

Instructions

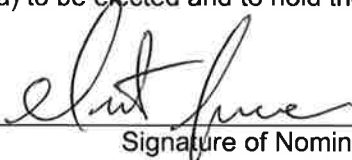
It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

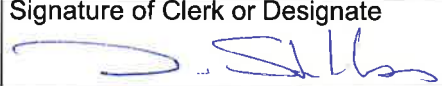
Nomination paper of a person to be a candidate at an election to be held in the following municipality
ORANGEVILLE

Nominated for the Office of <u>COUNCILLOR</u>		Ward Name or Number (if any) <u>ORANGEVILLE</u>	
Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)			
Last Name or Single Name <u>SPENCE</u>		Given Name(s) <u>GRANT</u>	
Nominee's full qualifying address within municipality			
Suite/Unit Number <u>—</u>	Street Number <u>426</u>	Street Name <u>COLLEGE AVENUE</u>	
Municipality <u>ORANGEVILLE</u>		Province <u>ONTARIO</u>	Postal Code <u>L9W 3H4</u>
Mailing Address <input checked="" type="checkbox"/> 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 <u>GSPENCEERA@GMAIL.COM</u>		Telephone Number <u>416 258 6739</u>	Telephone Number 2

Declaration of Qualification

I, GRANT SPENCE, 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
2022/07/19 Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) <u>2022/07/20</u>	Time Received <u>3:50 pm</u>	Initial of Nominee or Agent (if filed in person) <u>GS</u>	Signature of Clerk or Designate <u></u>
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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) _____