</i>		Given Name(s) <i>David</i>	
Qualifying Address Suite/Unit No. <i>082-380</i>		Street Name <i>Side Rd E</i>	Postal Code <i>N4K 5N5</i>
Municipality <i>Georgian Bluffs</i>		Province <i>Ont</i>	
I endorse <u><i>Grant Pringle</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <i>[Signature]</i>		Date (yyyy/mm/dd) <i>Aug 10/2022</i>	

Name of person providing endorsement			
Last Name or Single Name <i>SCHOFF</i>		Given Name(s) <i>ERNIE</i>	
Qualifying Address Suite/Unit No. <i>157104</i>		Street Name <i>CON. 5</i>	Postal Code <i>N4K 5N5</i>
Municipality <i>Georgian Bluffs</i>		Province <i>Ontario</i>	
I endorse <u><i>Grant Pringle</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <i>[Signature]</i>		Date (yyyy/mm/dd) <i>Aug. 10 / 22</i>	

Name of person providing endorsement			
Last Name or Single Name <i>FLAYTON</i>		Given Name(s) <i>JAY</i>	
Qualifying Address Suite/Unit No. <i>17753</i>		Street Name <i>CON. 5</i>	Postal Code <i>N4K 5N5</i>
Municipality <i>Georgian Bluffs</i>		Province <i>ONT</i>	
I endorse <u><i>Grant Pringle</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <i>[Signature]</i>		Date (yyyy/mm/dd) <i>Aug 10/2022</i>	

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Name of person providing endorsement		Given Name(s)	
Last Name or Single Name <i>Lantz</i>		<i>Dustin</i>	
Qualifying Address		Street No.	Street Name
Suite/Unit No.		<i>08218</i>	<i>Side road 6</i>
Municipality <i>Georgian Bluffs</i>		Province	Postal Code
		<i>ON</i>	<i>N4K 5N7</i>
I endorse <u><i>Grant Pringle</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <i>Dustin Lantz</i>		Date (yyyy/mm/dd) <i>2022/08/10</i>	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name <i>Varwyck</i>		<i>Randy</i>	
Qualifying Address		Street No.	Street Name
Suite/Unit No.		<i>102169</i>	<i>Grey Road 5</i>
Municipality <i>Georgian Bluffs</i>		Province	Postal Code
		<i>ON</i>	<i>N4K 5N5</i>
I endorse <u><i>Brian Pringle</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <i>Brian Pringle</i>		Date (yyyy/mm/dd) <i>2022/08/10</i>	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name <i>YANWYCH</i>		<i>SHARON</i>	
Qualifying Address		Street No.	Street Name
Suite/Unit No.		<i>102169</i>	<i>Grey Road 5</i>
Municipality <i>Georgian Bluffs</i>		Province	Postal Code
		<i>ON</i>	<i>N4K 5N5</i>
I endorse <u><i>Grant Pringle</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <i>Sharon Yanwyck</i>		Date (yyyy/mm/dd) <i>2022/08/10</i>	

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Name of person providing endorsement		Given Name(s) <u>HOWARD</u>	
Last Name or Single Name <u>GREIG</u>			
Qualifying Address	Street Name	Province	Postal Code
Suite/Unit No. <u>102069</u>	<u>GREY ROAD</u>	<u>Ont</u>	<u>N4K5N5</u>
Municipality <u>Georgian Bluffs</u>			
I endorse <u>Grant Pringle</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u>		Date (yyyy/mm/dd) <u>2022/08/13</u>	
Signature			

Name of person providing endorsement		Given Name(s) <u>RUTH ANNE</u>	
Last Name or Single Name <u>GREIG</u>			
Qualifying Address	Street Name	Province	Postal Code
Suite/Unit No. <u>102069</u>	<u>GREY ROAD</u>	<u>ONT</u>	<u>N4K5N5</u>
Municipality <u>Georgian Bluffs</u>			
I endorse <u>Grant Pringle</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u>		Date (yyyy/mm/dd) <u>2022/08/13</u>	
Signature			

Name of person providing endorsement		Given Name(s) <u>TRICIA ANNE</u>	
Last Name or Single Name <u>SPENCE</u>			
Qualifying Address	Street Name	Province	Postal Code
Suite/Unit No. <u>120</u>	<u>FLEMING DRIVE</u>	<u>ONT</u>	<u>N4K0H9</u>
Municipality <u>Georgian Bluffs</u>			
I endorse <u>Grant Pringle</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u>		Date (yyyy/mm/dd) <u>2022/08/13</u>	
Signature			

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Name of person providing endorsement			
Last Name or Single Name <i>CATTO</i>		Given Name(s) <i>E. ELAINE J.</i>	
Qualifying Address			
Suite/Unit No. <i>122414</i>	Street No. <i>GREY RDS</i>	Street Name	Postal Code
Municipality <i>GEORGIAN BLUFFS</i>		Province <i>ONT</i>	<i>N4K5T5</i>
I endorse <u><i>Elaine Catto</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u><i>Elaine Catto</i></u>		Date (yyyy/mm/dd) <u><i>Aug 18, 2022</i></u>	
Signature			

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	Postal Code
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	Postal Code
Municipality		Province	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

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