

Instructions

A nomination paper may only be filed in person or by an agent; it may not be faxed or emailed. 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 <u>Township of Georgian Bluffs</u>	
Nominated for the office of <u>Township of Georgian Bluffs Councillor</u>	Ward name or no. (if any) <u>W37</u>
Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)	
Last Name or Single Name <u>Shouldice</u>	Given Name(s) <u>Isaac</u>

Nominee's full qualifying address within municipality			
Suite/Unit No. <u>302172</u>	Street No.	Street Name <u>Grey Road 170</u>	
Municipality <u>Township of Georgian Bluffs</u>	Province <u>Ontario</u>	Postal Code <u>N0H 2L0</u>	

Mailing Address	<input checked="" type="checkbox"/> Same as qualifying address		
Suite/Unit No.	Street No.	Street Name	
Municipality	Province	Postal Code	


If nominated for school board, full address of residence within its jurisdiction			
Suite/Unit No.	Street No.	Street Name	
Municipality	Province	Postal Code	

Email Address <u>isaacshouldice94@gmail.com</u>	Telephone No. (including area code) <u>(226)-668-6913</u>	Telephone No.2 (including area code)
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Declaration of Qualification
 I, Isaac Edward Shouldice, 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

2022/07/15th
 Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd) <u>Aug. 17/2022</u> <u>2022-07-15</u>	Time Filed <u>10:16 a.m.</u> <u>DSB/lor</u>	Initial of Nominee or Agent <u>I.S.</u>	Signature of Clerk or Designate 
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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)
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Instructions

- Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

Name of person seeking nomination

Last Name or Single Name

Shouldice

Given Name(s)

Isaac

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

MacDonald

Given Name(s)

Aaron

Qualifying Address

Suite/Unit No.

Street No.

Street Name

313

Princess St.

Municipality

Georgian bluffs


Province

Ontario

Postal Code

N0H 2K0

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



Signature

2022/08/13

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Bird

Given Name(s)

David

Qualifying Address

Suite/Unit No.

Street No.

Street Name

77926 Concession 2 NCD RD

Municipality

Georgian Bluffs

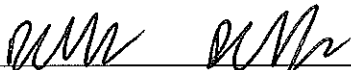
Province

Ontario

Postal Code

N0H-2T0

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



Signature

2022/08/13

Date (yyyy/mm/dd)

Instructions

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Name of person providing endorsement			
Last Name or Single Name <i>M Lay</i>		Given Name(s) <i>Noah</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name <i>Con Rd 20 4032U</i>	
Municipality <i>Georgian Bluffs</i>		Province <i>Ontario</i>	Postal Code <i>N0H 1S0</i>
I endorse <u><i>Isaac Shuldien</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <i>N/M Lay</i>		Date (yyyy/mm/dd) <i>August 13, 2022</i>	

Name of person providing endorsement			
Last Name or Single Name <i>Bannerman</i>		Given Name(s) <i>Fairyn</i>	
Qualifying Address			
Suite/Unit No.	Street No. <i>Con 20</i>	Street Name <i>Con Rd 20 4032U</i>	
Municipality <i>Georgian Bluffs</i>		Province <i>Ontario</i>	Postal Code <i>N0H 1S0</i>
I endorse <u><i>Isaac Shuldien</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <i>Fairyn Bannerman</i>		Date (yyyy/mm/dd) <i>August 13, 2020</i>	

Name of person providing endorsement			
Last Name or Single Name <i>Lay</i>		Given Name(s) <i>MICB</i>	
Qualifying Address			
Suite/Unit No.	Street No. <i>330762</i>	Street Name <i>GEORGIAN RANGES RD</i>	
Municipality <i>Georgian Bluffs</i>		Province <i>ONTARIO</i>	Postal Code <i>N0H 1S0</i>
I endorse <u><i>Isaac Shuldien</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <i>M/Lay</i>		Date (yyyy/mm/dd) <i>2022/08/13</i>	

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Print Form

Clear Form

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Name of person seeking nomination

Last Name or Single Name

Shaldon

Given Name(s)

Isaac

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

Colin Lawrence

Given Name(s)

Colin

Qualifying Address

Suite/Unit No.

Street No.

Street Name

139 ISHWAR DR.

Municipality

Georgian Bluffs

Province

ON

Postal Code

N0H1S0

I endorse

Isaac Shaldon

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



Signature

2022/08/13

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

GALAN

Given Name(s)

GREG

Qualifying Address

Suite/Unit No.

Street No.

