

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

Councillor

Ward name or no. (if any)

5 (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

DIVINSKI

Given Name(s)

OLIVIA ANNE

Nominee's full qualifying address within municipality

Suite/Unit No.

Street No.

Street Name

[Redacted Address]

Municipality

HAMILTON

Province

ONTARIO

Postal Code

[Redacted 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, **OLIVIA ANNE DIVINSKI**, 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.

[Redacted Signature]

Signature of Nominee

2021/10/18
Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd)

Time Filed

Initial of Nominee or Agent

Signature of Clerk or Designate

2021/10/22

9:58AM

[Redacted Initials]

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

A. Holland

Date Certified (yyyy/mm/dd)

2021/10/29



Hamilton

Freedom of Information and Statement of Intent
Ward 5 Vacancy Appointment

OLIVIA ANNE DIVINSKI


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 18/21
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 18/21
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 18/2021
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
---	-----------------------------



Signature of Candidate

Oct 18/2021
Date

Olivia Divinski



I am writing to express my sincere interest in fulfilling the vacant position of Ward 5 Councillor for the remainder of the current term.

I have lived in Ward 5 for over 23 years and in the East end of Hamilton all my life. I was a student of Bishop Ryan High School and graduated from Delta Secondary School, and have a Legal Assistant Diploma from Mohawk College of Applied Arts and Science.

From my very first job of working at Hutch's on the beach, Copps Coliseum, Hamilton Place to my current position of Senior Law Clerk for a busy firm in Hamilton, I have a deep and undivided appreciation for this city. Its diverse communities, excellent educational system, world-renowned medical institutions, and of course the Ticats make me proud to be from Hamilton.

For the past 28 years I have worked in the field of law doing mostly real estate transactions from beginning to end and have learned a great deal about Hamilton real estate, new builds and taxes over this time period.

I am a very caring and organized individual who excels in a fast-paced environment and takes great pride in my work and making sure the clients are happy with their home closing. I feel that my skill set and community passion will make me an excellent candidate for Ward 5 Councillor.

EXPERIENCE

FEBRUARY 2020 – CURRENT

SENIOR LAW CLERK, DUDZIC BARRISTERS & SOLICITORS

Working with other clerks in a fast-paced office environment while maintaining constant relations with clients and other stakeholders. Preparing Real Estate legal transactions from beginning to end, including full title searching, obtaining tax certificates, maintaining client contact and guidance, mortgage and purchase documentation preparation, handling of all financial aspects of the transaction, writ searches and registration for closing. Identifying, addressing and resolving problems with pre-closing and after closing issues

DECEMBER 2018 – JANUARY 2020

SENIOR REAL ESTATE FREELANCER

Working in cohesion and independently as a legal assistant for a number of lawyers throughout the province of Ontario. Ensuring that administrative policies, practices and procedures are implemented for all level of real estate transactions.

AUGUST 2016 – DEC 2018

SENIOR LAW CLERK/OFFICE MANAGER, CLEAVER & COMPANY

Providing legal and administrative support mainly focused on residential real estate. Input and maintain relevant information into Conveyancer and Teraview. Performing title searches and

preparing reports and closing documents. Liaise with clients, lenders and other law firms. Prepare, edit, and file correspondence and legal documents from instructors. Adhere to company policies, guidelines and statutory or legislative requirements. As the office manager, did the accounting, payroll, ordering of office supplies and scheduling for appointments and maintain client confidentiality and integrity.

MAY 2010-AUGUST 2016

SENIOR REAL ESTATE LAW CLERK, CASS & BISHOP PROFESSIONAL CORPORATION

Prepare real estate transaction from beginning to end in a busy Burlington Law Office.

