

# Nomination Paper - Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

|   |                       |                     |                                   |                | ., (           |  |
|---|-----------------------|---------------------|-----------------------------------|----------------|----------------|--|
| Instructions                              |                       |                     |                                   |                |                |  |
| It is the responsib<br>or type informatio | •                     | -                   | ed to file a complete and ac      | ccurate nom    | nination par   | oer. Please print                      |
| Nomination paper o                        | of a person to be a   | candidate at an e   | election to be held in the follow | ving municipa  | ality          | ······································ |
| Township of Geo                           |                       |                     |                                   |                | <u> </u>       |  |
| Nominated for the C                       | Office of             |                     | Ward Name or Nun                  | nber (if any)  |                |  |
| Councillor                                |                       |                     |                                   |                |                |  |
|   | • •                   | the ballot paper (  | (subject to agreement of the m    | iunicipal cler | K)             |  |
| Last Name or Singl<br>Winters             | e Name                |                     | Given Name(s)<br>Rick             |                |                |  |
| Nominee's full quali                      | fying address with    | in municipality     | Non                               |                |                |  |
| Suite/Unit Number                         |                       | Street Name         |                                   |                |                |  |
| outto, orat rearribor                     | 342588                | Concession          | 14                                |                |                |  |
| Municipality                              |                       | <b>!</b>            | Province                          | <del></del>    |                | Postal Code                            |
| Shallow Lake                              |                       |                     | Ontario                           |                |                | N0H 2K0                                |
| Mailing Address                           | ✓ Same as             | qualifying address  | s                                 |                |                |  |
| Suite/Unit Number                         | Street Number         | Street Name         |                                   |                |                |  |
| Municipality                              |                       |                     | Province                          |                |                | Postal Code                            |
| If nominated for sch                      | ool board, full add   | Iress of residence  | within its jurisdiction           |                |                |  |
| Suite/Unit Number                         | Street Number         | Street Name         | ·                                 |                |                |  |
| Municipality                              |                       |                     | Province                          | " "            |                | Postal Code                            |
| Email Address                             |                       | Telephone Number    | •                                 | Telephone      | Number 2       |  |
| rickwinters2022@gmail.com                 |                       |                     | 519-372-0134                      |                | 519-447-0      | 134                                    |
| Declaration of (                          | Qualification         |                     |                                   |                |                |  |
| Richard (Rick)                            | Vinters               |                     | , (                               | declare that   | l am present   | ly legally qualified                   |
| or would be preser                        | itly legally qualifie | d if I were not a m | nember of the Legislative Asse    | mbly of Onta   | ario or the Se | enate or House of                      |
| Commons of Canad                          | la) to be elected a   | nd to hold the offi | ice for which I am nominated.     |                |                |  |
|   |                       |                     |                                   |                |                |  |
|   |                       |                     |                                   |                | 2022/08/       | 19                                     |
|   | Signat                | ure of Nominee      |                                   | D              | ate (yyyy/mi   | m/dd)                                  |
| Date Received (yyy                        | y/mm/dd) Tii          | ne Received         | Initial of Nominee or Agent       | Signature o    | f Clerk or De  | esignate                               |
| 2022/08/19                                | · Î                   | 1:11a-m.            | (if filed in person)              | \$_            | 12             | 7 .                                    |
| Certification by                          | Clerk or Desi         | gnate               |                                   |                |                |  |
| , the undersigned o                       | lerk of this munici   | pality, do hereby   | certify that I have examined th   | e nominatior   | n paper of th  | e aforesaid                            |
|   | 4                     |                     |                                   | 1 44 1 44      |                | 44 144                                 |

nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Date Certified (yyyy/mm/dd) Signature



# **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

### 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   | Given Name(s) Pichcurd (Pick)  |
| Winter   | RICHOVO (RICC)   |
| Endorsement signatures for the nomination of a person for an office in the | e municipality of in the year XXX.   |
| Georgian Bluffs  |  |
| Name of person providing endorsement                                       |  |
| Last Name or Single Name   | Given Name(s)  |
| GRADY  | PATRICK  |
| Qualifying Address   |  |
| Street Name  | CESS ST SHALLOW LAKE Province Postal Code                                    |
| Municipality GEORGIAN BLUFFS   | Province Postal Code  NOH-2KO  |
| I endorse Richard Winners as a cand  | date and declare that I am qualified to be an elector in this municipality.  |
| Patrick Graely Signature   | 2022/07/05<br>Date (yyyy/mm/dd)  |
|  |  |
| Name of person providing endorsement                                       | 4  |
| Last Name or Single Name   | Given Name(s)  |
| 6RAL)U   | FALLY  |
| Qualifying Address   | /  |
| Suite/Unit No. Street No. Street Names                                     | SS ST SHALLOW NAKE   |
| Municipality CLOBSIAN BURS   | Province Postal Code NOU-IKO   |
| I endorse Rehazo Winters as a cano   | idate and declare that I am qualified to be an elector in this municipality. |
| Melly Mal  | Date (yyyy/mm/dd)  |

