

Print Form

Clear Form

Municipal Elections Act, 1996 (Sections 33, 35)

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	a person to be a ca	ndidate at an election to	be held in the follow			Bralis
Nominated for the Off	ice of Ma	YOY e ballot paper (subject to	Word Name or Num	har (if any)		70114
Nominee's name as it	is to appear on the	e ballot paper (subject to	agreement of the mu	unicipal cleri	<)	
Last Name or Single I			Given Name(s)	rad	,	
Nominee's full qualify						
Suite/Unit Number S	Street Number	Street Name Ernest	54.			
	troliq		Province Onto	avio		Postal Code
Mailing Address	∑ Same as qu	alifying address				
Suite/Unit Number S	Street Number	Street Name				
Municipality			Province			Postal Code
If nominated for school	ol board, full addre	ss of residence within its	jurisdiction			
Suite/Unit Number S	Street Number	Street Name			>	
Municipality	-		Province			Postal Code
Email Address			Telephone Number		Telephone	Number 2
Declaration of Q						
1, R. B	rad L	005/ex	, (declare that	l am presen	tly legally qualified
(or would be presently	y legally qualified i	f I were not a member of I to hold the office for whi		mbly of Onta	ario or the S	enate or House of
R.	must !	Jacoben Jacobe			22/05 pate (yyyylm	110
Date Received (yyyy/			f Nominee or Agent in person)	Signature	of Clerk or Do	esignate
Certification by	Clerk or Design	nate			N	
I, the undersigned cle	erk of this municipa	lity, do hereby certify tha that the nominee is quali			•	
Signature).			ed (yyyy/mn	n/dd)
	TT,	/,		Scapl	Aug 122	

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Ministry of Municipal Affairs and Housing

Nomination Paper - Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

Instructions

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

or type information (except signature	es).				
Nomination paper of a person to be a ca	andidate at an election to	be held in the followin	g municipali	ity	
Nominated for the Office of /イ A イ O パ		Ward Name or Number	er (if any)		
Nominee's name as it is to appear on th	e ballot paper (subject to	agreement of the mur	nicipal clerk)		
Last Name or Single Name		Given Name(s) パィンナ/	ARD		
Nominee's full qualifying address within	municipality				***************************************
Suite/Unit Number Street Number 43/	Street Name	57.			
Municipality PETROLIA		Province ONTAS	210	Postal Code ルッツィ	
Mailing Address Same as qu	alifying address			A	***************************************
Suite/Unit Number Street Number	Street Name				
Municipality		Province		Postal Code	9
If nominated for school board, full addre	ss of residence within its	jurisdiction			
Suite/Unit Number Street Number	Street Name				
Municipality		Province		Postal Code	€
Email Address REPOORE1@gr	nail, com	Telephone Number 5/9 328 747		elephone Number 2	
Declaration of Qualification					
1. PICHARD	POORE	, de	clare that I a	am presently legally qua	alified
(or would be presently legally qualified if Commons of Canada) to be elected and			bly of Ontari	o or the Senate or Hou	se of
11					
No.			200	22/05/02	
Signature	e of Nominee		Da	22/05/02 te (yyyy/mm/dd)	
Date Received (yyyy/mm/dd) Time	Received Initial of	f Nominee or Agent S	ignature of	Clerk or Designate	
2002/Many/02. 8:	35 Am. (if filed	in person)	***************************************	St.	
Certification by Clerk or Design	ate	•			
I, the undersigned clerk of this municipal nominee filed with me and am satisfied the Act.					th
Signature				i (yyyy/mm/dd)	
			20016	lug 122	



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Ministry of Municipal Affairs and Housing