EDUCATION

LAW/CLERK LEGAL ASSISTANT, MOHAWK COLLEGE

GRADUATING IN 1993

SKILLS

- Exceptional organizational skills
- Able to work professionally with a team and independently
- Excels in a fast-paced environment
- Multi-tasking
- Excellent written and verbal skills
- Proficient with Microsoft office
- Strong decision-making skills

OTHER TRAINING AND ABILITIES

- Teraview training (new and old)
- Conveyancer
- Unity
- PC Law and Esilaw
- Myers-Brigg Introduction to type
- Poling Station training for Elections Canada

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

DIVINSKI

Given Name(s)

OLIVIA

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

SKINNER

Given Name(s)

AMANDA GRACE

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ONT

Postal Code

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

Signature

2021/10/20
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

SKINNER

Given Name(s)

Philip

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

Ont.

Postal Code

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

Signature

2021/10/20
Date (yyyy/mm/dd)

Instructions

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Name of person providing endorsement		
Last Name or Single Name		Given Name(s)
Qualifying Address		
Suite/Unit No.	Street No.	Street Name
[Redacted]		
Municipality	Province	Postal Code
HAMILTON (WARD 5)	ON	[Redacted]
I endorse <u>Olivia Divinski</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
[Redacted Signature]		2021/10/19
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
[Redacted]		
Municipality	Province	Postal Code
Hamilton (ward 5)	ON	[Redacted]
I endorse <u>Olivia Divinski</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
[Redacted Signature]		2021/10/19
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)

Instructions

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

Last Name or Single Name

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Ward 5)

in the year 2021.

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 OLIVIA DIVINSKI 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

LENNARTZ

Given Name(s)

BEVERLY J

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ONT

Postal Code

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

Signature

Date (yyyy/mm/dd)

2021-10-18

Instructions

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

Last Name or Single Name

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Ward 5)

in the year 2021.

Name of person providing endorsement

Last Name or Single Name

Stoic

Given Name(s)

Kareshma

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse

Olivia Divinski

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

Stoic

Given Name(s)

GRANT

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON

Postal Code

I endorse

OLIVIA DIVINSKI

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
Divinski

Given Name(s)
Olivia

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

Hamilton (Ward 5)

in the year 2021

Name of person providing endorsement

Last Name or Single Name

SOAMBOONSRUP

Given Name(s)

SIRIWAN

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ONTARIO

Postal Code

I endorse Olivia Divinski

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

Signature

Date (yyyy/mm/dd)

2021/10/20

Name of person providing endorsement

Last Name or Single Name

SOAMBOONSRUP

Given Name(s)

PAANITI

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON

Postal Code

I endorse Olivia Divinski

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

Signature

Date (yyyy/mm/dd)

2021/10/20

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person providing endorsement			
Last Name or Single Name <u>DOWLING</u>		Given Name(s) <u>KENNETH DAVID</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>HAMILTON</u>		Province <u>ONTARIO</u>	Postal Code <u>[REDACTED]</u>
I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>[REDACTED]</u>		Date (yyyy/mm/dd) <u>18 OCT 2021</u>	

Name of person providing endorsement			
Last Name or Single Name <u>Grover</u>		Given Name(s) <u>Sharon</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>Hamilton</u>		Province <u>Ont.</u>	Postal Code <u>[REDACTED]</u>
I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>[REDACTED]</u>		Date (yyyy/mm/dd) <u>2021/10/18</u>	

Name of person providing endorsement			
Last Name or Single Name <u>Divinski</u>		Given Name(s) <u>Madison</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>Hamilton</u>		Province <u>ON</u>	Postal Code <u>[REDACTED]</u>
I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>[REDACTED]</u>		Date (yyyy/mm/dd) <u>2021/10/20</u>	

Instructions

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Name of person seeking nomination

Last Name or Single Name

DIVINSKI

Given Name(s)

OLIVIA

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

in the year

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 OLIVIA DIVINSKI 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 OLIVIA DIVINSKI 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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- 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

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Ward 5)

in the year 2021

Name of person providing endorsement

Last Name or Single Name

BETTENCOURT

Given Name(s)

MICHELLE

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

Ont

Postal Code

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

Signature

2021/10/18

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 OLIVIA DIVINSKI 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

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Ward 5)

in the year 2021

Name of person providing endorsement

Last Name or Single Name

WIGGINS

Given Name(s)

Manisa

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

Ontario

Postal Code

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

[Redacted Signature]

