

## 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). 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 Ward name or no. (if any) Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk) Last Name or Single Name Given Name(s) ANNE OLIVIA DIVINSKI Nominee's full qualifying address within municipality Suite/Unit No. Street Name Street No. Province Postal Code Municipality ONTARIO X Same as qualifying address Mailing Address Suite/Unit 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 Postal Code Municipality Province Email Address Telephone No. (including area code) Telephone No.2 (including area code) Declaration of Qualification OLIVIA ANNE BIVINSKI, 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. Date Filed (yyyy/mm/dd) Signature of Clerk or Designate Time Filed Initial of Nominee or Agent

aoa1/10/aa	9:58 AM		<u></u>
Certification by Clerk or D	esignate	Labor.	

I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature

Date Certified (yyyy/mm/dd)

3021/10/39



## 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.
Signaturé of Candidate  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 Date

## Statement of Intent

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

Yes	□ No
Signature of Candidate	Ot 18/2021 Date
I wish to speak for five (5) minutes at the 12, 2021.	Special Council Meeting on November
Yes	□ No
Signature of Candidate	0A 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 ABILITES

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



## **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)
DIVINSKI	OLIVIA
Endorsement signatures for the nomination of a person for an office in t	he municipality of
Hamilton	in the year 2021
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
SKINNER	Given Name(s) AMANDA GRACE
Qualifying Address	
Suite/Unit No. Street No. Street Name	
Municipality HAMILTON	Province Postal Code
Tendorse OLIVIA DIVINSICI as a cand	lidate and declare that I am qualified to be an elector in this municipality.
02/1/2	
Signature	$\frac{2021/10/20}{\text{Date (yyyy/mm//dd)}}$
Name of person providing endorsement	Circan Nama(a)
Last Name or Single Name SIGN DET	Given Name(s) Philip
Qualifying Address	
Suite/Unit No. Street No. Street Name	
Municipality Hamilton	Province Postal Code
Tendorse OLIVIA DIVINJSICI as a cand	lidate and declare that I am qualified to be an elector in this municipality.
Signature	2026/10/20 Date (yyyymm/dd)

- · Complete additional forms as needed to obtain 25 signatures.
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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			
Municipality		Province	Postal Code
HAMILTON (WARD 5)		ont	
HAMILTON WARD 5 \\ I endorse Olivia Divinski as a ca	indidate and declare	that I am qualified to be an elec	ctor in this municipality.
		2021/	10/19
re		Date (yyyy/m	
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
Itamillon (wards)		00	
	indidate and declare	that I am qualified to be an elec	ctor in this municipality.
· manuscond		2-02 \ / / Date (yy/y/m	0/19
Oignature		Date (yyyy/m	m/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
manopany		T TOVINGO	, octar octo
I endorse as a ca	indidate and declare	that I am qualified to be an elec	ctor in this municipality.
Signature		Date (yyyy/m	m/dd)



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Name of person seeking nomination		
Last Name or Single Name	Given Name(s)	
	OLIVIA	
DIVINSKI	OLIV 119	
Endorsement signatures for the nomination of a person for an office i	n the municipality of	
Hamilton (Wards)	in the year 202	<u> </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 OLIVIA DIVINSKI as a ca	andidate and declare that I am qualified to	ate (yyyy/mm/dd)
Name of person providing endorsement		
Last Name or Single Name	Given Name(s)	
LENNARTZ	Given Name(s) BEVERLY	J
Qualifying Address		
Suite/Unit No. Street No. Street Name	$\wedge$	
Municipality HAMIN TON	Province	Postal Code
l endorse OLIVIA BIVINSKI as a ca	ndidate and declare that I am qualified to	o be an elector in this municipality.
// ( / Signature /		7/- /6 - /8 ate (yyyy/mm/dd)
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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

Name of the second seco	
Name of person seeking nomination	lac or co
Last Name or Single Name	Given Name(s)
DIVINSKI	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)
Stoic	Kareshma
Qualifying Address	Trai Carrier
Suite/Unit No.   Street No.   Street Name	
Street No. 1 Street Name	
Municipality	Province Postal Code
Hamilton	ON
Tendorse Olivici Divinsik, as a car	ndidate and declare that I am qualified to be an elector in this municipality.
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	10
Signature	Data (vanu/mm/dd)
Signature	Date (yyyy//iii/iidd)
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
STOIC	GRAN!
Qualifying Address	
Suite/Unit No. Street No. Street Name	
Municipality	Province Postal Code
1	ON
HAMILTON	
lendorse OLIVIA DIVINSKI as a car	ndidate and declare that I am qualified to be an elector in this municipality.
	2021,10.18
Signature	Date (yyyy/mm/dd)
1	•