Nomination Paper - Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

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 ca		be held in the following municipa	ality
Town OF PE Nominated for the Office of	TROLIA		
		Ward Name or Number (if any)	
TOWN COUNCILLO			
Nominee's name as it is to appear on the	e ballot paper (subject to	agreement of the municipal clerk	<)
Last Name or Single Name		Given Name(s)	
CLARK		BILL	
Nominee's full qualifying address within	municipality		- _{No} -
Suite/Unit Number Street Number	Street Name		
4356	SIXTH ST		
Municipality		Province	Postal Code
Municipality PETROLIA		DNTARIO	NONIRO
Mailing Address X Same as qu	alifying address	-	
Suite/Unit Number Street Number	Street Name	*	
		(6)	
Municipality		Province	Postal Code
			8
If nominated for school board, full addre	ss of residence within its	jurisdiction	
Suite/Unit Number Street Number	Street Name		
Municipality		Province	Postal Code
£ .			
Email Address		Telephone Number	Telephone Number 2
billclark@live.ca		519-330-9719	
Declaration of Qualification		•	
BILL CLA	OK.	. declare that	I am presently legally qualified
(or would be presently legally qualified if		2752 E 653	ario or the Senate or House of
Commons of Canada) to be elected and	to hold the office for whi	ich I am nominated.	
	0		
all re	el	202	2-108/17 me
	e of Nominee		Pate (vvvv/mm/dd)
oignatare	o or recommed		vate (yyyymmad)
Data Daggived (unus/mm/dd) Time	Received Initial o	f Naminas av Agant Cignatura	f Clark as Diamete
. ""	/if filed	f Nominee or Agent Signature of in person)	of Clerk or Designate
200/08/18/17/1/ 9	7100	Ne 3	
Certification by Clerk or Design	nate		
I, the undersigned clerk of this municipa	lity, do hereby certify tha	t I have examined the nomination	n paper of the aforesaid
nominee filed with me and am satisfied			
the Act.	•		,
Signature		Date Certifi	ed (yyyy/mm/dd)
	.)		
	! 	Geəə -	Aug/22



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Nomination Paper – Form 1 Municipal Elections Act, 1996 (Sections 33, 35)

Instructions

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

Nomination paper of Town of Petrolia	f a person to be a ca	andidate at an ele	ection to	be held in the follow	ing municipa	llity		
Nominated for the Office of				Ward Name or Number (if any)				
Councilor								
Nominee's name as	it is to appear on th	e ballot paper (si	ubject to	agreement of the m	unicipal clerk	()		
Last Name or Single Deighton	e Name			Given Name(s) Daniel Wade				
Nominee's full qualifying address within municipality								
Suite/Unit Number	Street Number	Street Name Garden Cresc						
Municipality Petrolia				Province Ontario			Postal Code NON 1R0	
Mailing Address	✓ Same as qu	alifying address					The state of the s	
Suite/Unit Number	Street Number	Street Name						
Municipality				Province			Postal Code	
If nominated for sch	nool board, full addre	ess of residence v	within its	jurisdiction				
Suite/Unit Number	Street Number	Street Name						
Municipality	L			Province			Postal Code	
Email Address				Telephone Number	r Telephone Number 2			
Declaration of 0	Qualification							
I, Daniel Wade De	eighton			, (declare that I	am present	ly legally qualified	
17	ntly legally qualified i			-	mbly of Onta	rio or the Se	enate or House of	
	100	>				2022/07/2		
	Signature	e of Nominee			D	ate (yyyy/mr		
Date Received (yyy	y/mm/dd) Time	Received		Nominee or Agent	Signature of	Clerk or De	signate	
2000/07/19	3	3:19em.	(if filed i	n person)		4	.)	
Certification by	Clerk or Design	nate		2		$\mathcal{A}_{\mathcal{A}}$		
	clerk of this municipa me and am satisfied							
Signature					Date Certifie	ed (yyyy/mm	/dd)	
3	#/				2022/6	aug/22	e	



Municipal Elections Act, 1996 (Sections 33, 35)

Instructions

9499P_E (2022/04)

