

## **Nomination Paper - Form 1**

Municipal Elections Act, 1996 (Sections 33, 35)

## Instructions

A nomination paper may only be filed in person or by an agent; it may not be faxed or emailed. It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

|                           |                          | 1 1                 | , ,,,                         | ,          | ,                        |                     |
|---------------------------|--------------------------|---------------------|-------------------------------|------------|--------------------------|---------------------|
| Nomination paper of a     | a person to be a candid  | ٠ .                 | to be held in the following r | nunicipali | ty                       |                     |
|                           |                          | Hami                | (TO1)·                        |            |                          |                     |
| Nominated for the offi    |                          | uncillar            | Ward name or no               | (if any)   |                          |                     |
| Nominee's name as it      |                          |                     | to agreement of the munici    | nal clerk) |                          |                     |
| Last Name or Single I     |                          | not paper (subject  | Given Name(s)                 | par oronky |                          |                     |
| Last Name of Single       | Maldo                    | nado                | Given (vaine(s)               | Juar       | uta.                     |                     |
| Nominee's full qualify    | ing address within mur   |                     |                               |            |                          |                     |
| Suite/Unit No.            | Street No.               | Street Name         |                               |            |                          |                     |
| Municipality 1            |                          |                     |                               | Province   |                          | Postal Code         |
| Hav                       | wilton                   |                     |                               |            | o N                      | Total oddo          |
| Mailing Address           | √ 8ame as qua            | lifying address     |                               |            |                          |                     |
| Suite/Unit No.            | Street No.               | Street Name         |                               |            |                          |                     |
| Municipality              | <u> </u>                 |                     |                               | Province   |                          | Postal Code         |
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| If naminated for asha     | ol board, full address o | f rasidanas within  | ito iuriadiation              |            |                          |                     |
|                           |                          |                     | its jurisdiction              |            |                          |                     |
| Suite/Unit No.            | Street No.               | Street Name         |                               |            |                          |                     |
| Municipality              |                          |                     |                               | Province   |                          | Postal Code         |
|                           |                          |                     |                               |            |                          |                     |
| Email Address             |                          | Telepho             | one No. (including area code  | e)         | Telephone No.2 (inclu    | ding area code)     |
| Declaration of Qua        | ١ .                      | loundo              | , declare that I am I         |            |                          |                     |
|                           |                          |                     | <del></del>                   |            |                          |                     |
| legally qualified if I we | ere not a member of the  | e Legislative Asse  | mbly of Ontario or the Sena   | te or Hou  | se of Commons of Car     | nada) to be elected |
| and to hold the office    | for which I am nominat   | ted.                |                               |            |                          |                     |
|                           |                          | A                   |                               |            | 2021/10                  | 12/2:               |
|                           | Signature                | e of Nominee        |                               | _          | 2021/10<br>Date (yyyy/mr | d(dd)               |
| Date Filed (yyyy/mm/      | dd) Time Filed           |                     | Initial of Nominee or Agen    | t          | Signature of Clerk or I  | Designate           |
| 2021-10-                  | 24                       | 6 pm                |                               |            | affallan                 | L                   |
| Certification by CI       |                          |                     |                               |            |                          |                     |
|                           |                          | do hereby certify t | hat I have examined the nor   | mination r | naner of the aforesaid   | nominee filed       |
|                           |                          |                     | minated and that the nomin    |            |                          | tominoo mod         |
|                           | noa alacalo nominee is   | , quantou to be no  | and that the north            |            |                          |                     |
| Signature                 | 1                        | n                   |                               |            | rtified (yyyy/mm/dd)     |                     |
|                           | WHallon                  | d                   |                               | 20         | 21/11/01                 |                     |



## Freedom of Information and Statement of Intent Ward 5 Vacancy Appointment

| Juan ta Maldonado.  Candidate's Name (Please Print)  |
|--|
| hereby acknowledge that personal information provided to the City through Form 1 and Form 2 submitted in application for the Ward 5 vacancy will be made available for public viewing at City Hall, in accordance with the Municipal Elections Act, 1996, as amended.  |
| Forms 1 and 2 will be included in the Council Agenda for the Special Council<br>Weeting on November 12, 2021 and will be redacted to remove personal<br>nformation.  |
| My CV/Resume will not be made public without my consent. My consent for the release of my redacted CV/Resume can be provided below. The public release of my CV/Resume is not a requirement for the application process.   |
| Personal information collected for the Municipal Election Nomination process is collected under the authority of Section 33 (1) of the Municipal Elections Act, 1996, for the purpose of publishing, consented to, personal information to the City of Hamilton's website for candidacy in Ward 5. Questions about the collection of personal information can be directed to the Manager of Elections and Print/Mail, at 905-546-2489 Ext. 2753. |
| Signature of Candidate Date  |
| Spriditive of Carididate   |
| hereby consent to have the following information publicly released as a part of my application. I understand that this is not a requirement for the application process.   |
| Curriculum Vitae/Resume  |
|  |

Signature of Candidate

 $\frac{2021-10-26}{\text{Date}}$ 

## Statement of Intent

I intend to run as a Candidate in the 2022 Municipal Election.

| Yes Yes   | □ No                                |
|---|-------------------------------------|
| Signature or Candidate                                | $\frac{2021-10}{\text{Date}}$       |
| I wish to speak for five (5) minutes at the 12, 2021. | Special Council Meeting on November |
| Yes   | □ No                                |
| ^   |                                     |
| / Signature of Candidate                              | 2021-10-26 Date                     |

# JUANITA MALDONADO

# Targeting role as: INTERIM WARD 5 COUNCILLOR

October 26, 2021

To: The Office of the City Clerk, and to the Members of City Council:

I am writing today to offer my services to the citizens of Hamilton as well as the City Council of Hamilton by placing my name for consideration to fill the interim position of Councillor for Ward Five. As demonstrated by my involvement in the last municipal election, I am ready and willing to serve.

I have a lifelong, deep connection to the East End of Hamilton. I have spent my adult life primarily working there; I have developed a reputation for providing compassionate and competent service in the interest of not only that local community, but I would suggest, Hamilton as a whole. My reputation for competent public service to East Hamilton and in particular Ward Five, certainly was enhanced during 10 years as Constituency Assistant to the sitting MP. Since 2015, I also served on the Board of Directors for the Immigration Consultants of Canada Regulatory Council. It was in my capacity as Board Member that I played a significant role in achieving and implementing practical experience requirements, increasing language requirements as well as increasing the number of hours of education required. I am especially proud of this accomplishment since it directly improved consumer protection in our industry.

