

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-Wentworth

Nominated for the office of
Municipal Councillor

Ward name or no. (if any)
Ward 5

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

Last Name or Single Name
Sutherland

Given Name(s)
Aggery

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, Aggery Sutherland

, 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

Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd)

Time Filed

Initial of Nominee or Agent

Signature of Clerk or Designate

Certification by Clerk or Designate

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

Signature

Date Certified (yyyy/mm/dd)



Hamilton

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

Aggery T. Sutherland

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.

[Redacted Signature]

Signature of Candidate

October 28, 2021

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.


<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------


Signature of Candidate

October 28, 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

October 28, 2021
Date

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

Sutherland

Given Name(s)

Aggery

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

Hamilton-Wentworth

in the year 2021

Name of person providing endorsement

Last Name or Single Name

WLAZ

Given Name(s)

JACK

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Aggery Sutherland

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

Signature

Date (yyyy/mm/dd)

16.10.2021

Name of person providing endorsement

Last Name or Single Name

WLAZ

Given Name(s)

MARTIN

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse Aggery Sutherland

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

Signature

Date (yyyy/mm/dd)

16.10.2021

Instructions

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Name of person providing endorsement			
Last Name or Single Name <u>Davis</u>		Given Name(s) <u>Wayne R.</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>Hamilton</u>		Province <u>ON</u>	Postal Code <u></u>
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2021/10/23</u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>LECROWICZ</u>		Given Name(s) <u>LINDA M.</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>Hamilton</u>		Province <u>ON</u>	Postal Code <u></u>
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u>		<u>October 23, 2021</u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>Dawirjak</u>		Given Name(s) <u>John</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality <u>Hamilton</u>		Province <u>ON</u>	Postal Code <u></u>
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2021/10/23</u> Date (yyyy/mm/dd)	



Instructions

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Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Laic		Darlene	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/15	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Laic		Danica	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/15	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Laic		George	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/15	

[Sign 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 <i>Jelly</i>		Given Name(s) <i>SUSAN</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		Date (yyyy/mm/dd) <i>Oct 15/21</i>	
Signature			

Name of person providing endorsement			
Last Name or Single Name <i>SMILLIE</i>		Given Name(s) <i>ANDREW</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		Date (yyyy/mm/dd) <i>16/10/2021</i>	
Signature			

Name of person providing endorsement			
Last Name or Single Name <i>SMILLIE</i>		Given Name(s) <i>MARIANNE</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		Date (yyyy/mm/dd) <i>2021/10/09</i>	
Signature			

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 <u>SCOTT</u>		Given Name(s) <u>MARY LOU</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED] Signature		<u>2021/10/24</u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>SCOTT</u>		Given Name(s) <u>ROBERT JAMES</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED] Signature		<u>2021/10/24</u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>HATCHER</u>		Given Name(s) <u>ROBERT</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED] Signature		<u>Oct 24/2021</u> Date (yyyy/mm/dd)	



Instructions

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Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Smillie		Drew	
Qualifying Address			
Suite/Unit No.	Street No.		
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/24	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Hughes		Nicole	
Qualifying Address			
Suite/Unit No.	Street No.		
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/24	

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 Aggery Sutherland 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

Cancel

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person providing endorsement		
Last Name or Single Name MUYLAERT		Given Name(s) KAREN
Qualifying Address		
Suite/Unit No.	Street No.	Street Name
Municipality Hamilton		Province ON
		Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature [REDACTED]		Date (yyyy/mm/dd) 2021 OCT 20

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

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 Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature		Date (yyyy/mm/dd)


Save Form

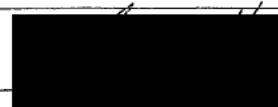
Print Form

Clear Form

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Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
SERVICE		BRIANNE	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
		2021/10/21	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
TADALL		JOSH	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
		2021-10-21	
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 Aggery Sutherland 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 providing endorsement			
Last Name or Single Name		Given Name(s)	
Gaziano		Carmelo	
Qualifying Address			
Suite/Unit No.	[Redacted]		
Municipality		Province	Postal Code
Hamilton		ON	[Redacted]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted]		2001/10/24	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Gaziano		Susan	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
[Redacted]	[Redacted]	[Redacted]	
Municipality		Province	Postal Code
Hamilton		ON	[Redacted]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted]		2001/10/24	
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 Aggery Sutherland 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 providing endorsement			
Last Name or Single Name <u>MITCHELL</u>		Given Name(s) <u>MARIANNA</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) <u>2021/10/22</u>	

Name of person providing endorsement			
Last Name or Single Name <u>GARITO</u>		Given Name(s) <u>RIGOLETTA ANGELA</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) <u>2021/10/22</u>	