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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person providing endorsement                           |  |
|--|--|
| Last Name or Single Name                                       | Given Name(s)  |
| BARFOOT  | LINDA  |
| Qualifying Address   |  |
| Qualifying Address   Suite/Unit No.   Street No.   Street Name |  |
| 441062 EIM ST  |  |
| Municipality   | Province Postal Code   |
| Georgian Bluffs  | ONTARIO WOHATO   |
| I endorse Richms Winners as a ca                               | andidate and declare that I am qualified to be an elector in this municipality.  |
| Lenda Borfoer  | JUY 15, 2022  Date (yyyy/mm/dd)  |
| Signature 1 Constitution                                       | Date (yyyy/mm/dd)  |
| . In   | a  |
| Name of person providing endorsement                           |  |
| Last Name or Single Name                                       | Given Name(s)  |
| John Good  | John James   |
| Qualifying Address   | 4  |
| Suite/Unit No. Street No. Street Name                          |  |
| 441062 Elm S.  | to a second seco |
| Municipality Georgian Bluffs                                   | Province Postal Code No H 2 To   |
|  | andidate and declare that I am qualified to be an elector in this municipality.  |
| John Yord  | July 16 2022 Date (yyyy/mm/dd)   |
| Signature  | Date (yyyy/mm/dd)  |
|  |  |
| Name of person providing endorsement                           |  |
| Last Name or Single Name                                       | Given Name(s)  |
| BARFOUL  | IROS   |
| Qualifying Address   |  |
| Suite/Unit No. Street No. Street Name                          | 2NCD   |
| Municipality Georgian Bluffs                                   | Province Postal Code On TAR 10 NOHATO  |
| I endorse Richner Winners as a ca                              | andidate and declare that I am qualified to be an elector in this municipality.  |
| Signature  | July 28, 2022 Date (yyy/mm/dd)   |
|  |  |



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- 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   | Given Name(s)  |                             |
| Winters  | Rick (Richard)   |                             |
|  | The character  |                             |
| Endorsement signatures for the nomination of a person for an off | ice in the municipality of                                 |                             |
| Georgian Bluffs  | in the year  |                             |
| <u>deadminous</u>  |  |                             |
| Name of person providing endorsement                             |  |                             |
| Last Name or Single Name   | Given Name(s)  |                             |
| ,  | Ehrlene  |                             |
| awrence  | 1000   |                             |
| Qualifying Address Suite/Linit No.   Street No.   Street Name    |  |                             |
| Suite/Officials  |  |                             |
| 719 620 Hay6.  | Province   | Postal Code                 |
| Municipality   |  | * O. S                      |
| (3:6)  | Ort.   | NO# 160.                    |
|  | a candidate and declare that I am qualified to be an ele   | ctor in this municipality.  |
|  | T .  | 1                           |
|  | 2020 0   | 7/03                        |
| Signature  | Date (yyyy/r   | nm/dd)                      |
| Signature  |  |                             |
|  |  |                             |
| Name of person providing endorsement                             |  |                             |
| Last Name or Single Name   | Given Name(s)  |                             |
| Lawrence   | Vaughn.  |                             |
| Qualifying Address   |  |                             |
| Suite/Unit No. Street No. Street Name                            | 9  |                             |
| Suite/Officials  |  |                             |
| 719620 Novib.  | Province   | Postal Code                 |
| Municipality   | A C  | NAHIPAR                     |
| G1.B.  | - UN   | MOILLO                      |
| Tendorse Rehard Winters, as                                      | s a candidate and declare that I am qualified to be an ele | ector in this municipality. |
|  | /  | -/13                        |
| 11 med Janes   | 2028/11  | 1105                        |
| Cignoturo  | Date (yyyy/  | mm/dd)                      |
| Signature  | 244 (1111)   | Makananan awasio€s          |

