

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).

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

Hamilton

Nominated for the office of

City Councillor

Ward name or no. (if any)

Five

Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name

McDonald

Given Name(s)

Mike

Nominee's full qualifying address within municipality

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

Mailing Address

☒ Same as qualifying address

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

If nominated for school board, full address of residence within its jurisdiction

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

Email Address

Telephone No. (including area code)

Telephone No.2 (including area code)

Declaration of Qualification

I, Mike McDonald, 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

October 27, 2021

Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd)

Time Filed

Initial of Nominee or Agent

Signature of Clerk or Designate

2021/10/29

9:58am

Tammy Reeves

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

[Signature]

Date Certified (yyyy/mm/dd)

2021/10/29



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

MIKE McDONALD


Candidate's Name (Please Print)

I 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 Meeting on November 12, 2021 and will be redacted to remove personal information.

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

Oct. 27/21
Date

I 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

Oct. 27/21
Date

Statement of Intent

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Signature of Candidate

Oct-27/21
Date

I wish to speak for five (5) minutes at the Special Council Meeting on November 12, 2021.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Signature of Candidate

Oct-27/21
Date

MIKE MCDONALD



SKILLS AND ABILITIES

- Strong background in collaborative leadership.
- Certified Long-Term Care Administrator and Certified Ontario Management Development Program.
- Experience managing multiple complex facilities and operations.
- Excellent communication skills.
- Experience working with municipal and provincial officials and committees around building and property issues.
- Excellent conflict resolution skills.

EXPERIENCE

2020-present **Director of Operations**
School Sisters of Notre Dame of Ontario

- Oversee all management and departmental staff except finance.
- Oversee all day-to-day operations.
- Manage all administrative duties.
- Prepare, implement and monitor annual operating and capital budgets.

2013 – 2020 **Director Corporate Facilities and Operations**
Congregation of the Sisters of St. Joseph in Canada

- Member of the Management Circle (MC), the group tasked with managing the business affairs of the Congregation.
- Oversees all approved capital building, renovations, equipment, IT and property upgrade projects. Reviews and approve facility related and IT areas of operating budgets for the residences.
- Reviews and approves all facility related contracts for external suppliers and service providers. Coordinates participation in group purchasing of utilities and other goods and services.
- Introduced web conferencing through Skype and Zoom to reduce travel expenses and save time.

- Implemented a common domain for email across all four sites.
- Directed the purchase and installation of approximately 100 desktop and laptop computers that needed upgrading across the four sites.
- Implemented the move to cloud technology across the four sites. Directed the installation of Office 365 and currently moving users to OneDrive.
- In collaboration with the Director of Finance moved key finance staff to a cloud-based accounting program, payroll and accounts payable.
- Responsible for recommendations for projects and initiatives in my corporate portfolio to present to the Congregational Leadership Circle.
- Oversaw the sale of the Hamilton Motherhouse 2017-2019.
- Provide consultation to Administrators and Sister in local houses on property and insurance matters.
- Responsible for Risk Management.
- In collaboration with Leadership and other MC members responsible for strategic planning for the Congregation.
- Act as resource person and assist other portfolio directors as required.

September
1999-2020

Administrator, Congregation of the Sisters of St. Joseph in Canada
The Sisters of St. Joseph of |Hamilton

- Direct all operations and personnel at the Motherhouse in building maintenance, housekeeping, grounds, transportation, nursing, food services and program services. Responsible for operating and capital budgets in the above departments. Responsible for acquisition and disposal of all fleet vehicles. Updated Fire Safety, Personnel and Community Cars, policy manuals. Oversee all special events.
- Responsible for the disposition of properties in Hamilton, Kitchener and Brantford.
- In collaboration with an engineering firm and the Ministry of the Environment in 2001-2002 managed the design and construction of an on-site sewage disposal system. In response to flow restrictions, with the new system, implemented measures to significantly reduce water consumption.
- Point person for the Sisters, as liaison, during major reconstruction, and building of an addition from 2002-2005. Met daily with the General Contractor and spoke several times a week with the Architect. Met weekly with the sub-trades. Dealt with bankruptcy of the original General Contractor one third of the way through the project.
- Opened new addition as a funded Long -Term Care Facility in 2004. Wrote all facility related and personnel policies to comply with

MOHLTC. 2004-2010 regular reporting to MOHLTC and compliance inspections and responded to the challenge of retaining RNs.