Over the past 6 years, while building my immigration and legal consultancy business, I personally continued evolving. Serving those same area residents in my new role as an Immigration and Legal Support Consultant, it has allowed me to continue my commitment to East Hamilton, and ensure my own professional development.

To me, an important fact is the need for one to live, work and even own property in Ward five, all of which I do. This, combined with my many years of service to, and knowledge of Ward Five, should certainly enable me to offer valuable support to the Hamilton City Council during the remainder of their term of office.

Thank you for considering this application and my offer to assist moving Hamilton forward.

Singerely,
Juanita Maldonado

# JUANITA MALDONADO

# Targeting role as: WARD 5 COUNCILLOR

Highly organized and compassionate servant to the public who thrives when helping and representing people and serving the local community by considering its wellbeing and best interests. Independent thinker who is experienced in evaluating policies and programs, influencing decisions that affect the public, and directing staff. Seasoned in managing finances and ensuring the efficiency of administrative practices and procedures. Knows how to work with staff to ensure adherence to a vision, having served as a Constituency Assistant to a Federal Member of Parliament for 10 years and worked with government agencies including the Canada Revenue Agency and Service Canada. Born and raised in Hamilton, owns property in Ward 5, and holds a strong reputation in the local area as the go-to person for a range of issues including immigration, taxes and legal crises.

## AREAS OF EXPERTISE

- · Public Sector Knowledge
- Stakeholder Engagement
- · Negotiations & Partnerships
- Team Leadership & Coaching
- Policy Evaluation & Analysis
- Relationship Building
- Financial/Budget Management
- Crisis & Issues Management
- · Project Planning

## **CAREER HISTORY**

Owner | Maldonado Immigration Services

2014 - Present

- Operate a growing immigration practice that provides additional services related to other government programs, helping
  people to solve problems and move to Canada with a sense of confidence. Manage one employee and hired 15 students for
  placements.
- Provide a wide range of trusted and knowledgeable immigration support services including visas, immigration forms, officer
  interviews, student and work permits, refugee claims and more to a continually active caseload of around 150 clients.
- Liaise with Canadian government officials and advocate for clients with foreign embassies to achieve the best possible
  outcomes using in-depth understanding of federal, provincial and municipal programs.

Constituency Assistant | Wayne Marston M.P.

2005 - 2015

Assisted constituents with issues, represented the M.P. at local events, and served as the chief financial officer for the riding
association, which involved managing finances and budgets during and between elections.

Board Member | Immigration Consultants of Canada Regulatory Council

2014 - 2016

- After being elected by around 7,000 peers to serve as a board member, played an important role in developing and
  implementing practical experience requirements, increasing language requirements, and increasing the number of required
  hours for immigration to raise consumer protection and industry standards.
- Chaired a committee of fellow board members and consultants to develop strategies that mitigated risk at a time when the
  federal government was looking closely at regulating the industry; instrumental in the ICCRC being recognized as a college.

Community Volunteer, Income Tax Program | CRA

2006 - Present

• Support around 200 people per year in filing their taxes and provide year-round service, often to underserved communities.

#### **EDUCATION**

Immigration Diploma Program (Honours) | Humber College

Faculty of Music | University of Toronto

Faculty of Music, One Year Scholarship Program | McMaster University

Regulated Canadian Immigration Consultant • Certified Translation Certificate (1 of 3)



## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person see                                 | king nomination  |  |  | ,                     |                       |                           |
|--|--|--|--|-----------------------|-----------------------|---------------------------|
| Last Name or Single                                | Name Malde   | onado  | Given Name(s)  | Juant                 | a .                   |                           |
| Endorsement signatu                                | res for the nomination   | of a person for an office  | in the municipality of   | f                     | ,                     |                           |
|  | Hamil  | ton.   | ìn   | the year <u>20</u> 2  | <u> </u>              |                           |
| Name of person pro                                 | viding endorsement   |  |  |                       |                       |                           |
| Last Name or Single                                | SEN  |  | Given Name(s)  | $m_{V}$ .             |                       |                           |
| Qualifying Address                                 |  |  |  |                       |                       |                           |
| Suite/Unit No.                                     | Street No.   | Street Name i  |  |                       |                       |                           |
| Municipality / / / / / / / / / / / / / / / / / / / | ulton  | · · · · · · · · · · · · · · · · · · ·  | <u> </u>   | Province              |                       | Postal Code               |
| I endorse  | anita M  | aldonate   | andidate and declare   | that I am qualified t | o be an elec          | tor in this municipality. |
|  |  | gnature  | ,  |                       | 21/10<br>ate (yyyy/mr | ,                         |
|  |  |  |  |                       |                       |                           |
|  | viding endorsement   |  |  |                       |                       |                           |
| Last Name or Single                                | Name<br>15 K L   |  | Given Name(s)  | e.                    |                       |                           |
| Qualifying Address                                 | The same of the sa | No. of the last of | and the same of th |                       |                       |                           |
| Suite/Unit No.                                     | Street No.   | Street Name  |  |                       |                       |                           |
| Municipality                                       |  |  |  | Province              |                       | Postal Code               |
| I endorse  |  | as a c   | andidate and declare   | that I am qualified t | o be an elect         | tor in this municipality. |
|  | Siç  | gnature  |  | D                     | ate (yyyy/mr          | n/dd)                     |

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

|    | Name of person providing endorsement     |  |   |
|----|--|--|---|
|    | Last Name or Single Name                 | Given Name(s)  |   |
|    | Last Name of Single Name                 | Given Name(s)  | _   |
|    | Maldonado                                | Artur  | )<br>                                     |
|    | Qualifying Address                       |  |   |
|    | Suite/Unit No. Street No. Street Name    | >  |   |
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|    |  |  | 2021/10/8                                 |
|    | <i></i>                                  |  | 2021/10/8 Date (yyyy/mm/dd)               |
|    | Signature                                |  | Date (yyyy/mm/dd)                         |
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|    | Name of person providing endorsement     |  |   |
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|    | Last Name of Single Name                 | Given Name(s)  |   |
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|    | Name of person providing endorsement     | 1  |   |
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|    | 9\( \triangle \)                         |  |   |
|    | Signature                                |  | Date (yyyy/mm/dd)                         |
|    | Signature                                |  | Date (yyyy/mm/dd)                         |
|    | Signature                                |  | Date (yyyy/mm/dd)                         |
|    | Save Form Print Form                     |  | Date (yyyy/mm/dd)                         |



## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person seeking nomination                                      |  |
|--|--|
| Last Name or Single Name Maldonado                                     | Given Name(s)  |
| Endorsement signatures for the nomination of a person for an office in | n the municipality of  |
| Juanita Maldonado  | in the year 202  |
| Name of person providing endorsement                                   |  |
| Last Name or Single Name   | Given Name(s)  |
| Qualifying Address   |  |
| Suite/Unit No. Street N  |  |
| Municipality 1-lamilton  | Province ON  |
|  | ndidate and declare that I am qualified to be an elector in this municipality. |
| Jacon de l'alliante  |  |
|  | 2021-10-25<br>Date (yyyy/mm/dd)  |
| <del>eorgnatar</del> e   | Date (yyyy/mm/dd)  |
| Name of person providing endorsement                                   |  |
| Last Name or Single Name   | Given Name(s)  |
| Yasir  | Kaneez   |
| Qualifying Address   |  |
| Suite/Unit No. Street No. Street Name                                  |  |
| Municipality   | Province Postal Code   |
| Hamilton   | ON   |
| I endorse Juanita Maldonado as a ca                                    | ndidate and declare that I am qualified to be an elector in this municipality. |
|  | 2021-10-25   |
| Signature  | Date (yyyy/mm/dd)  |



## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person     | seeking nomination        |                                  |                     | M - M - PAR - TO |  |
|--------------------|---------------------------|----------------------------------|---------------------|--|--|
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| Endorsement sign   | atures for the nomination | n of a person for an office in t | the municipality of |  |  |
|                    |                           |                                  | in t                | the year   |  |
|                    | providing endorsement     | ;                                |                     |  |  |
| Last Name or Sing  |                           |                                  | Given Name(s) ~     | N 0 -  |  |
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|                    |                           |                                  |                     | 2-21/12  | 126                                    |
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| Name of person     | providing endorsement     |                                  |                     |  |  |
| Last Name or Sing  | gle Name                  |                                  | Given Name(s)       |  |  |
|                    |                           |                                  |                     |  |  |
| Qualifying Address | S                         |                                  |                     |  |  |
| Suite/Unit No.     | Street No.                | Street Name                      | _                   |  |  |
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| Municipality       |                           |                                  |                     | Province   | Postal Code                            |
|                    |                           |                                  |                     |  |  |
| I endorse          |                           | as a cand                        | didate and declare  | that I am qualified to be an                         | elector in this municipality.          |
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|                    |                           | ignature                         |                     | Date (yyy  | //mm/dd)                               |
|                    |                           | ngnature                         |                     | Date (yyy)   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

- Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the
  municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person pro  | oviding endorsemen | t           |              |                    |                      | ***              |                           |
|---------------------|--------------------|-------------|--------------|--------------------|----------------------|------------------|---------------------------|
| Last Name or Single |                    |             |              | Given Name(s)      |                      |                  |                           |
|                     |                    |             |              |                    |                      |                  |                           |
| Qualifying Address  |                    |             |              |                    |                      | ,                |                           |
| Suite/Unit No.      | Street No.         | Street Name |              |                    |                      | /                |                           |
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| . —                 |                    |             | - 45 4 64110 | iluate and deciare | triat i arri qualifi | ed to be an elec | tor in this municipality. |
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| Municipality        |                    |             |              | /                  | Province             |                  | Postal Code               |
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| I endorse           |                    |             | as a cand    | lidate and declare | that I am qualifi    | ed to be an elec | tor in this municipality. |
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|                     |                    | Signature   |              | <del>/</del>       |                      | Date (yyyy/mr    | n/dd)                     |
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| Municipality        |                    | /           |              |                    | Province             |                  | Postal Code               |
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|                     |                    |             | -            |                    |                      |                  |                           |
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|                     |                    | Signature   |              |                    |                      | Date (yyyy/mr    | n/dd)                     |
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|                     |                    |             |              |                    |                      |                  |                           |

Save Form

**Print Form** 

- Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

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| Suite/Unit No                  | Street No.   | Street Name  |  |   |   |
| Municipality                   |  |  |  | Province ON   | Postal Code   |
| endorse JUÁ                    | ni ta Aa   | Hannado.   | as a candidate and declare   |   | an elector in this municip  |
|                                |  |  |  | 38-   | what  |
| <del>January Marie Maria</del> |  | Signature  |  | ∑(U⊘<br>Date)   | (1/1/C)<br>yyfyymmiata)   |
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|                                | roviding endorsen  | ient   | <del>and the state of </del> |   | <u>ia da di dina mangini di di di Adra Gibachin di di dina di Adr</u>   |
| ast Name or Sing               | - 1 P - 10 P - 1 P | <del>-</del> 70/1  | Given Name(s)  | LUPE JOAN   | )   |
| レルシャント<br>Qualifying Address   | BARTOLOT   | Mountagia  |  | CIC SOAN  | wastigion and the property  |
| Suite/Unit No.                 | St   | A A STATE OF THE S |  |   |   |
| Municipality 1                 |  |  | **************************************   | Province  | Postal Code   |
| H                              | amiltor  |  | <u></u>  | $\perp$ $6N_{\perp}$  |   |
| endorse                        | luanita  | Maldona  | € Candidate and declar   | e that I am qualified to be   | an elector in this municip  |
|                                | and a special section of the section | skopraniské říží i vedněja sespino-  | W  | r kilinda i salata | There I   |
| i da                           |  |  | Address of the State of the Sta           |   | (yyyy/mm/dd)  |
| <u>ڟڵۻٞڟڿڴۄ؈ڮڰڛڂۻڰۻڮڰ</u>      | er figherin and described the state of   | Signature  |  |   | AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA  |
| Vame of person o               | providing endorser   | nent   | is a property of the special p           | <u>ڐ؞ڐٷٷٷڴڐڴٵٷڝڮڣ؞؈ٷ</u>  | and the same the property and said for a side of  |
| ast Name or Sing               |  |  | Given Name(s)  |   |   |
| BARTO                          | and the second s | g Zaplana, a king an a king ang king panjah ng labah a king king king banah an a banah ang   | EDUAL  | CDO   | <u>a la california de la california de la facilita de</u> |
| Qualifying Address             |  | Street Name  | 7, 11-1-20-21  |   |   |
| Sulte/Unit No.                 | Street No.   | 1 Street Name  |  |   |   |
| Municipality ) )               |  |  |  | Province \  | Postal Code   |
| Municipality Hat               | m Hon  | <u> </u>   | hara an airth Maile an Lath an cair air an a   | Province<br>ON  |   |
|                                | anita M  | aldonada   | )as a candidate and declar   | e that I am qualified to be   | an elector in this munici   |
|                                |  |  | of age.<br>New York of the Country of Security and Country of Security (1994).   |   | A = I   |
|                                |  |  | no o <u>allenia a i sal</u> a e dispensi e endi  | , SOS   | 1/10/   |
| 100.0                          |  |  |  | يون بن كرات مواده كوان المساور  | (yy/yy/mm/d <b>d</b> )  |