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>Aggery Sutherland</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

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Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
DAVID DOSENOVIC		/	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton HAMILTON		ON ONT	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted Signature]		okt 22 2021	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Anjele Dosenovic		/	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton Hamilton		ON ont	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted Signature]		22 okt 2021	
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 Aggery Sutherland 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			
Last Name or Single Name		Given Name(s)	
MATCHETT		ALVIN DONALD	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/24	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
YATES		JULIE	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/24	

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 Aggery Sutherland 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		
Last Name or Single Name LEECE		Given Name(s) BRYAN DAVID
Qualifying Address		
Suite/Unit No.	Street No.	Street Name
Municipality Hamilton	HAMILTON	Province ON ON
Postal Code		
I endorse Aggrey Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature		Date (yyyy/mm/dd) 2021/10/24

Name of person providing endorsement		
Last Name or Single Name LEECE		Given Name(s) SUSAN ANN
Qualifying Address		
Suite/Unit No.	Street No.	Street Name
Municipality Hamilton	HAMILTON	Province ON ON
Postal Code		
I endorse Aggrey Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature		Date (yyyy/mm/dd) 2021/10/24

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 Aggrey Sutherland 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			
Last Name or Single Name <u>Macinnis</u>		Given Name(s) <u>Robin</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		<u>2021/10/21</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>Quinton</u>		Given Name(s) <u>Stuart</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		<u>2021/10/21</u>	
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 Hamilton		Province ON	Postal Code
I endorse <u>Aggery Sutherland</u> 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			
Last Name or Single Name RZAZEWSKI		Given Name(s) ANGELA	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton HAMILTON		Province ON ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/21	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name RZAZEWSKI		Given Name(s) WESLEY	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton HAMILTON		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/21	
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 Hamilton		Province ON	Postal Code
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		[REDACTED]	
Signature		Date (yyyy/mm/dd)	



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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		ON	
I endorse Aggery Sutherland		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			
Last Name or Single Name <u>COWAN</u>		Given Name(s) <u>MARY ANN</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED] Signature		<u>2021/10/23</u> Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>MACK</u>		Given Name(s) <u>JAMES ROBERT</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED] Signature		<u>2021/10/23</u> 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 <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED] Signature		[REDACTED] 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)	
RZAZEWSKI		CHRISTINA MONIQUE	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[Signature]		2021/10/21	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
RODNEY		JOHN	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[Signature]		2021/10/22	
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 Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[Signature]		Date (yyyy/mm/dd)	
Signature		Date (yyyy/mm/dd)	

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Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
JACOB		MARY	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/05/20	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
JACOB		MARY	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland 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		Given Name(s)	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality		Province	Postal Code
Hamilton		ON	
I endorse Aggery Sutherland 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			
Last Name or Single Name <i>POPOVIC</i>		Given Name(s) <i>DUSAN</i>	
Qualifying Address			
Suite/Unit No.	Street No. [REDACTED]		
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		<i>Oct. 21 / 2021</i>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <i>POPOVIC</i>		Given Name(s) <i>SLAVICA</i>	
Qualifying Address			
Suite/Unit No.	Street No. [REDACTED]		
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		<i>Oct. 21 / 2021</i>	
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 Hamilton		Province ON	Postal Code
I endorse Aggery Sutherland 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 providing endorsement			
Last Name or Single Name SHORKER		Given Name(s) JOSINDER SINGH	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd) 2021/10/19	

Name of person providing endorsement			
Last Name or Single Name SHORKER		Given Name(s) Kulwant	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd) 2021/10/19	

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 Aggery Sutherland 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			
Last Name or Single Name <u>Bozickovic</u>		Given Name(s) <u>Sofija</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED] Signature		<u>2021/10/21</u> 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 <u>Aggery Sutherland</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 Hamilton		Province ON	Postal Code
I endorse <u>Aggery Sutherland</u> 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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Print Form

Clear Form

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Name of person providing endorsement			
Last Name or Single Name <i>Duvnjak</i>		Given Name(s) <i>Adriana</i>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton		Province ON	Postal Code [REDACTED]
I endorse Aggery Sutherland as a candidate and declare that I am qualified to be an elector in this municipality.			
[REDACTED]		2021/10/23	
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 Hamilton		Province ON	Postal Code
I endorse Aggery Sutherland 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 Hamilton		Province ON	Postal Code
I endorse Aggery Sutherland 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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Clear Form

Instructions

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Desanka Tirma

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>Aggery Sutherland</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 Hamilton		Province ON
Postal Code		
I endorse <u>Aggery Sutherland</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 Hamilton		Province ON
Postal Code		
I endorse <u>Aggery Sutherland</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature		Date (yyyy/mm/dd)