- Complete additional forms as needed to obtain 25 signatures.
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| Name of person providing endorsement /   |
|--|
| Civan Nama(a)  |
| Last Name or Single Name  Murgurt  Murgurt   |
| Qualifying Address   |
| Qualifying Address Suite/Unit No.   Street No.   Street Name   \( \int \alpha \)   \( \mathcal{U} \)             |
| Suko/Silikites   |
| 50/4/3 Cruy KU / Province Postal Code  |
| Municipality AI II a / )   |
| Trongine Bluffer ONT NOH270  |
| The state in this municipality   |
| I endorse Kicharus Winners as a candidate and declare that I am qualified to be an elector in this municipality. |
| $\alpha$ $1/1$ $1/2$ $1/2$   |
| Mungary Signature 2022/07/23.  Date (yyyy/mp/ldd)  |
| Signature Date (yyyy/mp//dd)   |
|  |
|  |
| Name of person providing endorsement   |
| Last Name or Single Name  Given Name(s)  |
| HOU) K   |
| Qualifying Address   |
| Suite/Unit No. Street No. Street Name  |
| 5014/3 \ (n), (d = 1   |
| Municipality Province Postal Code  |
| (Teo 1 give Blusha ONT. NOH2TO   |
| Che Technique  |
| I endorse Kichary Winner's as a candidate and declare that I am qualified to be an elector in this municipality. |
|  |
| Eduar House 2022/07/23   |
| Signature Date (yyyy/mm/dd)  |
| Algriature Science (7,77)  |
|  |
| Name of person providing endorsement   |
| Last Name or Single Name   |
|  |
|  |
| Qualifying Address Suite/Unit No.   Street No.   Street Name   |
| Suite/Unit No. Street No. Street Name PRINCES DRIVE  |
| D in Docal Code  |
| Municipality Province Postal Code NOW 21/C   |
| GEOTZGERAN BUFFS ONT NOH 276   |
|  |
| as a candidate and declare that I am qualified to be an elector in this municipality.                            |
| 1 (1) (1) (2)  |
| 1 + 1 DUY WW. 104/05/05  |
| Signature Date (yyyy/mm/dd)  |
|  |
|  |
| Clear Form   |



# **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- 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 seek   |                          |                              | Given Name(s)          | ^                               |                             |
|-----------------------|--------------------------|------------------------------|------------------------|---------------------------------|-----------------------------|
| Last Name or Single N |                          |                              | RICK                   | (Richard)                       |                             |
| Winter                |                          |                              |                        |                                 |                             |
| Endorsement signatur  | es for the nomination of | of a person for an office in | the municipality of    | 202                             |                             |
| Georgian              | 1 Bluffs                 |                              | in the                 | year <u>2022</u> -              |                             |
| Name of person prov   | /iding endorsement       |                              |                        |                                 |                             |
| Last Name or Single N |                          | ()                           | Given Name(s)          | hristine                        |                             |
| Qualifying Address    |                          | 50                           | uth Bas                | s Lake Ro                       | pad                         |
| Suite/Unit No.        | Street No.               | Suectivante ,                | ) Albridge             |                                 |                             |
| Municipality Ge       | orgian f                 | Sluffs                       | F                      | Province<br>ON                  | Postal Code NON 2TO         |
| I endorse Rici        | hard Wi                  | nters as a car               | didate and declare th  | at I am qualified to be an ele  | ctor in this municipality.  |
| <u>Chr</u>            | sin sin                  | all anature                  |                        | 3023/06<br>Date (yyyy/n         | / <u>J</u> ]                |
|                       | , ,                      |                              |                        |                                 |                             |
| Name of person pro    | viding endorsement       |                              |                        |                                 |                             |
| Last Name or Single   | Name .                   |                              | Given Name(s)          |                                 |                             |
| Molo                  | 4-Winter                 | )                            | Sanc                   | AVOI                            |                             |
| Qualifying Address    |                          | •                            |                        |                                 |                             |
| Suite/Unit No.        | Street No.               | Street Name .                | 14                     |                                 | Postal Code                 |
| Municipality GCOYO    | ion Bluffs               |                              |                        | Province                        | NOH ZKO                     |
| I endorse Rick        | Minters                  | as a ca                      | ndidate and declare th | nat I am qualified to be an ele | ector in this municipality. |
| Din                   | Chay-Wa                  | nttvo<br>gnature             |                        | 2022/07/<br>Date (yyyy/r        | nm/dd)                      |
|                       |                          | g                            |                        |                                 |                             |

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| N. F. J.B  |   |
|--|---|
| Name of person providing endorsement   | Given Name(s)   |
| Last Name or Single Name   | NEILS PETER   |
| MUNK   | NEILS TETER   |
| Qualifying Address   |   |
| Suite/Unit No. Street No. Street Name  |   |
| 35 7+4 AVE   |   |
| Municipality   | Province Postal Code  |
| GEORGIAN BLUFFS  | ON N4K6K9   |
| I endorse Richard Winners as a cand  | didate and declare that I am qualified to be an elector in this municipality. |
| 1.//   | 2000 /07/25   |
|  | 2022 /07/25<br>Date (yyyy/mm/dd)  |
| Signature  | Date (yyyy/mm/dd)   |
|  |   |
| Name of person providing endorsement   |   |
| Last Name or Single Name   | Given Name(s)   |
| MOHNSON  | HEATHER   |
| Qualifying Address   |   |
| Suite/Unit No. Street No. Street Name  |   |
| 342572 (   | oncession 14  |
| Municipality   | Province Postal Code  |
| SHALLOW LAKE   | ON NOH SKO  |
| I endorse Richard Winnes as a can  | didate and declare that I am qualified to be an elector in this municipality. |
| Hon thore bly moon   | ARRA 2022/08/02   |
| Signature  | Date (yyyy/mm/dd)   |
|  |   |
| Name of person providing endorsement   |   |
| Last Name or Single Name   | Given Name(s)   |
| Fraser   | Darren  |
| Qualifying Address   |   |
| Suite/Unit No. Street No. Street Name  | y a   |
| 342572 Con   | cession 14  |
| Municipality   | Province Postal Code  |
| Georgian Bluffs  | ON NOH DEO  |
|  | didate and declare that I am qualified to be an elector in this municipality. |
| I endorse Kichara Winters as a can   | 1   |
| and the same of th | 1011/02/13  |
| Signature  | Date (yyyy/mm/dd)   |
| Part Value of Agent Agen |   |