Street Name

251

OLD MILL ROAD

Municipality

GEORGIAN Bluffs

Province

ON

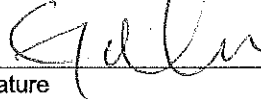
Postal Code

N0H 2T0

I endorse

Isaac Shaldon

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



Signature

2022/08/13

Date (yyyy/mm/dd)

Instructions

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Name of person providing endorsement			
Last Name or Single Name Galan		Given Name(s) Kerry	
Qualifying Address			
Suite/Unit No.	Street No. 257	Street Name Old Mill Rd	
Municipality Georgian Bluffs		Province ON	Postal Code N0H 2T0
I endorse <u>Isa Shardin</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Kerry Galan Signature		_____ 2022/08/13 Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name GALAN		Given Name(s) KATHRYN	
Qualifying Address			
Suite/Unit No.	Street No. 257	Street Name Old Mill Road	
Municipality Georgian Bluffs		Province ON	Postal Code N0H2T0
I endorse <u>Isa Shardin</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Kathryn Galan Signature		_____ 2022/08/13 Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name Kochany (Kochany)		Given Name(s) Arleigh	
Qualifying Address			
Suite/Unit No. 282	Street No. 257	Street Name OLD MILL Rd	
Municipality Georgian Bluffs		Province ON	Postal Code N0H 2T0
I endorse <u>Isa Shardin</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Arleigh Kochany Signature		_____ 2022/08/13 Date (yyyy/mm/dd)	

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Name of person seeking nomination

Last Name or Single Name

Shouldice

Given Name(s)

Isaac

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

Shouldice

Given Name(s)

David Jr.

Qualifying Address

Suite/Unit No.

Street No.

Street Name

502172

Grey Road 170

Municipality

Georgian Bluffs

Province

Ontario

Postal Code

N0H 2K0

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

David Shouldice

Signature

2022/08/13

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Mallard

Given Name(s)

Rachel

Qualifying Address

Suite/Unit No.

Street No.

Street Name

502804

Grey Rd 1

Municipality

Georgian Bluffs

Province

ON

Postal Code

N0H2T0

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

Rachel Mallard

Signature

2022/08/13

Date (yyyy/mm/dd)

(6)

Instructions

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Name of person providing endorsement			
Last Name or Single Name <i>McManaman</i>		Given Name(s) <i>Gillian</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name <i>Grey Rd 17 179197</i>	
Municipality <i>Georgian Bluffs</i>		Province <i>ON</i>	Postal Code <i>N0H 2K0</i>
I endorse <u><i>Isaac Sholden</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u><i>[Signature]</i></u> Signature		<u><i>2022/08/13</i></u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <i>Weatherbee</i>		Given Name(s) <i>Sandra</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name <i>139191 Hindman Side road</i>	
Municipality <i>Georgian Bluffs</i>		Province <i>Ont</i>	Postal Code <i>N0H-2K0</i>
I endorse <u><i>Isaac Sholden</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u><i>S. Weatherbee</i></u> Signature		<u><i>2022/08/13</i></u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <i>WOUDSTRA</i>		Given Name(s) <i>BAUKJE</i>	
Qualifying Address			
Suite/Unit No.	Street No. <i>302135</i>	Street Name <i>GREY RD 170</i>	
Municipality <i>Georgian Bluffs</i>		Province <i>ON</i>	Postal Code <i>N0H 2K0</i>
I endorse <u><i>Isaac Sholden</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u><i>[Signature]</i></u> Signature		<u><i>2022/08/13</i></u> Date (yyyy/mm/dd)	

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Name of person seeking nomination

Last Name or Single Name

Shouldice

Given Name(s)

Paul

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

Snij Mey

Given Name(s)

Paul

Qualifying Address

Suite/Unit No.

Street No.

Street Name

302087 - Grey Rd. 1170

Municipality

Georgian Bluffs

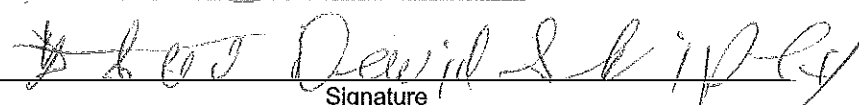
Province

Postal Code

I endorse

Isaac Shouldice

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



Signature

2022/08/13

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Gadd-Muselius

Given Name(s)

Kathy

Qualifying Address

Suite/Unit No.

Street No.