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

or type information	i (except signature	55).				
Nomination paper of TOWN OF PETRO		andidate at an election to	be held in the followi	ng municipal	ity	
Nominated for the C Councillor	Office of	Ward Name or Num n/a	ber (if any)			
Nominee's name as	it is to appear on th	e ballot paper (subject to	agreement of the mu	unicipal clerk))	
Last Name or Single FIELD	e Name		Given Name(s) JOEL ROBERT			
Nominee's full quali	fying address within	municipality				
Suite/Unit Number	Street Number 4361	Street Name SIXTH STREET				
Municipality Petrolia			Province ON			Postal Code NON 1R0
Mailing Address	✓ Same as qu	alifying address				
Suite/Unit Number	Street Number	Street Name				
Municipality	I		Province			Postal Code
If nominated for sch	nool board, full addre	ess of residence within its	jurisdiction			
Suite/Unit Number	Street Number	Street Name				
Municipality			Province			Postal Code
Email Address	-		Telephone Number		Telephone	Number 2
Declaration of	Qualification					
I, Joel Field			, c	leclare that I	am present	ly legally qualified
	, , , ,	f I were not a member of	avant to be service and to a service	mbly of Ontai	rio or the Se	enate or House of
Commons of Canad	da) to be elected and	to hold the office for wh	ich I am nominated.			
	XX//	DXX/1/1				
	(7)	ENN I			2022/05/0	02
	\$igb#tuf	e/of/Nominee		Da	ate (yyyy/mi	m/dd)
Date Received (yyy	y/mm/dd) Time	Received Initial o	Nominee or Agent	Signature of	Clerk or De	esignate
2022/07	106 1	1:30 (if filed	n person)	Jessin	Smi	tl
Certification by	Clerk or Desig	nate	$\mathcal{O}_{\mathcal{A}}$			
The contract present the second contract of the contract of th		ality, do hereby certify that the nominee is quali				
Signature			lÎ.	Date Certifie	ed (yyyy/mm	n/dd)
	4	<i>一)</i>		2522 M		•



Municipal Elections Act, 1996 (Sections 33, 35)

Instructions							
	ility of the person b า (except signature		to file a	a complete and ac	curate nom	ination pap	er. Please print
Nomination paper o	f a person to be a ca	indidate at an elec	tion to	be held in the follow	ng municipa	lity	
	PETROLIA						
Nominated for the C			'	Ward Name or Num	ber (if any)		
TOWN CO							·
	it is to appear on th	e ballot paper (sub	-	-	unicipal clerk	()	
Last Name or Single				Given Name(s)			
HUNTER				SHALEN			
•	fying address within						
Suite/Unit Number		Street Name					
1 P	4078	PETROLIA					
Municipality				Province			Postal Code
PETROLIA		-1:C :	·	ONTARIO			NON IRO
Mailing Address	. —	alifying address					
Suite/Unit Number	Street Number	Street Name					
Municipality				Province	· · · · · · · · · · · · · · · · · · ·		Postal Code
If nominated for sch	nool board, full addre	ss of residence wi	thin its	iurisdiction			
Suite/Unit Number	•	Street Name		janoalollon			
Municipality		, , , , , , , , , , , , , , , , , , , ,		Province			Postal Code
Email Address				Telephone Number		Telephone	Number 2
shalenhu	nter@gmail.o	2011		519-318-612	0		
Declaration of	Qualification						
1, SHALEN	HUNTER			, (leclare that l	am present	ly legally qualified
(or would be preser	ntly legally qualified i	f I were not a mem	nber of	the Legislative Asse	mbly of Onta	rio or the Se	enate or House of
	da) to be elected and			_	,		
	ŕ						
(/	1, 2	\supset				,	
SA	ali tr				202	22/08	/ // m/dd)
	Signatur	e of Nominee			ט	ate (yyyy/mi	m/dd)
Date Received (yyy	• 1			Nominee or Agent	Signature o	f Clerk or De	esignate
2022/08/	<u>// 1 1 1 </u>	1:58		n person)	N.B	ollens)
Certification by	Clerk or Desig	nate					
	clerk of this municipa me and am satisfied						

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Signature

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Print Form

Date Certified (yyyy/mm/dd)

Clear Form



Municipal Elections Act, 1996 (Sections 33, 35)

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).