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Name of person se	eking nominatio	n	
Last Name or Single	Name		Given Name(s)
Divinski			Olivia
Endorsement signal	tures for the nomir	nation of a person for an off	ffice in the municipality of
Hamilton (Ward	5)		in the year 2021
Name of person pr	oviding endorse	ment	
Last Name or Single	Name ONSRU	P	Given Name(s) SIRI WAN
Qualifying Address	_		
Suite/Unit No.	Street Ne	Charlet Name	
Municipality ————————————————————————————————————	MILTON		Province ONTARIO Postal Code
I endorse Olivia Divinski as a candidate and declare that I am qualified to be an elector in this municipality.			
			122/12/20
		Signature	⊎ate (yyyy/mm/dd)
Name of person pr	oviding endorse	ment	·
Last Name or Single	_		Given Name(s)
	BOONS	RUP	Given Name(s)
Qualifying Address	00000		
Suite/Unit No.	Street No.	Street Name	
Municipality HAM	1070	$\sim$	Province Postal Code
I endorse	lívna	Divinski as	s a candidate and declare that I am qualified to be an elector in this municipal
			8021/10/20
_			B 021 10 20  Date (yyy/mm/dd)
		Signature	Date (yyyymini/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.

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Last Name or Single	Name	Given Name(s)		7
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Qualifying Address				
Suite/Unit No.	Street No. Street Na	me ,		
Municipality			Province	Postal Code
Mariloipality	1		1 -	
	TAMILTON		ONTA	210
lendorse OZ/	VIA DIVINSK	as a candidate and declare	that I am qualified	to be an elector in this municipality.
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			_	
			18	Oct 2021
	Signature		Ε	Date (yyyy/mm/dd)
1	oviding endorsement			
Last Name or Single	Name /	Given Name(s)	Sharor	
	Name Grover	`	Sharor	2.
Qualifying Address				
Suite/Unit No.	Street No.	man /	$\mathcal{I}_{t}$	
Municipality			Province nt.	Postal Code
Inviornicipality	Hamuton		1) 1	i Ostal Code
	MUNICION	A STATE OF THE STA	10/12.	
Tendorse OCI	UIA DIVINSK	/ as a candidate and declare	that I am qualified	to be an elector in this municipality.
	J., D.			
			14	2001 / 10
<u> </u>				2021 /10/18 Date (yyyy/mm/dd)
	Signature	<del></del>		Date (yyyy/mm/dd)
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	oviding endorsement	la		
Last Name or Single	Name	Given Name(s)	ΛΛ Ι -	
	<u>UNUNSKi</u>		Madison	
Qualifying Address			, , , , ,	•
Suite/Unit No.	Street No. Street Na	me	•	
Municipality			Province	Postal Code
1 11			1 Oi	
	nrlton		00	<u>,                                     </u>
l endorse OCI	UIA DIVINSK	as a candidate and declare	that I am qualified	to be an elector in this municipality.
		7		
				2026/20120
				AU21/10/20
	Signature		£	pate (yyyy/mm/dd)
L	The second secon			
	***************************************			



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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