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person providing endorsement                         |  |
|--|--|
|  | ven Name(s)  |
| Alam   | Shahwaiz   |
| Qualifying Address   |  |
| Suite/Unit No. Street No. Street Name                        |  |
|  |  |
| Municipality   | Postal Code  |
| Hamilton   | ON   |
|  | VII  |
| Tuanita Maldonado as a candidat                              | e and declare that I am qualified to be an elector in this municipality.   |
|  |  |
|  | $\frac{2021-10-25}{\text{Date (yyyy/mm/dd)}}$  |
| Signature  | Date (yyyy/mm/dd)  |
| A CANADA   |  |
| Name of person providing endorsement                         |  |
|  | ven Name(s)  |
| Cill   | Shuaib   |
|  | Shraio   |
| Qualifying Address Suite/Unit No.   Street No.   Street Name |  |
| Suite/Offic No.   Street No.   Street Name                   |  |
| Municipality   | Province Postal Code   |
| Municipality Humi Hon  | ON Postal Code   |
|  | OIX  |
| Tendorse Junita Maldonado as a candidate                     | e and declare that I am qualified to be an elector in this municipality.   |
|  |  |
|  | 2021-10-25   |
| re   | $\frac{2021 - 10 - 25}{\text{Date (yyyy/mm/dd)}}$  |
|  |  |
|  |  |
| Name of person providing endorsement                         |  |
|  | ven Name(s)  |
| Erum   | Naora  |
| Qualifying Address   |  |
| Suite/Unit No. Street No. Street Name                        |  |
|  |  |
| Municipality   | Province Postal Code   |
| Hamilton   | ON   |
| Tendorse Juunita / Maldo vado as a candidat                  | e and declare that I am qualified to be an elector in this municipality  |
| Judinia // Padional  | e and declare that I am qualified to be an elector in this municipality.   |
| /  | 0001 10 05   |
|  | 2021-10-25<br>Date (yyyy/mm/dd)  |
| ture   | Date (yyyy/mm/dd)  |
| X  |  |
|  | Foreign and the second and the secon |
| Save Form Print Form   | Clear Form   |



## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person seeking nomination                                   |  |
|---|--|
| Last Name or Single Name  | Given Name(s) Juanu ta ,   |
| Mondonado   | Juanita,   |
| Endorsement signatures for the nomination of a person for an office |  |
| Hamilton  | in the year $202/$   |
| IJUNUCION   | in the year accept   |
| Name of person providing endorsement                                |  |
| Last Name or Single Name  | Given Name(s)  |
| Marston:  | L. Wayne   |
| Qualifying Address  | /  |
| Suite/Unit No. Street No. Street Name                               | t . A  |
|   |  |
| Municipality  | Province Postal Code   |
| Mamicron  |  |
| Rendorse Junnito Maldonado as a o                                   | candidate and declare that I am qualified to be an elector in this municipality. |
| The the Marcher lack  |  |
|   | 2021/10/26   |
|   | Date (yyyy/mm/dd)  |
| ,   | .,,,   |
| N   |  |
| Name of person providing endorsement  Last Name or Single/Name /    | Given Name(s)  |
| Last Name of Single Name  | Barbara.   |
| Qualifying Address  | Don Owich  |
| Suite/Unit No.   Street No.   Street Name   A.                      |  |
| f   |  |
| Municipality //   | Province Postal Code   |
| Hamilton.   |  |
| 110010,01011  | 1010   |
| I endorse Judnita Maldonado as a d                                  | candidate and declare that I am qualified to be an elector in this municipality. |
|   | 202/10/21  |
|   | $\underline{\qquad}$   |
| Signature   | Date (yýyy/mm/da)  |
| 3   |  |

Save Form

**Print Form** 

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person pro                        | _          | ment        |   |                 |                    |                           |
|---|------------|-------------|---|-----------------|--------------------|---------------------------|
| Last Name or Single                       | Name       |             | Given Name(s)                           | Given Name(s)   |                    |                           |
| Qualifying Address                        |            |             |   |                 |                    |                           |
| Suite/Unit No.                            | Street No. | Street Name |   |                 |                    |                           |
| Municipality                              |            |             |   | Province        |                    | Postal Code               |
| I endorse                                 |            |             | as a candidate and declare              | that I am quali | fied to be an elec | tor in this municipality. |
|   |            | Signature   |   | /_              | Date (yyyy/mr      | n/dd)                     |
|   |            |             | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 |                    |                           |
| Name of person pro                        | -          | ment        | · · · · · · /                           | •               |                    |                           |
| Last Name or Single                       | Name       |             | Given Name(s)                           |                 |                    |                           |
| Qualifying Address                        |            |             |   |                 |                    |                           |
| Suite/Unit No.                            | Street No. | Street Name |   |                 |                    |                           |
| Municipality                              |            |             |   | Province        |                    | Postal Code               |
| I endorse                                 |            |             | as a cardidate and declare              | that I am quali | fied to be an elec | tor in this municipality. |
|   |            | Simont ma   |   |                 | Data /saadmin      | -/44\                     |
|   |            | Signature   | /                                       |                 | Date (yyyy/mr      |                           |
| N .                                       |            |             | /                                       |                 |                    |                           |
| Name of person pro<br>Last Name or Single | -          | ment        | Given Name(s)                           |                 |                    |                           |
| Qualifying Address                        |            |             |   | *               |                    |                           |
| Suite/Unit No.                            | Street No. | Street Name |   |                 |                    |                           |
| Municipality                              |            |             |   | Province        |                    | Postal Code               |
| I endorse                                 |            |             | as a candidate and declare              | that I am quali | fied to be an elec | tor in this municipality. |
|   |            | Signature   |   |                 | Date (yyyy/mr      | n/dd)                     |
|   |            | <i>b</i>    |   |                 |                    |                           |