Slave Farm

Print Form



# **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- 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.

| - Ida y namination   | The state of the s |
|--|--|
| Name of person seeking nomination  | Given Name(s)  |
| Last Name or Single Name   |  |
| Winters  | Richard (Rick)   |
| Endorsement signatures for the nomination of a person for an office in   | the municipality of  |
| 0-2010 a B1/BB   | in the year 2022   |
| Georgian Bluffs  |  |
| Name of person providing endorsement   |  |
|  | Given Name(s)  |
| Last Name or Single Name   | Given Name(s)  |
| DIXON  | 1611   |
| Qualifying Address   |  |
| Suite/Unit No. Street No. Street Name  | N Thursday T   |
| 222650 XTDPEZ  | DERBY TOWNLINE Postal Code   |
| Municipality 7   | Province Postal Code   |
| Municipality Strongs 1910 BUS  | put NYK-SN7  |
| Ucc.a.,  |  |
| I endorse Kichara Winner as a ca   | indidate and declare that I am qualified to be an elector in this municipality.  |
| 2)   | 72   |
| ( ) and ( ) van )  | 27.0505  |
| 1) = [ - 1 ] [ - 2 ]   | Date (yyyy/mm/dd)  |
| Signature  | Date (J) J J J J J J J J J J J J J J J J J J   |
|  |  |
| Name of person providing endorsement   |  |
| Last Name or Single Name   | Given Name(s)  |
| The state of the s | X19744   |
| HIXON  | 9477017  |
| Qualifying Address   |  |
| Suite/Unit No. Street No. Street Name  | Diesy Jewn Kint  |
| 272650 KTBPEK  | Direy Jewindent  |
| Municipality ()  | Province Postal Code   |
| GOMAIAN DUHS   | MAK-BIO  |
| Mora Mille Contract  |  |
| I endorse Kicharo Winners as a ca  | andidate and declare that I am qualified to be an elector in this municipality.  |
| NA   |  |
|  |  |
| ( 12/24)   | 2022.05.05   |
| Signature  | 2022 05, 05  Date (vvvv/mm/dd)   |

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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person providing endorsement   |  |
|--|--|
| Last Name or Single Name   | iven Name(s)   |
| BARFOOT  | Chris  |
| Qualifying Address   |  |
| Qualifying Address   |  |
| 779824 Con. 2  | $N \times D$   |
| Municipality   | Province Postal Code   |
| Georgian Bluffs  | ONTARIO NOHATO   |
|  | ate and declare that I am qualified to be an elector in this municipality. |
|  |  |
| Charles and  | T. b. 22 2022  |
| Signature  | July 22, 2022  |
| , Signature  | Date (yyyymini)dd)   |
|  |  |
| Name of person providing endorsement   |  |
| Last Name or Single Name   | iven Name(s)   |
| Williams or  | lanya  |
| Qualifying Address   | 6  |
| Suite/Unit No.   Street No.   Street Name  |  |
| 179774 Cm/   | 2 NCD  |
| Municipality   | Province Postal Code   |
| Creorgian Bluffs   | ONTARIO NOHATO   |
| I endorse Richard Winters as a candida   | ate and declare that I am qualified to be an elector in this municipality. |
| 7 (1) (1) (2)  | 2022/27/27   |
| Signature  | Date (negatimmidd)   |
| Signature  | Date (yyyy/mm/dd)  |
|  |  |
| Name of person providing endorsement   |  |
| Last Name or Single Name   | Siven Name(s)  |
| Kartovi  | Kimperly   |
| Qualifying Address   |  |
| Suite/Unit No.   Street No.   Street Name  |  |
| 779,P24 Cm   | 2NCD   |
| Municipality   | Province Postal Code   |
| Lace Place   |  |
| wedgian DIVITS   | OPTARIO IVOHATO  |
| I endorse Richnet Winkers as a candida   | ate and declare that I am qualified to be an elector in this municipality. |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | 51   |
| Rym bourfoot   | July 21/22   |
| Signature  | Date (yyyy/mm/dd)  |
| The state of the s |  |