- Instrumental in the Accreditation of the Martha Wing by the Canadian Council on Health Services (2006-2009) and the Commission on Accreditation of Rehabilitation Facilities (CARF) (2009-20011).
- Chair Motherhouse Management Team, Joint Health and Safety Committee and Martha Wing Executive Team.
- Member Construction Advisory Committee, Strategic Planning Committee and Senior Management Committee.
- Invited guest (as resource person) to Lay Advisory Committee meetings.
- Responsible for Risk Management.
- Oversaw pay equity reviews.
- Directed the demolition of the main residence at the Sisters vacation property in Port Carling, working through the constraints and conflicts with the local heritage committee.
- Supervised the rezoning of the Port Carling property, resulting in the division of the parcel into four lots. Oversaw the sale of those lots.
- Managed operations, capital and operating budgets for Mt. St. Joseph, a building owned by the Sisters in downtown Hamilton. Responsible for renewing and maintaining leases with business tenants at Mt. St. Joseph.
- Negotiated a residential leasing arrangement in 2011-12 for international students attending Columbia International College.
- Point person for all legal and insurance claims.
- Responsible for restructuring initiatives, streamlining operations and reducing positions.
- Oversaw the sale of Mt. St. Joseph.
- In collaboration with Leadership and the Business Manager responsible for short and long-term planning.
- Directs the provision of catering services and meeting room rentals to outside groups.
- Served as a member of the St. Joseph's Villa Planning Committee.



Ministry of Municipal Affairs

Endorsement of Nomination - Form 2
Municipal Elections Act, 1996 (Section 33)

Instructions

- 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

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

STOCK

Given Name(s)

NICOLE

Qualifying Address

Suite/Unit No.

Street No.

[REDACTED]

Municipality

Hamilton

Province

ON

Postal Code

[REDACTED]

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/10/28

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

STOCK

Given Name(s)

JORDAN

Qualifying Address

Suite/Unit No.

Street No.

[REDACTED]

Municipality

Hamilton

Province

ON

Postal Code

[REDACTED]

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/10/28

Date (yyyy/mm/dd)

- Complete additional information
- An individual providing an endorsement signature must be a resident of the municipality. An individual may sign an endorsement for more than one person.

Name of person providing endorsement Last Name or Single Name		Given Name(s)	
STOCK		ANDREW	
Qualifying Address Suite/Unit No.		Postal Code	
[REDACTED]		[REDACTED]	
Municipality Hamilton			
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/28	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement Last Name or Single Name		Given Name(s)	
Stock		Mary.	
Qualifying Address Suite/Unit No.		Postal Code	
[REDACTED]		[REDACTED]	
Municipality Hamilton			
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/28	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement Last Name or Single Name		Given Name(s)	
Qualifying Address Suite/Unit No.		Postal Code	
[REDACTED]		[REDACTED]	
Municipality Hamilton			
Province ON			
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		Date (yyyy/mm/dd)	
Signature		Date (yyyy/mm/dd)	



Ontario

Ministry of Municipal Affairs

Endorsement of Nomination - Form 2*Municipal Elections Act, 1996 (Section 33)***Instructions**

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Name of person seeking nomination

Last Name or Single Name

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Fournier

Given Name(s)

Todd

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.

DocuSigned by:

A997660E01B9438...

Signature

Oct 28, 2021 | 7:09 PM EDT

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person seeking nomination

Last Name or Single Name

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Cram

Given Name(s)

Gayle

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

2021/10/28

Name of person providing endorsement

Last Name or Single Name

ALEXANDRA MCGUIRE

Given Name(s)

ALEXANDRA

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Oct 28 2021

Instructions

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Name of person seeking nomination

Last Name or Single Name

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

McGUIRE

Given Name(s)

NATHAN JOHN MICHAEL

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/10/28
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

McGUIRE

Given Name(s)

ROBINA J

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code


I endorse Mike McDonald



as a candidate and declare that I am qualified to be an elector in this municipality.

OCT 28 2021
Date (yyyy/mm/dd)

Instructions

- 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 <i>MAH</i>		Given Name(s) <i>TILSTIN</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	
I endorse <u>Mike McDonald</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) <i>2021/10/28</i>	

Name of person providing endorsement			
Last Name or Single Name <i>McDonald</i>		Given Name(s) <i>Madelyn</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code 
I endorse <u>Mike McDonald</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) <i>2021/10/28</i> <i>10/28/2021</i>	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse <u>Mike McDonald</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

Save Form

Print Form

Clear Form

Instructions

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Name of person seeking nomination

Last Name or Single Name

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Durand

Given Name(s)

Paul Allan

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/10/28

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Durand

Given Name(s)

Paula Marie

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/10/28

Date (yyyy/mm/dd)