or type information	ii (cxcept signature	50).						
Nomination paper of a person to be a candidate at an election to be held in the following municipality								
	OF PETROL	A						
Nominated for the Office of Ward Name or Number (if any)								
	NCILLOR							
Nominee's name as	it is to appear on th	e ballot paper (subject		ınicipal clerk	()			
Last Name or Single	e Name		Given Name(s)					
TTAYH			CHAD					
Nominee's full quali	fying address within	municipality						
Suite/Unit Number	Street Number	Street Name						
	283	EVERGREEN						
Municipality			Province			Postal Code		
PETR	oLIA		ON			NON 1RA		
Mailing Address	✓ Same as que	ualifying address						
Suite/Unit Number	Street Number	Street Name	*					
Municipality			Province			Postal Code		
If nominated for sch	nool board, full addre	ess of residence within i	ts jurisdiction					
Suite/Unit Number	Street Number	Street Name						
Municipality			Province			Postal Code		
			N		T 1 1	NI I O		
Email Address			Telephone Number		Telephone	Number 2		
Declaration of	Qualification							
I, CHAD	HYATT		, (declare that	l am presen	tly legally qualified		
		if I were not a member	of the Legislative Asse	mbly of Onta	ario or the S	enate or House of		
		d to hold the office for w						
	,							
					9	1		
6						3/17		
	Signatu	re of Nominee			ate (yyyy/m	m/dd)		
Date Received (yy	yy/mm/dd) Tim		of Nominee or Agent	Signature of	of Clerk or D	esignate /		
2022/06	117 3	29 pm (if file	d in person)	Mu	42/	ntt		
Certification by	y Clerk or Desig	nate		-				
I. the undersigned	clerk of this municin	ality, do hereby certify t	hat I have examined th	e nominatio	n paper of th	ne aforesaid		
		I that the nominee is qu						

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the Act.

Signature

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200/Aug/02

Date Certified (yyyy/mm/dd)



Ministry of Municipal Affairs and Housing

Nomination Paper - Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

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				٠.		u		-

It is the responsib or type information		on being nominated tures).	d to file	a complete and ac	curate nom	ination pap	er. Please print
Nomination paper o	f a person to be	a candidate at an ele	ection to	be held in the followi	ng municipa	lity	
Nominated for the C				Ward Name or Num	ber (if any)		
Member of Counc	# Coucil	lor Am					
Nominee's name as	it is to appear o	n the ballot paper (su	ubject to	agreement of the mu	unicipal clerk	:)	
Last Name or Single Mevis	e Name			Given Name(s) Allison			· ·
Nominee's full quali	fying address wi	thin municipality			-		
Suite/Unit Number	Street Number	Street Name					
	434	Fourth St					
Municipality Petrolia	8			Province Ontario		1 2 5	Postal Code NON 1R0
Mailing Address	✓ Same a	s qualifying address					
Suite/Unit Number	Street Number	Street Name					
Municipality	84			Province			Postal Code
If nominated for sch	nool board, full a	ddress of residence v	within its	jurisdiction			
luite/Unit Number	Street Number	Street Name					
Municipality				Province			Postal Code
Email Address				Telephone Number		Telephone	
allisonmevis@hot	mail.com			519-381-9429		519-882-4	955
Declaration of	Qualification						
I, Allison Mevis				, (declare that I	am present	ily legally qualified
		ed if I were not a me and to hold the office		and the second s	mbly of Onta	rio or the S	enate or House of
	1001	0					CAM)
	Alle					2022/08/	
	Sign	ature of Nominee			D	ate (yyyy/m	m/dd)
Date Received (yyy	/y/mm/dd)	Time Received		f Nominee or Agent	Signature o	f Clerk or De	esignate
<u> </u>	119	8:59 Am		in person) ∕∕∕∕∖		1	<u> </u>
Certification by	Clerk or De	signate					
ACCUMATE OF THE PROPERTY OF TH		icipality, do hereby co					
the Act.		_					
Signature					Date Certifi	ed (yyyy/mn	n/dd)
		H			200	/Ausle))
9499P_E (2022/04) © C	ueen's Printer for Ontai	io, 2022	Disp	onible en français			