2021/10/18

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Kontogiannis

Given Name(s)

Jessica

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

Ontario

Postal Code

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

[Redacted Signature]

2021/10/18

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

DIVINSKI

Given Name(s)

OLIVIA

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

Ging

Given Name(s)

Bradley

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

Ontario

Postal Code

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

Signature

2021/10/17
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Ging

Given Name(s)

Kara

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

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

Signature

2021/10/17
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 <u>Peddle</u>		Given Name(s) <u>Dale</u>
Qualifying Address Suite/Unit No. [REDACTED]		
Municipality <u>Hamilton</u>	Province <u>Ontario</u>	Postal Code [REDACTED]
I endorse <u>Dale Peddle, OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature [REDACTED]		Date (yyyy/mm/dd) <u>2021/10/17</u>

Name of person providing endorsement		
Last Name or Single Name <u>Peddle</u>		Given Name(s) <u>Nathan</u>
Qualifying Address Suite/Unit No. [REDACTED] Street No. [REDACTED] Street Name [REDACTED]		
Municipality <u>Hamilton</u>	Province <u>Ontario</u>	Postal Code [REDACTED]
I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature [REDACTED]		Date (yyyy/mm/dd) <u>2021/10/17</u>

Name of person providing endorsement		
Last Name or Single Name <u>Peddle</u>		Given Name(s) <u>Nancy</u>
Qualifying Address Suite/Unit No. [REDACTED] Street No. [REDACTED] Street Name [REDACTED]		
Municipality <u>Hamilton</u>	Province <u>Ontario</u>	Postal Code [REDACTED]
I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature [REDACTED]		Date (yyyy/mm/dd) <u>2021/10/17</u>

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Name of person seeking nomination

Last Name or Single Name

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Ward 5)

in the year 2021.

Name of person providing endorsement

Last Name or Single Name

Gojsic

Given Name(s)

Mijo

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

On

Postal Code

I endorse

OLIVIA DIVINSKI

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

Signature

2021/10/16
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Gojsic

Given Name(s)

Angela

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

On

Postal Code

I endorse

OLIVIA DIVINSKI

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

Signature

2021/10/16
Date (yyyy/mm/dd)

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person providing endorsement			
Last Name or Single Name <u>DIVINSKI</u>		Given Name(s) <u>OLIVIA</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse <u>OLIVIA DIVINSKI</u> 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 <u>BEAUDOIN</u>		Given Name(s) <u>MARILYN</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>HAMILTON</u>		Province <u>ONT</u>	Postal Code
I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd) <u>Oct 18/21</u>	

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
X I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	

☐☐☐

Front + Back

Instructions

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

Last Name or Single Name

Given Name(s)

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

in the year

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 OLIVIA DIVINSKI 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 OLIVIA DIVINSKI 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 nomination

Last Name or Single Name

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Ward 5)

in the year 2021.

Name of person providing endorsement

Last Name or Single Name

COPELAND

Given Name(s)

GLENN

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON

Postal Code

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

Signature

2021/10/18
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

COPELAND

Given Name(s)

DARLENE

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON

Postal Code

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

Signature

2021/10/18
Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Wards)

in the year 2021.

Name of person providing endorsement

Last Name or Single Name

Ciampaglia

Given Name(s)

Eugenio

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

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

2021 10 17
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

CIAMPAGLIA

Given Name(s)

MARCO

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON


Postal Code


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


2021 10 18
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>Ciampaglia</i>		Given Name(s) <i>Anthony</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <i>Hamilton</i>		Province <i>ON</i>	Postal Code
I endorse <u><i>OLIVIA DIVINSKI</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
		<i>2021/10/17</i>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <i>Ciampaglia</i>		Given Name(s) <i>Cristina</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <i>Hamilton</i>		Province <i>ON</i>	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
		<i>2021/10/18</i>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <i>Ciampaglia</i>		Given Name(s) <i>ENZA</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <i>Hamilton</i>		Province <i>Ontario</i>	Postal Code
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
		<i>2021 10 18</i>	
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

DIVINSKI

Given Name(s)

OLIVIA

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

WARD 5

in the year 2021:

Name of person providing endorsement

Last Name or Single Name

McKinnon

Given Name(s)

Alexander

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

WARD 5.