017-2233E (2018/04) Page 2 of 2

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person providing endorsen   | nent        |                       |                            |  |
|-------------------------------------|-------------|-----------------------|----------------------------|--|
| Last Name or Single Name            |             | Given Name(s)         |                            |  |
| MIKLOS                              |             | LYLA                  |                            |  |
| Qualifying Address                  |             |                       |                            |  |
| Suite/Unit No.   Street No.         | Street Name | 3.                    |                            |  |
|                                     |             |                       |                            |  |
| Municipality                        |             |                       | Province                   | Postal Codo                            |
| HAMILTON                            |             |                       | ON                         |  |
|                                     |             |                       |                            |  |
| I endorse WANITA MALD               | ONAPO as a  | candidate and declare | that I am qualified to b   | e an elector in this municipa          |
| No.                                 |             |                       | r <sup>a</sup>             | 1. 1                                   |
|                                     |             |                       | 20                         | 21/10/15                               |
|                                     | Signature   |                       | Date                       | (yyyy/mm/dd)                           |
|                                     |             |                       |                            | ())))                                  |
|                                     |             |                       | ,                          |  |
| Name of person providing endorsen   | nent        |                       |                            |  |
| Last Name or Single Name            |             | Given Name(s)         |                            |  |
| Brunton                             |             | Crai                  | 9                          |  |
| Qualifying Address                  |             |                       |                            |  |
| Suite/Unit No.   Street No.         | Street Name | ~                     | _                          |  |
|                                     |             |                       |                            |  |
| Municipality                        |             |                       | Province, ^                | Postal Code                            |
| Hamilton, W                         | ientworth   |                       | Lioving (                  | ↑ Ostal Code                           |
| Haracle II, W                       |             |                       |                            |  |
| I endorse Juanita M                 | laldonadaa  | candidate and declare | that I am qualified to b   | e an elector in this municipa          |
| 0(00)                               | 1001        | •                     |                            | 1 :                                    |
|                                     |             |                       | 200                        | Malax                                  |
|                                     | Olamantus.  |                       | XUX                        | 110100                                 |
|                                     | Signature   |                       | Date                       | (yyyy/mmraa)                           |
|                                     |             |                       |                            |  |
| Name of person providing endorsen   | nent        |                       |                            |  |
| Last Name or Single Name  A a a e n |             | Given Name(s)         |                            |  |
| 17/0/000                            | ado         | Given (Name(s)        | Q .                        |  |
| Qualifying Address                  |             | 7.1.3                 |                            |  |
| Suite/Unit No. / Street No.         | Street Name |                       |                            |  |
| <u> </u>                            | Otroctivamo |                       |                            |  |
| Municipality                        |             |                       | Province . /               | Dootal Code                            |
| Municipality                        |             |                       | Province ON                | Postal Code                            |
|                                     |             |                       | VIV                        |  |
| lendorse Juanita M                  | aldonado    | candidate and declare | e that I am qualified to b | e an elector in this municipa          |
| 7                                   |             |                       | 200                        | 11 10 25                               |
|                                     |             |                       | _100                       | 41-101-25                              |
|                                     | Signature   |                       | Date                       | $\frac{21-10-20}{\text{(vvvv/mm/dd)}}$ |



## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person seek   | ing nomination        |                    |               |                    |                     |                       |                          |
|-----------------------|-----------------------|--------------------|---------------|--------------------|---------------------|-----------------------|--------------------------|
| Last Name or Single N | ame                   |                    |               | Given Name(s)      | Chris               |                       |                          |
| Endorsement signature | es for the nomination | of a person for ar | n office in t | he municipality of |                     |                       |                          |
|                       |                       |                    |               | in t               | he year             |                       |                          |
| Name of person provi  | iding endorsement     |                    |               |                    |                     |                       |                          |
| Last Name or Single N | ame                   |                    |               | Given Name(s)      | 4; /                |                       |                          |
| Kui                   | nne                   |                    |               | (                  | h115                |                       |                          |
| Qualifying Address    |                       |                    |               |                    |                     |                       |                          |
| Suite/Unit No.        | Street No.            | Street Name        |               | ~ <i>/ / /</i>     |                     |                       |                          |
|                       |                       |                    |               |                    |                     |                       |                          |
| Municipality          |                       |                    |               |                    | Province            |                       | Postal Code              |
| l endorse Juan        | rita Mai              | denado             | as a cand     | idate and declare  | that I am qualified | to be an elect        | or in this municipality. |
|                       |                       |                    |               |                    |                     | 2001                  |                          |
|                       |                       | ,                  |               |                    |                     | $\alpha O \alpha I$ - | 10-22                    |
|                       | S                     | ignature           |               |                    |                     | Date (yyyy/mr         | n/dd)                    |
|                       |                       |                    |               |                    |                     |                       |                          |
| Name of person provi  | dina endorsement      |                    | -/-           |                    |                     |                       |                          |
| Last Name or Single N | _                     |                    |               | Given Name(s)      |                     |                       |                          |
|                       |                       |                    |               | (-,                |                     |                       |                          |
| Qualifying Address    |                       |                    |               |                    |                     |                       |                          |
|                       | Street No.            | Street Name        |               |                    |                     |                       |                          |
|                       |                       |                    |               |                    |                     |                       |                          |
| Municipality          |                       |                    |               |                    | Province            |                       | Postal Code              |
|                       |                       |                    |               |                    |                     |                       |                          |
| l endorse             |                       |                    | as a cand     | idate and declare  | that I am qualified | to be an elec         | or in this municipality. |
|                       |                       |                    |               | .6                 |                     |                       |                          |
|                       |                       | ianaturo           |               |                    |                     | Nato (vana/ma         | a/dd\                    |
|                       | <b>/</b> S            | ignature           |               |                    | L                   | ate (yyyy/mr          | ii/dd)                   |



## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

|     | Name of person seeki   | •                             |                      |                    |  |  |
|-----|--|-------------------------------|----------------------|--------------------|--|--|
|     | Last Name or Single Na   | Maldonado                     |                      | Given Name(s)      | Juanita  |  |
| •   | Endorsement signature  | s for the nomination of a per | son for an office in |                    | The second of th | The second secon |
| ı   | Name of person provide   | ding endorsement              |                      |                    |  |  |
|     | Last Name or Single Na   | _                             |                      | Given Name(s)      | Arshad   |  |
|     | Qualifying Address   |                               |                      |                    |  |  |
| Š   | Suite/Unit No.   | Street No. Street             | Name                 |                    |  |  |
| /   | Municipality   | Hamilton                      | 7 - No               | :                  | Province   | Postal Code  |
|     | I endorse  | huanita Maldonado             | as a can             | didate and declare | e that I am qualified to be a  | an elector in this municipality.   |
|     |  | Signature                     | . ,                  | Oct 15             | through Date (   | yyyy/mm/dd)  |
|     |  | ; s.                          |                      |                    |  |  |
| - 1 | Name of person provide   | -                             |                      | 1                  |  |  |
| 7   | Last Name or Single Na   | Ahmed                         |                      | Given Name(s)      | doa  |  |
| ۱,  | Qualifying Address   |                               |                      |                    |  |  |
|     | Suite/Unit No.   | Street No. Street             | Name .               |                    | 4 1 1  |  |
|     | Municipality   | Hamilton                      | 1                    |                    | Province   | Postal Code  |
|     | I endorse  | uanita Maldonado              | as a cand            | didate and declare | e that I am qualified to be a  | an elector in this municipality.   |
|     | Name of the Park o | Signature                     |                      | 15ac               | 7 2021 Date (  | yyyy/mm/aa)  |

- Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the
  municipality. An individual may sign an endorsement for more than one person seeking nomination.

|    | Name of person providing endorsement  |   |
|----|---------------------------------------|---|
|    | Last Name or Single Name              | Given Name(s)   |
|    | Alam                                  | Ramsha  |
|    | Qualifying Address                    |   |
|    | Suite/Unit No. Street No. Street Name |   |
|    | Guite/Offic 140.                      | •   |
|    |                                       | 10-4-10-4-  |
|    | Municipality Hamilton                 | Province Postal Code  |
| ١. | Liminion                              | ON  |
| ľ  | Tendorse Juanita Maldonado as a can   |   |
| ′  | Juanita Maldonado as a can            | didate and declare that I am qualified to be an elector in this municipality. |
|    |                                       |   |
|    |                                       | 2021-10-06<br>Date (yyyy/mm/dd)   |
|    | Signature                             | Date (yyyy/mm/dd)   |
|    | <u> </u>                              |   |
|    |                                       |   |
|    | Name of person providing endorsement  |   |
|    | Last Name or Single Name              | Given Name(s)   |
|    | hehan                                 | Muhammad Alam   |
|    | Qualifying Address                    | 1 milet a second  |
|    | Suite/Unit No. Street No. Street Name |   |
| 1  | Suite/Offic No.                       |   |
| 1  |                                       |   |
| /  | Municipality                          | Province Postal Code  |
|    | Hamilton                              | ON  |
|    | Tendorse Juanita Maldonado a asacan   |   |
|    | - Characta Francomaco ) as a can      | didate and declare that I am qualified to be an elector in this municipality. |
|    |                                       |   |
|    |                                       | 2021 -10 - 14<br>Date (yyyy/mm/dd)  |
|    | Signature                             | Date (yyyy/mm/dd)   |
|    | · · · · · · · · · · · · · · · · · · · |   |
|    |                                       |   |
|    | Name of person providing endorsement  |   |
|    | Last Name or Single Name              | Given Name(s)   |
|    | Alam                                  | Shazia  |
| 1  | Qualifying Address                    |   |
|    | Suite/Unit No. Street No. Street Name |   |
|    |                                       |   |
| /  | Municipality                          | Province Postal Code  |
|    | Hamilton                              | ON  |
|    |                                       | UN .  |
|    | l'endorse Juanita Maldonado as a can  | didate and declare that I am qualified to be an elector in this municipality. |
|    | and and                               |   |
|    |                                       | 0401 10 111   |
|    |                                       | 2021-10-14<br>Date (yyyy/mm/dd)   |
|    | Signature                             | Date (yyyy/mm/dd)   |
| į  |                                       |   |
|    |                                       |   |

Save Form

**Print Form** 

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the
  municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of paragraphics and arrange                             |                              |  |                            |
|--|------------------------------|--|----------------------------|
| Name of person providing endorsement                         | Given Name (a)               |  |                            |
| Last Name or Single Name                                     | Given Name(s)                | 1.100  |                            |
| Kimac  |                              | IVEA   |                            |
| Qualifying Address   |                              |  |                            |
| Suite/Unit No. Street No.                                    |                              |  |                            |
|  |                              |  |                            |
| Municipality   |                              | Province   | Postal Code                |
| Mamiltor)  |                              | ONTARIO  |                            |
| lendorse Juanita Maldangdo                                   | as a candidate and declare t | hat I am qualified to be an el   | ector in this municipal    |
| X.   |                              | 2021/10  | 1262                       |
| Signature  |                              | 2@21/10<br>Date (yyyy/   | mm/dd)                     |
| Name of person providing endorsement                         |                              |  |                            |
| Last Name or Single Name                                     | Given Name(s)                |  |                            |
| - /3   | Olven Name(s)                | Zeliko Rima  | 3.0                        |
| Kimac  |                              | 200110   | 10                         |
| Qualifying Address Suite/Unit No.   Street No.   Street Name |                              |  |                            |
| Suite/Offit No. Street No.                                   |                              |  |                            |
| Municipality   |                              | Province   | Postal Code                |
| Hamilton   |                              | ONTADIO  | Postal Code                |
| <u> </u>   |                              | ONVIRIO  |                            |
| Tendorse Juanita Maldonado                                   | as a candidate and declare t | hat I am qualified to be an el   | ector in this municipali   |
| •  |                              | 300/10   | · la F                     |
|  |                              | 2021/18  | 7/25                       |
| Signature  |                              | Date (yyyy/  | mm/dd)                     |
| Name of person providing endorsement                         |                              |  |                            |
| Last Name or Single Name                                     | Given Name(s)                |  |                            |
|  |                              |  |                            |
| Qualifying Address   | <u> </u>                     | The second secon |                            |
| Suite/Unit No.   Street No.   Street Name                    |                              |  | - Andrewson and the second |
| Outer 140.   |                              |  |                            |
| Municipality   |                              | Province   | Postal Code                |
| maniopanty   |                              | 1 TOVILLOC   | 7 Ostal Oode               |
|  |                              |  | <u> </u>                   |
| I endorse  | as a candidate and declare t | hat I am qualified to be an el   | ector in this municipal    |
|  |                              |  |                            |
|  |                              |  |                            |
| Signature  |                              | Date (yyyy/  | mm/dd)                     |

