



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
City of Sarnia

Nominated for the Office of
Trustee, Conseil Scolaire Catholique Providence
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
Reale
Given Name(s)
Meghan Elizabeth MR.

Nominee's full qualifying address within municipality
Suite/Unit Number
Street Number
Street Name
321
Fanshawe Drive

Municipality
City of Sarnia
Province
Ontario
Postal Code
N7S 6C9

Mailing Address
[checked] 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
321
Fanshawe Drive

Municipality
City of Sarnia
Province
Ontario
Postal Code
N7S 6C9

Email Address
megrealesmith@gmail.com
Telephone Number
519-381-7417
Telephone Number 2

Declaration of Qualification

I, Meghan Elizabeth Reale, 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.

Handwritten signature of Meghan Elizabeth Reale

Signature of Nominee

2022/08/11

Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd)
Time Received
Initial of Nominee or Agent (if filed in person)
Signature of Clerk or Designate
2022/08/16
11:45 am
MR.
Hana Dabey

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)