Municipality  Province  Postal Code  I endorse  OUVIA  DIVINSK  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								
Endorsement signatures for the nomination of a person for an office in the municipality of in the year    Name of person providing endorsement   Given Name(s)		•						
In the year	Last Name or Singl	e Name V//Vろだ/			Given Name(s)	11A		
Name of person providing endorsement Last Name or Single Name  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality   Province   Postal Code  I endorse   OCTVIA DIVINSK   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   OCIVIA DIVINSK   as a candidate and declare that I am qualified to be an elector in this municipality.	Endorsement signa	tures for the nomination	of a person for an	office in t	he municipality of			,
Last Name or Single Name    Given Name(s)					in t	he year		
Qualifying Address Suite/Unit No.   Street No.   Street Name   Province   Postal Code    I endorse OUVIA DIVINSK   as a candidate and declare that I am qualified to be an elector in this municipality.    Signature   Date (yyyy/mm/dd)		_				)		W-4
Suite/Unit No.   Street No.   Street Name   Province   Postal Code    I endorse OUVIA DIVINSK   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   Civen Name(s)    Qualifying Address   Suite/Unit No.   Street No.   Street Name    Municipality   Province   Postal Code    I endorse OUVIA DIVINSK   as a candidate and declare that I am qualified to be an elector in this municipality.	Last Name or Singl	e Name			Given Name(s)			
Municipality    Province   Postal Code	Qualifying Address							
I endorse	Suite/Unit No.	Street No.	Street Name					
Signature   Date (yyyy/mm/dd)	Municipality		1			Province		Postal Code
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   CUVA DIVINS   as a candidate and declare that I am qualified to be an elector in this municipality.	l endorse OCI	VIA DIVI.	NSKI	as a cand	idate and declare	that I am qualified to	be an elect	or in this municipality.
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   CUVA DIVINS   as a candidate and declare that I am qualified to be an elector in this municipality.			,					
Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality   Province   Postal Code    I endorse   OUVIA DIVINS   as a candidate and declare that I am qualified to be an elector in this municipality.		Si	gnature			Da	ate (yyyy/mn	n/dd)
Comparison of Single Name   Given Name(s)		parameter and the state of the						
Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality   Province   Postal Code  I endorse   OCIVIA DIVINS   as a candidate and declare that I am qualified to be an elector in this municipality.		-						
Suite/Unit No.   Street No.   Street Name  Municipality   Province   Postal Code  I endorse   OCIVIA   DIVINSICI   as a candidate and declare that I am qualified to be an elector in this municipality.	Last Name or Singl	e Name			Given Name(s)			
Municipality  Province  Postal Code  I endorse  OCIVIA  DIVINSICI  as a candidate and declare that I am qualified to be an elector in this municipality.	Qualifying Address				<u> </u>			
I endorse OCIVIA DIVINSICI as a candidate and declare that I am qualified to be an elector in this municipality.	Suite/Unit No.	Street No.	Street Name					
	Municipality					Province		Postal Code
Signature Date (yyyy/mm/dd)	l endorse OCI	VIA DIVI	NSKI	as a cand	idate and declare	that I am qualified to	be an elect	or in this municipality.
Signature Date (yyyy/mm/dd)								
		Si	gnature			Da	ate (yyyy/mn	n/dd)



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

Municipal Elections Act, 1996 (Section 33)

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Name of person seeking nomination	
Last Name or Single Name	Given Name(s)
DIVINSKI	OLIVIA
Endorsement signatures for the nomination of a person for an office in t	the municipality of
Hamilton (Wards)	in the year 2021.
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
BETTENCOURT	MICHELLE
Qualifying Address	
Suite/Unit No. Street No. Street Name	
Marie Laboration	Destal Code
Municipality	Province Postal Code
Hamilton	Ont
lendorse OLIVIA SIVINSICI as a cand	didate and declare that I am qualified to be an elector in this municipality
	2021/10/18 Date (vvvv/mm/dd)
Signature	Date (yyyy/mm/dd)
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
Qualifying Address	4
Suite/Unit No. Street No. Street Name	
Municipality	Province Postal Code
' -	
Tendorse OLIVIA DIVINSKI as a cand	lidate 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	Given Name(s)
LIVINSKI	OLIVIA
Endorsement signatures for the nomination of a person for an office in t	he municipality of
Hamilton (Ward S)	in the year 2021
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
IMIGGINS	Mansa
Qualifying Address	
Suite/Unit No. Street No. Street Name	
outor of the reco	
Municipality	Province Postal Code
Majori Duo	Ontan'o
HUMMITONI	Orciono
l endorse OLIVIA DIVINSKI as a cand	idate and declare that I am qualified to be an elector in this municipality.
	202.1/10/18 Date (yyyy/mm/dd)
Name of person providing endorsement	Chan Name (a)
Last Name or Single Name	Given Name(s)
Kontagia nins	0622106
Qualifying Address	
Suite/Unit No. Street No. Street Name	^
Municipality	Province Postal Code
Hamilten	(ontar, o
l endorse OLIVIN DIVINSKI as a cand	idate and declare that I am qualified to be an elector in this municipality.
Signature	2021/10/18 Date (yyyy/mm/dd)



