

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).

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^	- 1 m - 1			be held in the follow	ving municipa	ality	
Conseil	Scolaire	Viamonde	Are	a 8	ala an (if any i)		
Nominated for the Office of TRUSTEE				Ward Name or Number (if any)			
Nominee's name as	s it is to appear or	the ballot paper (si	ubject to	agreement of the m	nunicipal cler	k)	
Last Name or Single Name PARADIS				Given Name(s) DAVID ANDRE			
Nominee's full quali	fying address with	nin municipality		·			
Suite/Unit Number	Street Number	DAHLIA	DR	4			
Municipality CHATHAM - KENT			Province ON			Postal Code N7L5L6	
Mailing Address	Same as	qualifying address					*
Suite/Unit Number	Street Number	Street Name					
Municipality			Province		Postal Code		
If nominated for sch	ool board, full ad	dress of residence v	vithin its	jurisdiction			
Suite/Unit Number	Street Number	Street Name					
Municipality				Province			Postal Code
Email Address david, paradis 65 mailicon				Telephone Number 416-844-55 4 9			Number 2
Declaration of (
1, DAVID PARADIS , declare that I am presently legally qualified							
(or would be presen	tly legally qualifie	d if I were not a me	mber of	the Legislative Asse	mbly of Onta	ario or the Se	enate or House of
Commons of Canad				*			
MIN Cost				2022/08/05			
Signature of Nominee				Date (yyyy/mm/dd)			
August 5, 2022	R	1.22 pm 12				20.0(3)5)	171
			Nominee or Agent Signature of Clerk or Designate				
Aunter				n person)			
August 5, 2022		: 22 p.m.		1	print	<u>~</u>	
Certification by							"
				t I have examined th lied to be nominated			
Signature					Date Certified (yyyy/mm/dd)		