017-2233E (2018/04) Page 2 of 2



## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person se   | eking nomination   |                            |                       |                                   |                               |
|---------------------|--------------------|----------------------------|-----------------------|-----------------------------------|-------------------------------|
| Last Name or Single | Name Malda         | nado.                      | Given Name(s          | Suanita.                          |                               |
|                     |                    | n of a person for an offic | e in the municipality | of .                              |                               |
|                     | Hamila             |                            |                       | in the year $202$                 | ,                             |
| Name of person pr   | oviding endorsemen | t                          |                       |                                   |                               |
| Last Name or Single | Name/<br>OUZI/     | Ia                         | Given Name(3          | tar                               |                               |
| Qualifying Address  | ,                  |                            | ,                     |                                   |                               |
| Suite/Unit No.      | Street No.         | Street Name                | 11                    |                                   |                               |
| Municipality/       | ulton              | ^                          |                       | Province O N                      | Postal Code                   |
| l endorse           | anita M.           | MACNAGE:                   | candidate and decla   | re that I am qualified to be an e | elector in this municipality. |
|                     |                    | 21                         |                       |                                   | 11026                         |
|                     |                    | Signature                  |                       | Date (yyy)                        | //pm/aq)                      |
| Name of person pr   | oviding endorsemen | t                          |                       |                                   |                               |
| Last Name or Single | _                  |                            | Given Name(s          | )                                 |                               |
| Qualifying Address  |                    |                            |                       |                                   |                               |
| Suite/Unit No.      | Street No.         | Street Name                |                       |                                   |                               |
| Municipality        |                    |                            |                       | Province                          | Postal Code                   |
| l endorse           |                    | asa                        | candidate and decla   | re that I am qualified to be an e | elector in this municipality. |
|                     | _                  |                            |                       |                                   |                               |
|                     |                    | Signature                  |                       | Date (yyyy                        | /mm/dd)                       |

Save Form

**Print Form** 

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

|  | /  |
|--|--|
| Given Name(s)                                  |  |
| 1  |  |
|  |  |
| Province                                       | Postal Code  |
| as a candidate and declare that I am qualified | to be an elector in this municipality.   |
|  | Date (yyyy/mm/dd)  |
|  |  |
| Given Nemo(s)                                  |  |
| Given Manie(s)                                 |  |
|  |  |
|  |  |
| Province                                       | Postal Code  |
| as a candidate and declare that I am qualified | to be an elector in this municipality.   |
|  |  |
|  | Date (yyyy/mm/dd)  |
|  |  |
| Given Name(s)                                  |  |
| /  |  |
| •  |  |
| Province                                       | Postal Code  |
| as a candidate and declare that I am qualified | to be an elector in this municipality.   |
|  | Date (yyyy/mm/dd)  |
|  | Province     as a candidate and declare that I am qualified     Given Name(s)     Province     as a candidate and declare that I am qualified     Given Name(s)     Province     as a candidate and declare that I am qualified     as a candidate and declare that I am qualified |

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## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

| Inst | rii | cti | O  | 15 |
|------|-----|-----|----|----|
| 1115 | u   |     | V. | 10 |

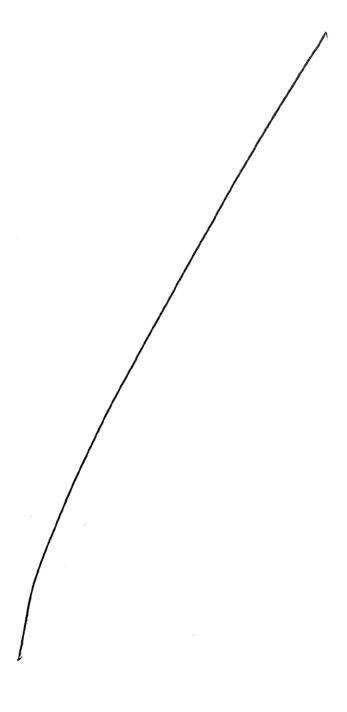
- · Complete additional forms as needed to obtain 25 signatures.
- · An individual providing an endorsement signature must be a Canadian citizen, aged 18 or oldor and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Siven Name(s)   |   |
|---|---|
| Juanita   |   |
|   |   |
|   |   |
| in the year $QQQ$ .                                     |   |
|   |   |
| Given Name(s)   |   |
| Douglas Br  | SCP.  |
|   |   |
|   |   |
| N.  | ,   |
| Province  | Postal Code   |
| 7   | 1 Ostal Code  |
|   | emerchan merchanism (anniam)  |
| ACA///  | yyy//mm/dd)   |
|   |   |
| Siven Name(s)   |   |
| 1 1 1   | . 1   |
| JOUCE Elizabe   | +4  |
| Joyce Elizabe   | th  |
| Joyce Elizabe   | th  |
| Joyce Elizabe   | th  |
|   |   |
| Province  | Postal Code   |
| Province<br>ON  | Postal Code   |
| Province  | Postal Code   |
| Province  ON late and declare that I am qualified to be | Postal Code an elector in this municipality   |
| Province  ON late and declare that I am qualified to be | Postal Code   |
| 3   | In the year 202.) Siven Name(s) Province ON ate and declare that I am qualified to be  202.  Date ( |