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Name of person seeking nomination	
Last Name or Single Name	Given Name(s)
DIVINSKI	OLIVIA
Endorsement signatures for the nomination of a person for an office	ce in the municipality of
Hamilton	in the year $2021$ .
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
Ging	Bradley
Qualifying Address	3.0.0.12.9
Suite/Unit No. Street No. Street Name	<u> </u>
outor criticity.	
Municipality	Province Postal Code
1	Ontario
Itamilton	υηταιτο
lendorse OLIVIA BIVINSKI as a	candidate and declare that I am qualified to be an elector in this municipality.
Signature	2021/10/17 Date (yyyy/n/m/dd)
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
Gina	Kaca
Qualifying Address	
Suite/Unit No.   Street No.   Street Name	
outo, chicken	
Municipality	Province Postal Code
Mulicipality Harris Lar	00
Hamilton	
lendorse Olivia Divinski as a	candidate and declare that I am qualified to be an elector in this municipality.
	A 1 1 -
,	262110117 Date (vvv/mm/dd)
gnature	Date (yyyy/fnm/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	
	ven Name(s)
Qualifying Address	
Suite/Ur	
Municipality Hami Ham	Provinge Postal Codo
I endorse Teddle, OLIVIA DIVAS a candida	te and declare that I am qualified to be an elector in this municipality.
Signature	204/10/17 Date (yyyy/m/n/dd)
Name of person providing endorsement	
Last Name or Single Name   Gi	ven Name(s)
Qualifying Address Suite/Unit No Street No Street Name	
Municipality :	Province Postal Code
Hamilton	Ontario
1	te and declare that I am qualified to be an elector in this municipality.
	2021/10/17
Signature	202   / 10 / 17 Date (yyyy/mm/dd)
Name of person providing endorsement	· ]
	ven Name(s)
	Nancy
Qualifying Address	'
Suite/Unit No. Street No. Street Name	
Municipality Ham: 1 Fon	Province Postal Code On tenio
Tendorse OLIVIA DIVINSICI as a candidat	e and declare that I am qualified to be an elector in this municipality.
	2021/10/17
/ // Signature	Date (yyyy/mm/dd)



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Name of person see	king nomination		
Last Name or Single I		Given Name(s)	
NIZ .	INSKI	OLIVIA	
Endorsement signatur	res for the nomination of a person for an office	e in the municipality of	
Ham	iltan (Wards)	in the year $2021$ .	
Name of person pro	viding endorsement		$\neg$
Last Name or Single N	Name GOISIC	Given Name(s)	
Qualifying Address		J	
Suite/Unit No.	Street No. Street Name	Ω:	
Municipality	<i>iamilton</i>	Province Postal Code	
lendorse ()LIV	A DIVINSKI asa	candidate and declare that I am qualified to be an elector in this municipalit	у.
	Signature	2021/10/16 Date (yyyy/mm/dd)	
N			_ _
Name of person prov Last Name or Single N	_	Given Name(s)	1
Last Hame of Olingie	Goisic	Angela	
Qualifying Address		J	7
Suite/Unit No.	Street Name .		
Municipality	Hamilton	Province Postal Code	
l endorse OLIV	IA DIVINSKI asa	candidate and declare that I am qualified to be an elector in this municipality	y.
	√/ Signature	2021/10/16 Date (yyyy/mm//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 pro	viding endorsement		<del></del>		
Last Name or Single Name Given Name(s)					
	DIVINSK OLIVIA				
Qualifying Address	-				
Suite/Unit No.	Street No.	Street Name			
Municipality		Location transfer		Province	Postal Code
l endorse OLI	VIA LIVI	NSICI as a cand	didate and declare	that I am qualified to be an ele	ctor in this municipality.
	Si	gnature		Date (yyyy/m	ım/dd)
			·		
	viding endorsement		la:		
Last Name or Single	,		Given Name(s)	`	
	FAUDOIN		MARILY	W.	
Qualifying Address	la	la			
Suite/Unit No.	Street No.	Street Name			
Municipality				Province	Postal Code
	HAMILTON			ONT	
l endorse OCIV	IA DIVIN	gnature as a cand	didate and declare	that I am qualified to be an elec Oct 18/2 Date (yyyy/m	
pm. 1111 - 11 - 11 - 11 - 11 - 11 - 11 -	at interest in the contract of				
Name of person pro Last Name or Single	viding endorsement Name		Given Name(s)		
Qualifying Address				CONTRACTOR	
Suite/Unit No.	Street No.	Street Name			
Municipality	1			Province	Postal Code
l endorse OU	VIA DIVIA	u S K J as a cand	lidate and declare	that I am qualified to be an elec	ctor in this municipality.
	· · · · ·	gnature		Date (yyyy/m	ım/dd)
		g. 12.010		Баю (уууулг	