Street Name

302173 Grey Rd 170, RR#2, Shallow Lake

Municipality

Georgian Bluffs

Province

ON

Postal Code

N0H 2K0

I endorse

Isaac Shouldice

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



Signature

2022/08/13

Date (yyyy/mm/dd)



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Name of person providing endorsement			
Last Name or Single Name <u>Vincent</u>		Given Name(s) <u>Connie</u>	
Qualifying Address			
Suite/Unit No.	Street No. <u>718499</u>	Street Name <u>Hwy 6</u>	
Municipality <u>Georgian Bluffs</u>	Province <u>Ontario</u>	Postal Code <u>N0H 2K5</u>	
I endorse <u>Isaac Shouldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>K. Connie Vincent</u>		<u>2022/08/13</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>Veroni</u>		Given Name(s) <u>Karen</u>	
Qualifying Address			
Suite/Unit No.	Street No. <u>718711</u>	Street Name <u>Hwy 6</u>	
Municipality <u>Georgian Bluffs</u>	Province <u>ON</u>	Postal Code <u>N0H 2K0</u>	
I endorse <u>Isaac Shouldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>K. Veroni</u>		<u>2022/08/13</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>Duncan</u>		Given Name(s) <u>Brett</u>	
Qualifying Address			
Suite/Unit No.	Street No. <u>101</u>	Street Name <u>MINTO DRIVE</u>	
Municipality <u>Shallow Lake Georgian Bluffs</u>	Province <u>Ontario</u>	Postal Code <u>N0H 2K0</u>	
I endorse <u>Isaac Shouldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u>		<u>2022-08-13</u>	
Signature		Date (yyyy/mm/dd)	

ve Form

Print Form

Clear Form

Instructions

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Name of person seeking nomination

Last Name or Single Name

Given Name(s)

King Shuldice
Naomi Isaac

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

Given Name(s)

King
Naomi

Qualifying Address

Suite/Unit No.

Street No.

Street Name

101
Mink Drive

Municipality

Shallow Lake Georgian Bluffs.

Province

Ontario

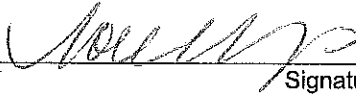
Postal Code

N0H 2K6

I endorse

Isaac Shuldice

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



Signature

2022-08-17

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Haley B
Michael

Qualifying Address

Suite/Unit No.

Street No.

Street Name

200024 Sideroad 10.

Municipality

Shallow Lake Ont

Province

Ont

Postal Code

N0H 2K0

I endorse

Isaac Shuldice

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



Signature

2022/08/13

Date (yyyy/mm/dd)

Instructions

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Name of person providing endorsement			
Last Name or Single Name <u>Haley</u>		Given Name(s) <u>Donna</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
		<u>200027 Sideroad 10</u>	
Municipality <u>Shallow Lake Ont</u>		Province <u>Ont</u>	Postal Code <u>N0H2K0</u>
I endorse <u>Isaac Shuldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Donna Haley</u> Signature		<u>2022/08/13</u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name Tony <u>HURST</u>		Given Name(s) <u>TONY</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
	<u>280274</u>	<u>SIDEROAD 15</u>	
Municipality <u>SHALLOW LAKE Ont</u>		Province <u>ONT</u>	Postal Code <u>N0H2K0</u>
I endorse <u>Isaac Shuldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Tony Hurst</u> Signature		<u>2022/08/13</u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>Hurst</u>		Given Name(s) <u>TRAVIS</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
	<u>280274</u>	<u>Sideroad 15</u>	
Municipality <u>Georgian Bluffs</u>		Province <u>Ont</u>	Postal Code <u>N0H2K0</u>
I endorse <u>Isaac Shuldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Travis Hurst</u> Signature		<u>2022/08/13</u> Date (yyyy/mm/dd)	

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Print Form

Clear Form

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Name of person seeking nomination

Last Name or Single Name

Shouldice

Given Name(s)

Isaac

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

KNOTT

Given Name(s)

BEARDEN

Qualifying Address

Suite/Unit No.

Street No.

Street Name

280191
15 SIDE RD

Municipality

Georgian Bluffs

Province

ON

Postal Code

N4H2K0

I endorse

Isaac Shouldice

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



Signature

NOV 13/22
 Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

KNOTT

Given Name(s)

Natasha

Qualifying Address

Suite/Unit No.

Street No.