Olega (Form



# **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

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- 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 seekir  | a nomination            |                                |                    |                   |                     |                           |
|--|-------------------------|--------------------------------|--------------------|-------------------|---------------------|---------------------------|
| STATES OF THE STATE OF THE STATES OF THE STA |                         |                                | Given Name(s)      |                   |                     |                           |
| Last Name or Single Na   | me                      |                                | Given Namo(s)      | 21                | LRICK)              |                           |
| WINTERS  |                         |                                |                    | Kichned           | [KILK]              |                           |
| Endorsement signatures   | s for the nomination of | of a person for an office in t |                    |                   |                     |                           |
| Township (   | of Gulgin               | Bloffs                         | in                 | the year ZoZ      | ?. <u>Z.</u> ·      | -                         |
| Name of person provide   | ding endorsement        |                                |                    |                   |                     |                           |
| Last Name or Single Na   | ame 🦳                   |                                | Given Name(s)      | -                 |                     |                           |
|  | Early                   |                                |                    | 104               |                     |                           |
| Qualifying Address   | /                       |                                |                    | 1                 |                     |                           |
|  | Street No.              | Street Name                    | 2 11 11-           |                   |                     |                           |
|  | 179503                  | Grey County                    | Rd 17              |                   |                     |                           |
| Municipality   | (1)-13                  | 0.07                           |                    | Province          |                     | Postal Code               |
| _  | Gian Bluf               | E.                             |                    |                   | No                  | NOH 2TO                   |
| U ec   | ogian Dlut              |                                |                    |                   |                     |                           |
| I endorse  | hard Wint               | as a can                       | didate and declare | e that I am quali | fied to be an elec  | or in this municipality.  |
| - Dic  | 1100 0 001 11           |                                |                    |                   | 1                   | 1                         |
|  |                         | ~                              |                    |                   | Jo22/o              | 7/27                      |
|  | · Mr                    | gnature                        | <del></del>        | -                 | Date (vvvv/mr       | n/dd)                     |
|  | Si                      | gnature                        |                    | 2)                | Bate (333371111     |                           |
|  |                         |                                |                    |                   |                     |                           |
| Name of person provi   | ding endorsement        |                                |                    |                   |                     |                           |
| Last Name or Single Na   |                         |                                | Given Name(s)      | 1 -               |                     |                           |
| DEAUS  | SOLEN                   |                                | Given Name(s)      | JR.               |                     |                           |
|  |                         |                                | 171                |                   |                     |                           |
| Qualifying Address   | 044 NI                  | Street Name                    |                    |                   | 0-                  |                           |
| Suite/Unit No.   | Street No.              |                                | BASS               | LAKB.             | KD                  |                           |
|  |                         | SOUTH                          | NH37               |                   | 000                 | Postal Code               |
| Municipality   | 1                       | 21 000                         |                    | Province          | ),                  | 1) old ott                |
| GRE  | ORGIAN.                 | Duurto                         | r                  | 0,                |                     | NON 210                   |
| I endorse  | HARD                    | WNTIERS as a car               | ndidate and declar | e that I am qual  | ified to be an elec | tor in this municipality. |
|  |                         |                                |                    |                   | 2000/               | 27/27                     |
|  |                         |                                |                    |                   |                     |                           |
|  |                         | gnature                        |                    |                   | Date (vvvv/m        | m/dd)/                    |

- 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 providing endorsement  | Given Name(s)  |
|---------------------------------------|--|
| Last Name or Single Name              | Given Manie(s)   |
| HUTT                                  | DVI  |
| Qualifying Address                    |  |
| Suite/Unit No. Street No. Street Name |  |
| 0195651 #191                          | way 6  |
| Municipality Georgian Bluffs          | Province Postal Code  ONTARIO NOHATO   |
| Lendorse Richard Winners as a can     | didate and declare that I am qualified to be an elector in this municipality.  |
| - R ( ) A                             | + 1,00/22  |
| Wen / Stall                           |  |
| Signature                             | Date (yyyy/mm/dd)  |
| , Olympia.                            | 1000-100   |
|                                       |  |
| Name of person providing endorsement  |  |
| Last Name or Single Name              | Given Name(s)  |
| TOSTER                                | 447416   |
| Qualifying Address                    |  |
| Street Name                           | 5.6 100.95   |
| Suite/Unit No.                        | ers presse   |
| Municipality                          | Province Postal Code   |
| (980R6(AN) BL                         | iffs on boast  |
| I endorse Ruhares Winger as a car     | ndidate and declare that I am qualified to be an elector in this municipality. |
| Manas Williams                        |  |
| Lolin Dollar                          | Jus 2 2022   |
| Signature                             | Date (yyyy/mm/dd)  |
| Signature                             |  |
|                                       |  |
| Name of person providing endorsement  |  |
| Last Name or Single Name              | Given Name(s)  |
| MATARELLI                             | Given Marine(s) BRUNO  |
| Qualifying Address                    |  |
| Suite/Unit No. Street No. Street Name | 2116   |
| 151 FRANCIC                           | DRIVE  |
| Municipality                          | Province Postal Code   |
| GEORGIAN BLY                          | IFFS ONT NOH 2KO   |
| I endorse Richard Winters as a ca     | ndidate and declare that I am qualified to be an elector in this municipality. |
| Da M. La . all.                       | 1 1/2022   |
| Suno Matureur                         | - Huley Hill ac  |
| Signature                             | Date (yyyy/mm/dd)  |