Front + Back



#### **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	e Name		Given Name(s	Given Name(s)			
Endorsement signal	tures for the nomina	tion of a person for an offi	ce in the municipality	of			
			i	n the year	•		
Name of person pr	oviding endorsem	ent					
Last Name or Single Name			Given Name(s	)			
Qualifying Address							
Suite/Unit No.	Street No.	Street Name					
Municipality				Province	Postal Code		
		Signature		Da	te (yyyy/mm/dd)		
Name of person pr	oviding endorsem	ent					
Last Name or Single	e Name		Given Name(s	)			
Qualifying Address							
Suite/Unit No.	Street No.	Street Name					
Municipality				Province	Postal Code		
l endorse OC/L	VIA DIVI	N 2 /C/ as a	a candidate and decla	re that I am qualified to	be an elector in this municipality.		
Signature				Da	te (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	Given Name(s)	
DIVINSKI	OLIVIA	
Endorsement signatures for the nomination of a person for an office in		
Hamilton (Ward 5)	in the year 2021	
Name of person providing endorsement		
Last Name or Single Name	Given Name(s)	
COPELAND	Given Name(s) G-LEN N	
Qualifying Address		
Suite/Unit No. Street No. Street Name		
Municipality	Province	Postal Code
HAMILTON	On	
l endorse OLIVIA DIVINSKI as a can	didate and declare that I am qualified to be an	elector in this municipality.
Signature	2021 Date (yyy	//0/ /8 y/mm/dd)
	2021 Date (yyy	// <i>i/ 18</i> y/mm/dd)
Name of person providing endorsement		//0/ /8 y/mm/dd)
Name of person providing endorsement Last Name or Single Name	Given Name(s)	// <i>ii/ 18</i> y/mm/dd)
Name of person providing endorsement  Last Name or Single Name  COPELAND		// /8 y/mm/dd)
Name of person providing endorsement  Last Name or Single Name  ———————————————————————————————————	Given Name(s)	//0/ /8 y/mm/dd)
Name of person providing endorsement  Last Name or Single Name  COPELAND	Given Name(s)	//0/ /8 y/mm/dd)
Name of person providing endorsement  Last Name or Single Name  COPELAND  Qualifying Address  Suite/Unit No.   Street No.   Street Name  Municipality	Given Name(s)	//o/ /S y/mm/dd)
Name of person providing endorsement  Last Name or Single Name  COPELAND  Qualifying Address  Suite/Unit No.   Street No.   Street Name	Given Name(s)  DARLENE	
Name of person providing endorsement  Last Name or Single Name  COPELAND  Qualifying Address  Suite/Unit No.  Street No.  Street Name  Municipality  AAMILTON	Given Name(s)  DARLENE	Postal Code
Name of person providing endorsement  Last Name or Single Name  COPELAND  Qualifying Address  Suite/Unit No.   Street No.   Street Name  Municipality  HAMILTON	Given Name(s)  DARLENE  Province  O 1	Postal Code elector in this municipality.



## **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)	
DIVINSKI	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	Given Name(s)	
Qualifying Address	Eugenio	
Qualifying Address		
Suite/Unit No. Street Name		
Municipality	Province	Postal Code
Hamilton	ON	
I endorse OLIVIA DIVINSICI as a can	didate and declare that I am qualified to be an ele	ctor in this municipality.
CENTH BINDSICI	, , , , , , , , , , , , , , , , , , , ,	
		1
re		nm/dd)
I Name of naroon providing and prophet		
Name of person providing endorsement	los w sa	
Last Name or Single Name	Given Name(s)	
Last Name or Single Name	Given Name(s)  MARCO	
Last Name or Single Name  CFAMPAGCFA  Qualifying Address	1	
Last Name or Single Name	1	
Last Name or Single Name  CFAMPAGCTA  Qualifying Address Suite/Unit No.   Street No.   Street Name	MARCO	Doctol Codo
Last Name or Single Name  CIAMPAGCIA  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality	Province	Postal Code
Last Name or Single Name  CFAMPAGCTA  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality  HAMILTON	MARCO	Postal Code
Last Name or Single Name  CIAMPAGUE  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality  HAMILTON	Province	
Last Name or Single Name  CFAMPAGCTA  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality  HAMILTON	Province  Onv  didate and declare that I am qualified to be an ele	ctor in this municipality.
Last Name or Single Name  CFAMPAGCTA  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality  HAMILTON	Province ON	ctor in this municipality.