Ministry of Municipal Affairs and Housing

Nomination Paper – Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

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 Ward Name or Number (if any) Nominated for the Office of Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk) Given Name(s) Last Name or Single Name ROSS D'Hara Nominee's full qualifying address within municipality Suite/Unit Number | Street Number Street Name Postal Code Municipality Province Petrolia Mailing Address Same as qualifying address Suite/Unit Number | Street Number Street Name Municipality Province Postal Code NONIRO If nominated for school board, full address of residence within its jurisdiction Suite/Unit Number | Street Number Street Name Province Postal Code Municipality **Email Address** Telephone Number Telephone Number 2 **Declaration of Qualification** , 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. June 26, 2022 Date (yyyy/mm/dd) Time Received Initial of Nominee or Agent | Signature of Clerk or Designate (if filed in person) 2:42 pm 2029/06/20 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

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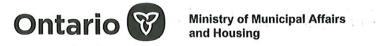
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Date Certified (yyyy/mm/dd)

0 2-00/Aug/02

Print Form Clear Form



Municipal Elections Act, 1996 (Sections 33, 35)

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 TOWN OF PETROLIA Nominated for the Office of Ward Name or Number (if any) COUNCILLOR Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk) Given Name(s) Last Name or Single Name Nominee's full qualifying address within municipality Suite/Unit Number | Street Number 420 Province Postal Code Municipality DINTARIO NONTRO Same as qualifying address Mailing Address Suite/Unit Number | Street Number Street Name LAMBTON LINE 4546 Postal Code Municipality **Province** ONTARIO DAWN EUPHEMIA NOPIMO 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** Telephone Number Telephone Number 2 debbpite 630 gmail.com 519.331.9574 **Declaration of Qualification** Debra , 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 Time Received Date Received (yyyy/mm/dd) Initial of Nominee or Agent Signature of Clerk or Designate (if filed in person) 1:13 2033/08/18 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.

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Signature

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Date Certified (yyyy/mm/dd)

Clear Form



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Nomination Paper – Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

2002/Aug/20

Instructions						
It is the responsib or type information			e a complete and accurate non	nination pap	oer. Please print	
Nomination paper o Town of Petrolia	f a person to be	e a candidate at an election t	o be held in the following municipa	ality		
Nominated for the Office of Counciller			Ward Name or Number (if any)			
Nominee's name as	s it is to appear	on the ballot paper (subject t	o agreement of the municipal cler	k)		
Last Name or Single Name Purdy			Given Name(s) Grant			
Nominee's full quali	fying address w	rithin municipality				
Suite/Unit Number	Street Number 4294	Street Name Garden Cres.				
Municipality Petrolia			Province Ontario	Postal Code N0N 1R0		
Mailing Address	✓ Same a	as qualifying address				
Suite/Unit Number	Street Number	Street Name				
Municipality			Province		Postal Code	
If nominated for sch	nool board, full a	address of residence within it	s jurisdiction			
Suite/Unit Number	Street Number	Street Name			w	
Municipality			Province		Postal Code	
Email Address			Telephone Number Telephone		Number 2	
Declaration of	Qualification	l				
1. Grant	Purdy		, declare that	I am present	tly legally qualified	
		fied if I were not a member o	of the Legislative Assembly of Onta	ario or the S	enate or House of	
Commons of Canad			mon i am nominated.			
	Chlad		207	180108	ll.	
D	Sign	nature of Nominee		ひ(68/ Date (yyyy/m	m/dd)	
Date Received (yyy		Time Received Initial	of Nominee or Agent Signature of	of Clerk or De	eşignate	
200/08/	16.	10:34Am . (if filed	d in person	H	<i>,</i> 	
Certification by	Clerk or De	signate				
			at I have examined the nominatio lified to be nominated and that the		complies with	



Municipal Elections Act, 1996 (Sections 33, 35)