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# **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- 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   | Given Name(s)  |
| Winter   | Rick (Richard)   |
| 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)  |
| Dave Blain   |  |
| Qualifying Address   |  |
| Suite/Unit No. Street No. Street Name  |  |
| 929 16st wes   | Province Postal Code   |
| Municipality   | ,  |
| Seo Bluts  | Ont N4KCV5   |
|  | didate and declare that I am qualified to be an elector in this municipality.  |
| 0/1  |  |
| N/D-   | July le 2022   |
| Signature  | Date (yyyy/mm/dd)  |
|  | and the  |
|  |  |
| Name of person providing endorsement   |  |
| Name of person providing endorsement  Last Name or Single Name                           | Given Name(s)  |
|  | Given Name(s)  |
| Last Name or Single Name    home s   |  |
| Qualifying Address Suite/Unit No.   Street No.   Street Name                             | moore  |
| Last Name or Single Name    home S   Qualifying Address                                  | Moore Lemble   |
| Qualifying Address Suite/Unit No. Street No. Street Name Municipality                    | Moore  Moore  Remble  Province  Postal Code  |
| Qualifying Address Suite/Unit No. Street No. Street Name  Municipality                   | Moore Lemble   |
| Qualifying Address Suite/Unit No.  Street No.  Street Name  Municipality  Georgiau Blues | Moore  Moore  Remble  Province  Postal Code  |
| Qualifying Address Suite/Unit No. Street No. Street Name  Municipality  Georgiau Blues   | Moore  Remble  Province  On  NoHISO  Indidate and declare that I am qualified to be an elector in this municipality. |
| Qualifying Address Suite/Unit No. Street No. Street Name  Municipality  Georgiau Blues   | Moore  Moore  Remble  Province  On  NoH150   |



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- 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.

|   | Live was minotion          |                                |                    |  | 7,701      |             |
|---|----------------------------|--------------------------------|--------------------|--|------------|-------------|
| Name of person see  |                            |                                | Given Name(s)      |  |            |             |
| Last Name or Single Name  |                            |                                |                    | od (Ric  | 1          |             |
| Winters   |                            |                                | Richa              | ra LKIC  | <u>()</u>  |             |
| Endersement signatu   | res for the nomination of  | of a person for an office in t | he municipality of |  |            |             |
| Engoisement signatu   | res for the normination of | n a porcon for an amount       | 1                  | the year 202   | )          |             |
| 178   | orgian Bluff               |                                | 10                 | the year   | <u>_</u> . |             |
|   |                            |                                |                    | COLUMN TO THE TOTAL COLUMN |            |             |
| Name of person pro  | viding endorsement         |                                | 1=                 |  |            |             |
| Last Name or Single   | Name                       |                                | Given Name(s)      | 014  |            |             |
| LUMAPAT   |                            | ¥                              | PATRI              | CK   |            |             |
| Qualifying Address  |                            |                                |                    |  |            |             |
| Suite/Unit No.  | Street No.                 | Street Name                    |                    |  |            |             |
| Suite/Offic No.   | 217406                     |                                | DEVEBY             |  |            |             |
|   | 217100                     | CONTRACTOR                     |                    | Province   | I F        | Postal Code |
| Municipality  | an oursec                  |                                |                    | ON   |            | NAK SNG     |
| GEORG   | AN BLUPFS'                 |                                |                    | 0,0  |            |             |
| 2022   07   04  |                            |                                |                    |  |            |             |
| Name of person pro  | viding endorsement         |                                |                    |  | 2          |             |
| Last Name or Single Name / Given Name(s)  |                            |                                |                    |  |            |             |
| ME-BILLA  |                            |                                |                    |  |            |             |
| Qualifying Address  |                            |                                |                    |  |            |             |
| Suite/Unit No.  | Street No.                 | Street Name                    | ~                  | /  |            |             |
|   | 58057                      | GIRL Gu                        | IDE KD             | . /  |            |             |
| Municipality  | 90001                      | 10.                            |                    | Province)  | F          | Postal Code |
| OWEN SOCIATO NYK ST   |                            |                                |                    |  | NYK SNI    |             |
| I endorse RICHARD WINTERS as a candidate and declare that I am qualified to be an elector in this municipality. |                            |                                |                    |  |            |             |
| Signature July 11/22  Gate (yyyy/mm/dd)   |                            |                                |                    |  | (dd)       |             |
|   | У                          |                                |                    |  |            |             |