Instructions

- 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 <i>Connolly</i>	Given Name(s) <i>Reyton</i>
Qualifying Address	
Suite/Unit No.	Street No. Street Name
Municipality Hamilton	Province ON Postal Code [REDACTED]
I endorse <u>Mike McDonald</u> as a candidate and declare that I am qualified to be an elector in this municipality.	
[REDACTED] Signature	
[REDACTED] Date (yyyy/mm/dd) <i>2021/10/28</i>	

Name of person providing endorsement	
Last Name or Single Name <i>Connolly</i>	Given Name(s) <i>Callum</i>
Qualifying Address	
Suite/Unit No.	Street No. Street Name
Municipality Hamilton	Province ON Postal Code [REDACTED]
I endorse <u>Mike McDonald</u> as a candidate and declare that I am qualified to be an elector in this municipality.	
[REDACTED] Signature	
[REDACTED] Date (yyyy/mm/dd) <i>2021/10/28</i>	

Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
Qualifying Address	
Suite/Unit No.	Street No. Street Name
Municipality Hamilton	Province ON Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.	
_____ Signature	
_____ Date (yyyy/mm/dd)	



Ministry of Municipal Affairs

Endorsement of Nomination - Form 2
Municipal Elections Act, 1996 (Section 33)

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person seeking nomination

Last Name or Single Name
McDonald

Given Name(s)
Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Connolly

Given Name(s)

Jodie

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/00/28

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Connolly

Given Name(s)

Craig

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/00/28

Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name
McDonald

Given Name(s)
Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Steele

Given Name(s)

Tammy Grace

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

2021/10/28

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name
McDonald

Given Name(s)
Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Braley

Given Name(s)

Kelly Ann

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Ancaster

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

2021/10/28

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

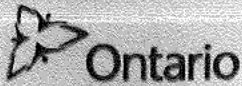
Instructions

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Name of person providing endorsement		Given Name(s)	
Last Name or Single Name <u>Bourke</u>		<u>DAVID NEIL</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		[REDACTED]	
Signature		Date (yyyy/mm/dd) <u>2021-10-27</u>	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name			
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement		Given Name(s)	
Last Name or Single Name			
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

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Name of person seeking nominationLast Name or Single Name
McDonaldGiven Name(s)
Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Rourke

Given Name(s)

Linda Marion

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

2021/10/27

Name of person providing endorsement

Last Name or Single Name

Rourke

Given Name(s)

Cooper Joseph

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

2021/10/27

Instructions

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Name of person seeking nomination

Last Name or Single Name

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Rankin

Given Name(s)

Robin

Qualifying Address

Suite/Unit No.

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021-10-28
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

King-Rankin

Given Name(s)

Stephani

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021 10 28
Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name
McDonald

Given Name(s)
Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

McDONALD

Given Name(s)

JOHN

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality
Hamilton

Province
ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

2021/10/28
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

McDONALD

Given Name(s)

GERALDINE

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality
Hamilton

Province
ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

2021/10/28
Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Toohy

Given Name(s)

Meagan

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/10/28

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

TOOHY

Given Name(s)

BRENNON

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021/10/28

Date (yyyy/mm/dd)

Instructions

- 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

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

McDonald

Given Name(s)

Luke

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021-12-12

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

McDonald

Given Name(s)

Stephanie

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

2021-10-07

Date (yyyy/mm/dd)

Instructions

- 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

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Taunton

Given Name(s)

John

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

[Redacted]

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

[Redacted Signature]

10 28 2021

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Instructions

- 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 Lloyd		Given Name(s) Tony C.	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/27	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name Lloyd		Given Name(s) M. Caroline	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/27	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name Lloyd		Given Name(s) Chris A.	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/27	
Signature		Date (yyyy/mm/dd)	

Instructions

- 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)	
Foley		Elizabeth	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse <u>Mike McDonald</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/28	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

Instructions

- 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

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Foley

Given Name(s)

Kathleen

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

2021/10/27

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Foley

Given Name(s)

Michael

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

2021/10/27

Date (yyyy/mm/dd)

Instructions

- 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

McDonald

Given Name(s)

Mike

Endorsement signatures for the nomination of a person for an office in the municipality of

Hamilton

in the year 2021

Name of person providing endorsement

Last Name or Single Name

McDonald

Given Name(s)

Catherine

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Rydzik

Given Name(s)

Seena

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Mike McDonald

as a candidate and declare that I am qualified to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Instructions

- 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)	
Connolly		Lauren Nancy	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/27	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Connolly		Shannon	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/27	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

Save Form

Print Form

Clear Form

Instructions

- 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 Lloyd		Given Name(s) Michael J.	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse Mike McDonald as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd) 2021/10/27	

Name of person providing endorsement			
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 candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
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 candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	