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Page 1 of 2



| Name of person providing endorsement   |  |                                     |
|--|--|-------------------------------------|
| Last Name or Single Name   | Given Name(s)  | ĺ                                   |
| MIKLUS   | LYLA   |                                     |
| Qualifying Address   | 1  |                                     |
| Suite/Unit No. Street No. Street Name  | _  |                                     |
|  |  |                                     |
| Municipality   | Province   | Postal Code                         |
| HAMILTON   | ON   |                                     |
| lendorse JUANITA MALDUNATO as  | a candidate and declare that I am qualified to   | be an elector in this municipality. |
|  | <del>-</del>   |                                     |
|  | A A  | 21/10/15                            |
|  | Da   | te (yyyy/mm/dd)                     |
|  |  |                                     |
|  |  |                                     |
| Name of person providing endorsement   | : <b></b>  |                                     |
| Last Name or Single Name   | Given Name(s)  | 'Į                                  |
| bruntan  | Craig  |                                     |
| Qualifying Address   |  |                                     |
| Suite/Unit No. Start 1   |  |                                     |
| Municipality Hon Wentwort  | h ON   | Postal Code                         |
| rendorse Juanita Mai donadas   | a candidate and declare that I am qualified to   | be an elector in this municipality. |
|  | 90-  | 1/1-100                             |
|  |  | 21/10/08                            |
| Signature  | Da   | te (kyyy/mmfdd)                     |
|  |  |                                     |
| Name of person providing endorsement   | and the same of th |                                     |
| Last Name or Single Name Last Name or Single Name of Color of Colo | Given Name(s)  |                                     |
| Qualifying Address   |  |                                     |
| Suite/Unit No. / Street No.   Street Name /  | ,  |                                     |
| Salar III  |  |                                     |
|  |  | Postal Code                         |
| Municipality   | EPIDVINCE I  |                                     |
| Municipality Hamilton.   | Province ON  | - Toolay Gode                       |
|  | Province O N   |                                     |
| Hamilton.  | C N  a candidate and declare that I am qualified to  | be an elector in this municipality. |
| Hamilton.  | C N  a candidate and declare that I am qualified to  |                                     |

Save Form

Print Form

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the
  municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person     | seeking nomination   | 3                               |                       |                             |                                   |
|--------------------|----------------------|---------------------------------|-----------------------|-----------------------------|-----------------------------------|
| Last Name or Sing  | gle Name             |                                 | Given Name(s          | Chris                       |                                   |
| Endorsement sign   | atures for the nomin | ation of a person for an office | e in the municipality | of                          |                                   |
|                    |                      |                                 |                       | in the year                 |                                   |
| Name of person     | providing endorse    | nent                            |                       |                             |                                   |
| Last Name or Sing  | de Name              |                                 | Given Name(s          | 1/1;                        |                                   |
|                    | unne                 |                                 | , i                   | Chris                       |                                   |
| Qualifying Address |                      |                                 |                       |                             |                                   |
| Suite/Unit No      | Street No.           | Street Name                     | ~, ~                  |                             |                                   |
| Municipality       | Hamil                | ton.                            |                       | Province O                  | Postal Code .                     |
| l endorse          | ionito 1             | laldo nada                      |                       | - that I am auglified to b  | o on elector in this municipality |
| Tendorse           | CUTUTO 70            | their Ellerens as a             | candidate and decia   |                             |                                   |
|                    | <b>^</b>             |                                 |                       | $\mathcal{Z}$               | 021-10-22                         |
|                    |                      |                                 |                       |                             |                                   |
|                    | _                    | Signature                       |                       | Date                        | (yyyy/mm/dd)                      |
|                    |                      |                                 |                       |                             |                                   |
|                    | providing endorse    | nent                            |                       |                             |                                   |
| Last Name or Sing  | gle Name             |                                 | Given Name(s          | )                           |                                   |
| Qualifying Addres  | \$                   |                                 |                       |                             |                                   |
| Suite/Unit No.     | Street No.           | Street Name                     |                       |                             |                                   |
| Municipality       |                      |                                 |                       | Province                    | Postal Code                       |
| l endorse          |                      | as a                            | candidate and decla   | re that I am qualified to b | e an elector in this municipality |
|                    |                      |                                 |                       |                             |                                   |
|                    |                      | Signature                       |                       | Date                        | (yyyy/mm/dd)                      |





## **Endorsement of Nomination - Form 2**

Municipal Elections Act, 1996 (Section 33)

- · Complete additional forms as needed to obtain 25 signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.

| Name of person s   | seeking nominatio    | n                        |               |                     |                        |   |  |
|--------------------|----------------------|--------------------------|---------------|---------------------|------------------------|---|--|
| Last Name or Sing  | jle Name             |                          |               | Given Name(s)       |                        |   |  |
| Maldonado          |                      |                          |               | Juanita             |                        |   |  |
| Endorsement sign   | atures for the nomir | nation of a person for a | an office in  | the municipality of |                        |   |  |
| Hamilton           |                      |                          |               | in                  | the year 2021          | •                                       |  |
| Name of person p   | providing endorse    | ment                     |               |                     |                        |   |  |
| Last Name or Sing  | le Name              |                          | Given Name(s) |                     |                        |   |  |
| Blancher           |                      |                          |               | Pauline             |                        |   |  |
| Qualifying Address | 3                    |                          |               |                     |                        |   |  |
| Suite/Unit No.     | Street No.           | Street Name              |               |                     |                        |   |  |
|                    |                      |                          |               |                     |                        |   |  |
|                    |                      |                          |               |                     | Province               | Postal Code                             |  |
| Hamilton           |                      |                          |               |                     | ON                     |   |  |
|                    |                      | <del>-</del>             |               |                     | 2021/10/2              |   |  |
|                    |                      | oignature                |               |                     | Da                     | ite (yyyy/mm/dd)                        |  |
| Name of many       |                      |                          |               |                     |                        |   |  |
| Last Name or Sing  | providing endorse    | ment                     |               | Chan Nama(a)        |                        |   |  |
| Last Name or Sing  | ne name              |                          |               | Given Name(s)       |                        |   |  |
| Qualifying Address | 3                    |                          |               | I                   |                        | *************************************** |  |
| Suite/Unit No.     | Street No.           | Street Name              |               |                     |                        |   |  |
| Municipality       |                      |                          |               |                     | Province               | Postal Code                             |  |
| I endorse          |                      |                          | as a cano     | lidate and declare  | that I am qualified to | be an elector in this municipality.     |  |
|                    |                      |                          |               |                     |                        |   |  |
|                    |                      | Signature                |               |                     | Da                     | ite (yyyy/mm/dd)                        |  |