# **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- 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   | Last Name or Single Name   |                    |                      |  |  |  |  |
| Aliente Winter   |                            | Richan             | a (Kick              | )                                      |  |  |  |
| Endorsement signatures for the nomination of a p   | erson for an office in the | ne municipality of |                      |  |  |  |  |
| Communication of the Poly Communication of t | and the                    | in t               | he year 2022         |  |  |  |  |
| <u>Georgian Bluff</u>  | <u> </u>                   |                    |                      |  |  |  |  |
| Name of person providing endorsement   |                            |                    |                      |  |  |  |  |
| Last Name or Single Name   |                            | Given Name(s)      |                      |  |  |  |  |
| NICKLE   |                            | G                  | WEN                  |  |  |  |  |
| Qualifying Address   |                            |                    |                      |  |  |  |  |
|  | et Name                    |                    |                      |  |  |  |  |
| Suite/Unit No. Street No. Street No. Street No.  | VAULT WORK                 | RD                 |                      |  |  |  |  |
| Municipality   |                            |                    | Province             | Postal Code                            |  |  |  |
| GEORGIAN BLUFFS  |                            |                    | DNT                  | NUKSNJ                                 |  |  |  |
|  |                            | idete and declare  |                      | o be an elector in this municipality.  |  |  |  |
| I endorse Richard Winters  | as a cano                  | idate and declare  | triat rami qualmec t | o be an electer in the memorality.     |  |  |  |
| b  |                            |                    | 00                   |  |  |  |  |
| Lucy Dickle  |                            |                    | - July               | ate (yyyy/mm/dd)                       |  |  |  |
| Signatu  | ıre                        |                    |                      | ate (yyyy/mm/dd)                       |  |  |  |
|  |                            |                    |                      |  |  |  |  |
| Name of person providing endorsement   |                            |                    |                      | ,                                      |  |  |  |
| Last Name or Single Name  Given Name(s)  |                            |                    |                      |  |  |  |  |
|  |                            |                    |                      |  |  |  |  |
| Qualifying Address   |                            |                    |                      |  |  |  |  |
|  | eet Name                   |                    |                      |  |  |  |  |
|  |                            |                    |                      |  |  |  |  |
| Municipality   |                            |                    | Province             | Postal Code                            |  |  |  |
|  |                            |                    |                      |  |  |  |  |
|  |                            | 11.1.1             | that I am availed t  | to be an elector in this municipality  |  |  |  |
| I endorse  | as a cand                  | aldate and declare | that I am quaimed I  | to be an elector in this municipality. |  |  |  |
|  |                            |                    |                      |  |  |  |  |
|  |                            |                    |                      |  |  |  |  |
| Signature Date (yyyy/mm/dd)  |                            |                    |                      |  |  |  |  |



# **Endorsement of Nomination - Form 2**

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- 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   | Given Name(s)  |  |  |  |  |  |
| Winters  | Rick (Richard)   |  |  |  |  |  |
| Endorsement signatures for the nomination of a person for an office in the municipality of |  |  |  |  |  |  |
|  | in the year 2022   |  |  |  |  |  |
| <u>Georgian Bluffs</u>   | mino you differ  |  |  |  |  |  |
| Name of person providing endorsement   |  |  |  |  |  |  |
| Last Name or Single Name   | Given Name(s)  |  |  |  |  |  |
| GRADY  | +AUE   |  |  |  |  |  |
| Qualifying Address   |  |  |  |  |  |  |
| Suite/Unit No. Street No. Street Name  | ICZSHAWK SHALLOW LAKE  |  |  |  |  |  |
| Municipality Bruffs Bruffs   | Province Postal Code  OWT NOH-ZKO  |  |  |  |  |  |
|  | andidate and declare that I am qualified to be an elector in this municipality.  |  |  |  |  |  |
| Signature Signature  | 22 07 08<br>Date (yyyy/mm/dd)  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Name of person providing endorsement   |  |  |  |  |  |  |
| Last Name or Single Name   | Given Name(s)  IAN   |  |  |  |  |  |
| Qualifying Address   |  |  |  |  |  |  |
| Suite/Unit No. Street No. Street Name  | UNIOSH DEIVE KOMBIE  |  |  |  |  |  |
| Municipality BLUKK   | Province Postal Code   |  |  |  |  |  |
|  | candidate and declare that I am qualified to be an elector in this municipality. |  |  |  |  |  |
| Mar Beader   | 22,07,08   |  |  |  |  |  |
| Signature  | Date (yyyy/mm/dd)  |  |  |  |  |  |