- 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)				
Ciompaglia	Anthony				
Qualifying Address	,				
Suite/Unit No. Street No. Street Name					
Municipality Homilton	Province Postal Code				
I endorse OLIVIA DIVINSKI	as a candidate and declare that I am qualified to be an elector in this municipality.				
	2001/10/10				
	Date (yyyy/mm/dd)				
Signature	Date (yyyymm/dd)				
Name of person providing endorsement	Civan Nama(a)				
Last Name or Single Name	Given Name(s)				
Qualifying Address	UI)IIIU				
Suite/Unit No.   Street No.   Street Name					
out.or of the first of the firs					
Municipality	Province Postal Code				
I endorse	as a candidate and declare that I am qualified to be an elector in this municipality.				
	2/2///620				
	2021/\0/\8 Date (yyyy/mm/dd)				
/ Signature	Date (yyyymm/dd)				
Name of person providing endorsement  Last Name or Single Name	Given Name(s)				
Ciampaglia	Given Name(s) ENZA				
Qualifying Address					
Suite/Unit No.   Street No.   Street Name					
Municipality Hamilton	Province Postal Code  Ontario				
I endorse	as a candidate and declare that I am qualified to be an elector in this municipality.				
	2021 10 18				
	Date (yyyy/mm/dd)				
Signature	Date (yyyy/filli/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	Given Name(s)
DIVINSKI	OCIVIA
Endorsement signatures for the nomination of a person for an office in t	the municipality of $\frac{\partial Q}{\partial x}$ in the year $\frac{\partial Q}{\partial x}$
Name of person providing endorsement	
Last Name or Single Name  CKINNON  Qualifying Address	Given Name(s) AUXANDUT
Suite/Unit No. Street No. Street Name	
Municipality WARD 5.	Province Postal Code
lendorse OCIVIA DIVINSICI as a cand	idate and declare that I am qualified to be an electqr in this municipality.
- J Signature	Oct 19/21  Date (yyyy/mm/dd)
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
MCKINON	Given Manie (S) O a N
Qualifying Address	
Suite/Unit No. Street No. Street Name	Q
Municipality WARD 5	Province Postal Code
lendorse OCIVIA DIVINSKI as a cand	idate and declare that I am qualified to be an elector in this municipality.
	Oct 19/21.
	Date (yyyy/mm/dd)
<u></u>	

- 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.

	oviding endorsement							
Last Name or Single			Giv	/en Name(s)				
1 D'AUIC	)ka			HOW				
Qualifying Address				7				
Suite/Unit No.	Street No.	Stroot Name						
Municipality ,	^ - > -				Province		Postal C	ode ,
	ARD 5				ONT			
l endorse OCI	VIA DIVI.	USKI as a	candidat	e and declare	that I am qualifie	d to be an elect	tor in this	municipality.
						0-1-10	/	
						YCT 17	121	
	( ) > 51	gnature				Date (yyyy/mg	h/dd)	
<u> </u>							<u> </u>	
T								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	oviding endorsement		101					
Last Name or Single	Name		Giv	en Name(s)				
Qualifying Address		,						
Suite/Unit No.	Street No.	Street Name						
Municipality					Province		Postal C	ode
Lendorse 22/1	MA Duni	561			that I am avalifie		havin Hain	marinal almalitar
Telluoise OCI	VIA DIVIN	as a	candidat	e and declare	that I am qualifie	d to be an elect	tor in this	municipality.
		and respectively.						
	Si	gnature				Date (yyyy/mn	n/dd)	
Name of person pr	oviding endorsement				<u> </u>			
Last Name or Single	-		lai	en Name(s)				
Last Name of Single	Hame		Gi	ren ivanic(s)				
0 -16 - 4 - 1								
Qualifying Address	loN	lo						
Suite/Unit No.	Street No.	Street Name						
					1= .	· · · · · · · · · · · · · · · · · · ·		
Municipality					Province		Postal C	ode
Lendorse OC-L	VIA DIVI.	NSKI 200	candidat	e and declare	that I am qualifie	d to be an elect	tor in this	municinality
	0171 1011	as a	canulual	e and deciare	mat i am quame	a to be an elect	toi iii tiiis	municipality.
						1		
***************************************								
	Si	gnature				Date (yyyy/mn	n/dd)	
				•			<u></u>	
							_	



