

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

Township of Georgian Bluffs

Nominated for the Office of

Deputy Mayor

Ward Name or Number (if any)

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

Last Name or Single Name

PRINGLE

Given Name(s)

GRAU

Nominee's full qualifying address within municipality

Suite/Unit Number

Street Number

Street Name

082464

Sideroad 6

Municipality

Georgian Bluffs

Province

ONT

Postal Code

N4K 5H5

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

Kpringle23@outlook.com

Telephone Number

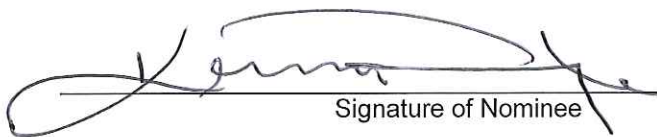
519 270 6535

Telephone Number 2

Declaration of Qualification

I, GRANT PRINGLE, 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

2026/05/22
Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd)

2026/05/25

Time Received

1:50 pm

Initial of Nominee or Agent
(if filed in person)

GP

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)