- 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 providing endorsement  |                                   |  |  |  |  |  |
|---|-----------------------------------|--|--|--|--|--|
| Last Name or Single Name  | Given Name(s)                     |  |  |  |  |  |
| STATES  | GIVEN Name(s) STACEY LYNN         |  |  |  |  |  |
|   |                                   |  |  |  |  |  |
| Qualifying Address Suite/Unit No.   Street No.   Street Name  | -                                 |  |  |  |  |  |
| Suite/Unit No. Street No. Street Name Concession 2  | 2 NUD                             |  |  |  |  |  |
| 11/3/1  | Province Postal Code              |  |  |  |  |  |
| Municipality AFORGION BLUFFS  | ONTARIO NOH 270                   |  |  |  |  |  |
| I endorse Richaev Winness as a candidate and declare that I am qualified to be an elector in this municipality. |                                   |  |  |  |  |  |
|   | 2022/12/11                        |  |  |  |  |  |
|   | 2022 / 07 / / / Date (yyyy/mm/dd) |  |  |  |  |  |
| Signature   | Date (yyyy/mm/dd)                 |  |  |  |  |  |
|   |                                   |  |  |  |  |  |
| Name of person providing endorsement  | Loss as a second                  |  |  |  |  |  |
| Last Name or Single Name  | Given Name(s)  CARY  GORDON       |  |  |  |  |  |
| STATES  | arred dolersons                   |  |  |  |  |  |
| Qualifying Address  |                                   |  |  |  |  |  |
| Suite/Unit No. Street No. Street Name   | 12 NCD                            |  |  |  |  |  |
| Municipality  | Province Postal Code              |  |  |  |  |  |
| GEORGIAN BLUFFS   | ONTHERO NOH-270                   |  |  |  |  |  |
| I endorse Richard Winnes as a candidate and declare that I am qualified to be an elector in this municipality.  |                                   |  |  |  |  |  |
|   | 2022/04/11                        |  |  |  |  |  |
| pre f   | 2022/07/ // Date (yyyy/mm/dd)     |  |  |  |  |  |
| Signature   | Date (yyyymmidd)                  |  |  |  |  |  |
|   |                                   |  |  |  |  |  |
| Name of person providing endorsement  | LOS Marco (a)                     |  |  |  |  |  |
| Last Name or Single Name  | Given Name(s)                     |  |  |  |  |  |
| BRYAN   | TIP "HESS                         |  |  |  |  |  |
| Qualifying Address  | a v                               |  |  |  |  |  |
| Suite/Unit No. Street No. Street Name   |                                   |  |  |  |  |  |
|   | DRIVE                             |  |  |  |  |  |
| Municipality  | Province Postal Code              |  |  |  |  |  |
| GEORGIAD BLUFFS   | ON NOH 3KO                        |  |  |  |  |  |
| I endorse Richmay Whores as a candidate and declare that I am qualified to be an elector in this municipality.  |                                   |  |  |  |  |  |
|   | 0.000100100                       |  |  |  |  |  |
| * Uget D  | 2033/08/08                        |  |  |  |  |  |
| Signature Date (yyyy/mm/dd)   |                                   |  |  |  |  |  |
|   |                                   |  |  |  |  |  |

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Print Form

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- 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 providing endorsement  |                    |             |             |                   |           |             |               |            |                           |
|---|--------------------|-------------|-------------|-------------------|-----------|-------------|---------------|------------|---------------------------|
| Last Name or Single Name Given Name(s)  |                    |             |             |                   |           |             |               |            |                           |
| MACDONNELL (DEB) DEBORAH  |                    |             |             |                   |           |             |               |            |                           |
| Qualifying Address  | la                 | la          |             | -                 |           |             |               |            |                           |
| Suite/Unit No.  | Street No.         | Street Name |             |                   | 1         | 16          |               |            |                           |
| Municipality  | (90                | FIRM        | <u>×~ ۲</u> | *S                |           | Province    | معث           |            | Postal Code _ ,           |
| Clerc   | CITAN B            | LUFFS       | <u> </u>    |                   |           |             | 754           |            | WOH ZKO                   |
| I endorse   |                    | ;           | as a cand   | idate and d       | eclare th | nat I am qu | alified to be | e an elect | tor in this municipality. |
|   |                    |             |             |                   |           |             |               |            |                           |
| Name of person pro  | viding endorsement |             |             |                   |           |             |               |            |                           |
| Last Name or Single   | -                  |             |             | Given Nan         | ne(s)     |             |               |            |                           |
| Qualifying Address  |                    |             |             |                   |           |             | ·             |            |                           |
| Suite/Unit No.  | Street No.         | Street Name |             |                   |           |             |               |            |                           |
| Municipality  |                    |             |             |                   | F         | 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) |           |             |               |            |                           |
|   |                    |             |             |                   |           |             |               |            |                           |
| 1   | viding endorsement |             | 1           | Given Nan         | no/c\     |             |               |            |                           |
| Last Name or Single Name  |                    |             |             | GIVEITIVAL        | 110(2)    |             |               |            |                           |
| Qualifying Address  |                    |             |             |                   |           | •           |               |            |                           |
| Suite/Unit No.  | Street No.         | Street Name |             |                   |           |             |               |            |                           |
| Municipality  |                    | <u> </u>    |             |                   | F         | Province    |               |            | Postal Code               |
| I endorse   |                    |             | as a cand   | idate and d       | eclare th | nat I am qu | alified to be | e an elect | tor in this municipality. |
|   |                    |             |             |                   |           |             |               |            | •                         |
| Signature   |                    |             |             |                   |           |             | Date          | (yyyy/mn   | n/dd)                     |
|   |                    |             |             | ····              |           |             |               |            |                           |

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