

## **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).

	- (Stoopt oignatu	100).					
Nomination paper	of a person to be a	candidate at an	election	to be held in the fol	lowing munici	pality	
Nominated for the	Office of			T			
Nominated for the Office of				Ward Name or Number (if any)			
Nominee's name as it is to appear on the ballot paper (subject				Taree (3)			
Last Name of Sine	is it is to appear on t	ne ballot paper (	(subject i		municipal cle	erk)	
Last Name or Single Name				Given Name(s)			
Nominee's full qualifying address within municipality				Zed			
		ii .					
Suite/Unit Number	Street Number 45	Street Name	c 5-1	+ W			
Municipality	bridge			Province	vio		Postal Code
Mailing Address	Same as qu	ualifying address	 S				Lap Its
Suite/Unit Number	Street Number	Street Name	,				
		ou out Harrie					
Municipality				Province			Postal Code
If nominated for sch	nool board, full addre	es of rapidance				-	
Suite/Unit Number	Street Number	Street Name	within its	s jurisdiction			
Municipality				Province			Postal Code
Email Address							Total Godo
zedrickering Q gmail.com				Telephone Number 2 905 999 7463 Telephone Number 2			
Declaration of (						L	
1, 2 Zach	arie (zed)	Pickeri	na		dodos H. J.		
					declare that	am present	ly legally qualified
Commons of Canad	tly legally qualified if	were not a me	mber of	the Legislative Ass	embly of Onta	rio or the Se	nate or House of
oommons of Oanau	a) to be elected and	to hold the office	e for whi	ch I am nominated.			
12							
1/2/	Teris				139	1077/0	5/13
Signature of Nominee					Date (yyyy/mm/dd)		
80					U.	асе (уууулгиг	waa)
Date Received (yyyy	/mm/dd) Time	Received	Initial of	Nominee or Agent	To: 4		
	. 1		(if filed in	n person)	Signature of	Clerk or De	signate
2022/05/	03 16.	14 p.m.		2	121	Mark	Can.
Certification by	Clerk or Designa	ate			1/200	JU TOUVI	
the undersigned cle	erk of this municipalite e and am satisfied th	v. do hereby ce	rtify that is qualifi	I have examined the	ne nomination	paper of the	aforesaid complies with
ignature					-		•
gnature					Date Certified (yyyy/mm/dd)		
10P F (2022/04)	and Date of the Control of the Contr	Save Form					
99P_E (2022/04) © Quee	en's Printer for Ontario, 2022	Save Form	Dispon	ible en français	Print Form		Clear Form