#### **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 nomin	ation	701110		
Last Name or Single			Given Name(s)		
DIVI	NSKI		OC.	IVIA	
Endorsement signat	ures for the n	omination of a person for a	an office in the municipality of		
			in	the year	
Name of person pr	oviding endo	rsement			
Last Name or Single	Name		Given Name(s)		
Dasil			Davi	2	
Qualifying Address					
Suite/Unit No.	Street No.	Street Name	0.		
Municipality  -	anilt	710		Cont	Postal Code
1					
Telluoise 027	VIA .	DIVINSKI	as a candidate and declare	that I am qualified to	be an elector in this municipality.
				K	2 2021/10/19
		Oignaturo		Da	ate (yyyy/mm/dd)
Name of person pr		rsement	Lan		
Last Name or Single	1 1 10		Given Name(s)	, ,	
Das.	14		Ja	MU	
Qualifying Address					
Suite/Unit No.	Street No.	Street Name			
Municipality				Province	Postal Code
Ho	in			ont	
l endorse	IVIA	DIVINSICI	as a candidate and declare	that I am qualified to	be an elector in this municipality.
				_ •	
				2	1/10/19
		Oignature		Da	ate (yyyy/mm/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 pro	viding endorsement					
Last Name or Single I	Name			Given Name(s)		
Qualifying Address						
Suite/Unit No.	Street No.	Street Name				
Municipality					Province	Postal Code
l endorse ocl	VIA DIVI	12/K/ as	s a cand	idate and declare	that I am qualified to be an elec	tor in this municipality.
	Sic	gnature		,	Date (yyyy/mr	n/dd)
					(,,,,,	
Name of person pro	-		1			
Last Name or Single I	Name			Given Name(s)		
			-			
Qualifying Address	la	10: 11:				
Suite/Unit No.	Street No.	Street Name				
Maria la la alla					D	D-4-10-4-
Municipality					Province	Postal Code
					<u> </u>	
lendorse OCI	VIA DIVI	NSKI as	s a cand	idate and declare	that I am qualified to be an elec	tor in this municipality.
	Sig	nature		17 - 17 - 17 - 18 - 18 - 18 - 18 - 18 -	Date (yyyy/mr	n/dd)
T						
Name of person pro	-			O'con Name (a)		
Last Name or Single I	vame			Given Name(s)		
0 17 1 111	- American					
Qualifying Address	l 044 N -	loter of Name				
Suite/Unit No.	Street No.	Street Name				
Municipality					Province	Postal Code
iviunicipanty					Province	Postal Code
						L
l endorse	VIA DIVI	NSKA as	s a cand	idate and declare	that I am qualified to be an elec-	tor in this municipality.
	Sic	jnature			Date (yyyy/mr	n/dd)
					(),)),	
	ì					
						L



## **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)
Divinski	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)
Miller	Kaykich
Qualifying Address	11113
Suite/Unit No. Street No. Street Name	
<u></u>   ■	
Municipality	Postal Code
(BINDROCK Hamilton)	100
I endorse Olivia Divinski as a can	didate and declare that I am qualified to be an elector in this municipality.
	2021/10/20
Signature	Date (yyyy/mm/dd)
Name of person providing endorsement	1/ // 4 /
Last Name or Single Name	Given Name(s) KOM MAKIE
Qualifying Address	
Suite/Unit No. Street No. Street Name	$\Lambda$
Homi Hm - West worth	Province N/1AM 10 Postal Code
I endorse OLIVIA DIVINSK/ as a can	didate and declare that I am qualified to be an elector in this municipality.
	2021/10/20
Signature	Date (yyyy/mm/dd)
· / /	<u> </u>