Instructions

9499P_E (2022/04)

It is the responsible or type information		peing nominated to file es).	a complete and accui	rate nomi	nation pap	er. Please print
Nomination paper o	f a person to be a ca FETEOLIA	andidate at an election to	be held in the following	municipal	ity	
Nominated for the Office of			Ward Name or Number (if any)			
		e ballot paper (subject to	agreement of the muni	cipal clerk)	
Last Name or Single Name			Given Name(s)			
Souch			MARTY			
Nominee's full quali	fying address within	municipality				
Suite/Unit Number	Street Number 402/	Street Name APPELLUOOL	O DR			
Municipality PETROLIA			Province ONT/4R10			Postal Code //0// / PO
Mailing Address		alifying address				
Suite/Unit Number	· · · · · · · · · · · · · · · · · · ·	Street Name				
Municipality			Province			Postal Code
If nominated for sch	ool board, full addre	ess of residence within its	iurisdiction			
Suite/Unit Number		Street Name	•			
Municipality	L		Province	<u>.</u>		Postal Code
Email Address			Telephone Number 2			Number 2
MARTY CSHORELINEGYPRESSING, Ca			519 331 3	061		
Declaration of	Qualification					
1, MAG	ety So	uc.H	, dec	lare that I	am present	ly 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.						
Man or						
Signature of Nominee Date (yyyy/mm/dd)						
Date Received (yyy	y/mm/dd) Time			gnature of	Clerk or De	esignate
2022/07/07 12:55 om (if filed in person) N. Brelans						
Certification by	Clerk or Desig	nate	•	•		
nominee filed with I		ality, do hereby certify that the nominee is qual				
the Act. Signature			D	Date Certified (yyyy/mm/dd)		
			2001 Aug 122			



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Ministry of Municipal Affairs and Housing

Nomination Paper – Form 1

Municipal Elections Act, 1996 (Sections 33, 35)

Instructions

It is the responsibility of the person to or type information (except signature	peing nominated to file es).	a complete and ac	curate non	nination pap	er. Please print	
Nomination paper of a person to be a ca		he held in the follow	ina municina	ality		
			ng mamorp	anty	•	
Nominated for the Office of	Ward Name or Number (if any)					
Canallor	, ,					
Nominee's name as it is to appear on th	e ballot paper (subject to	agreement of the mi	unicipal cler	k)		
Last Name or Single Name		Given Name(s)				
Welsh	Sheila Elizabeth (Liz)					
Nominee's full qualifying address within	municipality					
Suite/Unit Number Street Number	Street Name	6				
<u> 425</u>	Queen	S - .				
Municipality Petrolica		Province (N)			Postal Code	
Mailing Address Same as qu	alifying address	<u> </u>		 	1 MIN LEA	
Suite/Unit Number Street Number	Street Name					
Suitor of M. Hambor	Olicol Wallie	•				
Municipality		Province			Postal Code	
•						
If nominated for school board, full addre	ss of residence within its	jurisdiction				
Suite/Unit Number Street Number	Street Name					
Municipality		Dravinos			D-4-10-1	
		Province			Postal Code	
Email Address	~	Telephone Number		Telephone	L Number 2	
Declaration of Qualification		-				
i ha lakh		^	loolaro that	l am pragant	in to mathe an allelad	
ra c cc cos	•		,		ly 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	I to hold the office for wh	ich I am nominated.				
(Wolfe 2000 /04/21						
Signature			ate (vvvv/mi	m/dd)		
				(3,7,7,	,	
Date Received (yyyy/mm/dd) Time	Received Initial o	f Nominee or Agent	Signature o	f Clerk or De	esignate	
0-00/0/01		in pensop)	(10		ongricio .	
9077/06/2 1C	7,45	gw.	\mathcal{L}	,		
Certification by Clerk or Design	nate		0			
I, the undersigned clerk of this municipal nominee filed with me and am satisfied						
the Act.			D. 1 0 000			
Signature	-	Date Certified (yyyy/mm/dd)				
		2021 Aug 122				