Street Name

280191
15 Sideroad

Municipality

Georgian Bluffs

Province

ON


Postal Code

N4H2K0

I endorse

Isaac Shouldice

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



Signature

2022/08/13
 Date (yyyy/mm/dd)

Instructions

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Name of person providing endorsement			
Last Name or Single Name <u>Both</u>		Given Name(s) <u>Dennis Both</u>	
Qualifying Address			
Suite/Unit No.	Street No. <u>408</u>	Street Name <u>Princess Street</u>	
Municipality <u>Georgian Bluffs</u>		Province <u>QA</u>	Postal Code <u>N0H 2K0</u>
I endorse <u>Isaac Shuldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>[Signature]</u>		Date (yyyy/mm/dd) <u>Aug 31 22</u>	

Name of person providing endorsement			
Last Name or Single Name <u>KIRK</u>		Given Name(s) <u>KEITH</u>	
Qualifying Address			
Suite/Unit No.	Street No. <u>302251</u>	Street Name <u>GARY Rd 170</u>	
Municipality <u>R.R. 2 SHALLOW LAKE GEORGIAN BLUFFS</u>		Province <u>ONT</u>	Postal Code <u>N0H 2K0</u>
I endorse <u>Isaac Shuldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>[Signature]</u>		Date (yyyy/mm/dd) <u>2022/08/15</u>	

Name of person providing endorsement			
Last Name or Single Name <u>McManaman</u>		Given Name(s) <u>Liam</u>	
Qualifying Address			
Suite/Unit No.	Street No. <u>179197</u>	Street Name <u>Grey Rd. 17</u>	
Municipality <u>Georgian Bluffs</u>		Province <u>ON</u>	Postal Code <u>N0H 2K0</u>
I endorse <u>Isaac Shuldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>Jim McMane</u>		Date (yyyy/mm/dd) <u>2022 08/15</u>	

Save Form

Print Form

Clear Form

13

Instructions

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Name of person seeking nomination

Last Name or Single Name

Shouldice

Given Name(s)

Isaac

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

Marcella

Given Name(s)

Elijah

Qualifying Address

Suite/Unit No.

70131

Street No.

70131

Street Name

Zion Church Rd, Warton

Municipality

Georgian Bluffs

Province

Ont.

Postal Code

N0H2T0

I endorse

Isaac Shouldice

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



Signature

2022/08/15

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Nagel

Given Name(s)

Sabrina

Qualifying Address

Suite/Unit No.

119544

Street Name

Highway 6

Municipality

Georgian Bluffs

Province

ON

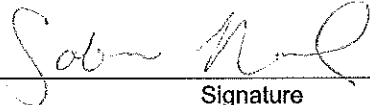
Postal Code

N0H2T0

I endorse

Isaac Shouldice

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



Signature

2022/08/16

Date (yyyy/mm/dd)

18

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person seeking nomination

Last Name or Single Name

Shouldice

Given Name(s)

Jean

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

Georgia Bluffs

in the year 2022

Name of person providing endorsement

Last Name or Single Name

Nagel

Given Name(s)

Marveta

Qualifying Address

Suite/Unit No.

Street No.

Street Name

719413, Hwy 6, Shallow Lake,

Municipality

Province

ON

Postal Code

N0H 2K0

I endorse

Jean Shouldice

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

[Signature]

Signature

Aug 10/22

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Shouldice

Given Name(s)

Nancy

Qualifying Address

Suite/Unit No.

Street No.

Street Name

302172 Grey Road 170 Shallow Lake

Municipality

GEORGIAN BLUFFS

Province

ONT

Postal Code

N0H 2K0

I endorse

Jean Shouldice

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

[Signature]

Signature

2022/08/16

Date (yyyy/mm/dd)

Instructions

- Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

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Name of person providing endorsement			
Last Name or Single Name SHOULDICE		Given Name(s) DAVID A.	
Qualifying Address			
Suite/Unit No.	Street No. 302172	Street Name GREY COUNTY ROAD 170	
Municipality GEORGIAN BLUFFS		Province ONTARIO	Postal Code N0H2K0
I endorse <u>David A. Shouldice</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>David A. Shouldice</u>		Date (yyyy/mm/dd) <u>2022/08/16</u>	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
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	
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)	

ve Form

Print Form

Clear Form

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person providing endorsement			
Last Name or Single Name <i>Miller</i>		Given Name(s) <i>Larry James</i>	
Qualifying Address			
Suite/Unit No.	Street No. <i>217</i>	Street Name <i>Shepard Lake Road</i>	
Municipality <i>Georgian Bluffs</i>		Province <i>Ont</i>	Postal Code <i>N0H2T0</i>
I endorse <u><i>Isaac Sheldon</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 17 / 2022</i>	

Name of person providing endorsement			
Last Name or Single Name <i>MILLER</i>		Given Name(s) <i>Darlene Jeannette</i>	
Qualifying Address			
Suite/Unit No.	Street No. <i>217</i>	Street Name <i>Shepard LAKE Rd</i>	
Municipality		Province <i>ONT.</i>	Postal Code <i>N0H2T0</i>
I endorse <u><i>Isaac Sheldon</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <i>Darlene J Miller</i>		Date (yyyy/mm/dd) <i>22/08/17</i>	

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

ve Form

Print Form

Clear Form