## **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.

Given Name(s)	
OCIVIA	
an office in the municipality of	
in the year 202/	
,	
Given Name(s) HEATHER	E
, , , , , , , , , , , , , , , , , , , ,	
Province ONTARIO	Postal Code
as a candidate and declare that I am qualified to be an	elector in this municipality.
	/
2021/	10/19
Date (vvv	v/mm/dd)
Given Name(s)	
Six day of	
T CAGA A	7.00
Province	Postal Code
as a candidate and declare that I am qualified to be an	elector in this municipality.
)021	110/14
Date (yyy	y/mm/qd)
	an office in the municipality of in the year 202/.  Given Name(s)  Province  ONTARIO  as a candidate and declare that I am qualified to be an  2021/  Date (yyy)  Province  ONTARIO  Province  ONTARIO  Province  ONTARIO  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 prov	viding endorsement				
Last Name or Single N	Name		Given Name(s)		
Qualifying Address					
Suite/Unit No.	Street No.	Street Name			
Municipality				Province	Postal Code
lendorse OCIV	IA DIVIA	SKI as a can	didate and declare	that I am qualified to be an elec	tor in this municipality.
The control of the co				•	
	Sig	gnature		Date (yyyy/mr	n/dd)
L					
N	-1-11				
Name of person prov Last Name or Single N	_		Given Name(s)		
Last Name of Single i	varrie		Given Name(s)		
Qualifying Address					
Suite/Unit No.	Street No.	Street Name			
Gure, Gille 140.	Oli Cot No.	Orocervanio			
Municipality				Province	Postal Code
l endorse OCI	JIA DIVI	WSKI as a can	didate and declare	that I am qualified to be an elec	tor in this municipality.
	Sic	gnature	<del></del>	Date (yyyy/mr	m/dd)
<u></u>			~ 3244	(////	
Name of person prov	-		10: 11 ()		
Last Name or Single N	Name		Given Name(s)		
0		e - the out Anamous - 1			
Qualifying Address	Street No	Ctroat Name			
Suite/Unit No.	Street No.	Street Name			
Municipality				Province	Postal Code
Mariopanty				Fromice	7 Ostal Code
l endorse OC/	VIA DIVI	as a can	didate and declare	that I am qualified to be an elec	tor in this municipality.
	Sig	gnature		Date (yyyy/mr	n/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	la
Last Name or Single Name	Given Name(s)
Divinski	Olivia Anne
Endorsement signatures for the nomination of a person for an office in t	he 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 HAMIL TON	Province Postal Code
I endorse Olivia Divinski as a cand	lidate and deplace that I am qualified to be an elector in this municipality.
as a cand	lidate and declare that I am qualified to be an elector in this municipality.
	201-10-21 Date (yyyy/mm/dd)
	Dute ())))
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
FRANKEL	STEPHAN
Qualifying Address	
Suite/Unit No.   Street No.   Street Name	
	•
Municipality	Province Postal Code
HAMILTON	ON
I endorse Olivia Divinski as a cand	idate and declare that I am qualified to be an elector in this municipality.
Signature	2001/0/2/1.
- and some	***/



#### **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			উiven Name(s)	•	
	DIVIN	SKI	(	OLIVIA	
		of a person for an office in	the municipality of		
Hamilte	m (Waro	(5)	in '	the year 202).	
Name of person pro	viding endorsement				
Last Name or Single	Name		Given Name(s)		
Qualifying Address					
Suite/Unit No.	Street No.	Street Name			
Municipality	1			Province	Postal Gode
	IA DIVIN	gnature		Date (yyyy/r	nm/dd)
Name of person pro	viding endorsement				
	Name UDZIC		Given Name(s)  MAn	ex ANTITO	vy
Qualifying Address	Stroot No	Stroot Namo			, 
Municipality	. 1 frs			Ontario	Postal Code
		LV IWSK as a cand	didate and declare	that I am qualified to be an ele	ector in this municipality.
	2	<del>ma</del> ture			10/18 nm/dd)



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

Municipal Elections Act, 1996 (Section 33)

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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

The state of the s				
Name of person seeking nomination				
Last Name or Single Name		Given Name(s)		
DIVINSKI		OLIVIA		
Endorsement signatures for the nomination of Hamilton Ward 5	of a person for an office in th		he year 2021 ·	
Name of person providing endorsement			/	
Last Name or Single Name	1	Given Name(s)		
Radics		Susan		
Qualifying Address	Street Name			
Municipality	/		Province	Postal Code
Hamilton			On	
I endorse Olivia Divinski	as a candi	date and declare	2021/10/20	pe an elector in this municipality.
	/			
Name of person providing endorsement	<del>/</del>			
Last Name or Single Name		Given Name(s)		
Qualifying Address				
Suite/Unit No. Street No.	Street Name			
Municipality			Province	Postal Code
l endorse Olivia Divinski	as a candi	date and declare	that I am qualified to t	pe an elector in this municipality.
Sig	nature		Date	e (yyyy/mm/dd)



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

Municipal Elections Act, 1996 (Section 33)

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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	,
HAMILTON (word 5)	in the year 202 \.
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 Postal Code ON
I endorse OLIVIA DIVINSKI as a ca	andidate 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	Given Name(c)
Last Name or Single Name	Given Name(s)  BRETTE LEE
Last Name or Single Name  Sm. TH  Qualifying Address	
Last Name or Single Name	
Last Name or Single Name  SMTH  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality	
Last Name or Single Name  Sm. TH  Qualifying Address  Suite/Unit No.   Street No.   Street Name	BRETTE LEE
Last Name or Single Name  Sm. TH  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality  HAMILTON	BRETTE LEE Province Postal Code
Last Name or Single Name  Sm. TH  Qualifying Address Suite/Unit No.   Street No.   Street Name  Municipality  HAMILTON	BRETTE LEE  Province  ON  Postal Code