Province

ONT

Postal Code

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

[Redacted Signature]

Signature

Oct 19/21.

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

McKinnon

Given Name(s)

Joan

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

WARD 5.

Province

ONT

Postal Code

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

[Redacted Signature]

Oct 19/21.

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 <u>D'AURORA</u>		Given Name(s) <u>Holly</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>WARD 5</u>		Province <u>ONT</u>	Postal Code <u></u>
I endorse <u>OLIVIA DIVINSKI</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>[Redacted]</u>		Date (yyyy/mm/dd) <u>Oct 19/21</u>	

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 <u>OLIVIA DIVINSKI</u> 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 <u>OLIVIA DIVINSKI</u> 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

DIVINSKI

Given Name(s)

OLIVIA

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

in the year

Name of person providing endorsement

Last Name or Single Name

DaSilva

Given Name(s)

Dave

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

Ont

Postal Code

I endorse

OLIVIA DIVINSKI

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

[Redacted Signature]

2021/10/19

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

DaSilva

Given Name(s)

Samie

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Ham

Province

Ont

Postal Code

I endorse

OLIVIA DIVINSKI

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

[Redacted Signature]

21/10/19

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)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse <u>OLIVIA DIVINSKI</u> 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 <u>OLIVIA DIVINSKI</u> 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 <u>OLIVIA DIVINSKI</u> 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

Divinski

Given Name(s)

Olivia

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

Hamilton (Ward 5)

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Miller

Given Name(s)

Kayleigh

Qualifying Address

Suite/Unit No.

#1

Street No.

Street Name

Municipality

Brimley (Hamilton)

Province

ON

Postal Code

I endorse Olivia Divinski

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

DeJong

Given Name(s)

Kelly Marie

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton - Westwark

Province

ONTARIO

Postal Code

I endorse OLIVIA DIVINSKI

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

DIVINSKI

Given Name(s)

OLIVIA

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

JENSEN

Given Name(s)

HEATHER E.

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ONTARIO

Postal Code

I endorse OLIVIA DIVINSKI 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

Jensen

Given Name(s)

Richard

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ONT

Postal Code

I endorse OLIVIA DIVINSKI 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)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
I endorse <u>OLIVIA DIVINSKI</u> 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 <u>OLIVIA DIVINSKI</u> 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 <u>OLIVIA DIVINSKI</u> 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
Divinski

Given Name(s)
Olivia Anne

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

Hamilton (ward 5) in the year 2021

Name of person providing endorsement

Last Name or Single Name

OKPALA

Given Name(s)

PHILIP UGOCHUKWU

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ONTARIO

Postal Code

I endorse Olivia Divinski

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

[Redacted Signature]

2021-10-21
Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

FRANKEL

Given Name(s)

STEPHAN

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON

Postal Code

I endorse Olivia Divinski

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

[Redacted Signature]

2021/10/21
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

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton (Ward 5)

in the year 2021.

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 OLIVIA DIVINSKI 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

DUBZIC

Given Name(s)

MARK ANTONOWY

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

Ham. 1st

Ontario

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

Signature

2021/10/18
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

DIVINSKI

Given Name(s)

OLIVIA

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

Hamilton Ward 5

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Radics

Given Name(s)

Susan

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

On

Postal Code

I endorse Olivia Divinski

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

Signature

2021/10/20

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 Olivia Divinski

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

DIVINSKI

Given Name(s)

OLIVIA

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

HAMILTON (words)

in the year 2021

Name of person providing endorsement

Last Name or Single Name

SMITH

Given Name(s)

JULIA

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON

Postal Code

I endorse OLIVIA DIVINSKI

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

2021/10/19

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

SMITH

Given Name(s)

BRETTE LEE

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

HAMILTON

Province

ON

Postal Code

I endorse OLIVIA DIVINSKI

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

2021/10/19

Date (yyyy/mm/dd)