

Instructions

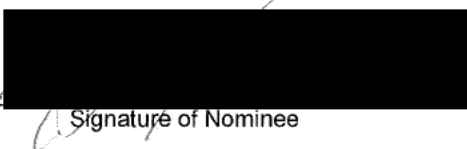
A nomination paper may only be filed in person or by an agent; it may not be faxed or emailed. It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

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

HAMILTON		
Nominated for the office of City Councillor	Ward name or no. (if any) 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 Tofano	Given Name(s) Marco	
Nominee's full qualifying address within municipality		
Suite/Unit No.	Street No.	Street Name
Municipality Hamilton	Province ON	Postal Code
Mailing Address <input type="checkbox"/> Same as qualifying address		
Suite/Unit No.	Street No.	Street Name
Municipality Mount Hope	Province ON	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)


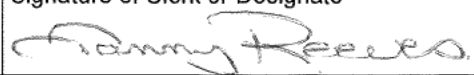
Declaration of Qualification

I, Marco Tofano, 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

2021/10/25

Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd) 2021/10/29	Time Filed 12:06PM	Initial of Nominee or Agent 	Signature of Clerk or Designate 
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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)

2021/10/29



Hamilton

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

MARCO TOFANO

Candidate's Name (Please Print)

I hereby acknowledge that personal information provided to the City through Form 1 and Form 2 submitted in application for the Ward 5 vacancy will be made available for public viewing at City Hall, in accordance with the Municipal Elections Act, 1996, as amended.

Forms 1 and 2 will be included in the Council Agenda for the Special Council Meeting on November 12, 2021 and will be redacted to remove personal information.

My CV/Resume will not be made public without my consent. My consent for the release of my redacted CV/Resume can be provided below. The public release of my CV/Resume is not a requirement for the application process.

Personal information collected for the Municipal Election Nomination process is collected under the authority of Section 33 (1) of the Municipal Elections Act, 1996, for the purpose of publishing, consented to, personal information to the City of Hamilton's website for candidacy in Ward 5. Questions about the collection of personal information can be directed to the Manager of Elections and Print/Mail, at 905-546-2489 Ext. 2753.



Signature of Candidate

OCT 27/21

Date

I hereby consent to have the following information publicly released as a part of my application. I understand that this is not a requirement for the application process.

Curriculum Vitae/Resume



Signature of Candidate

OCT 27/21

Date

Statement of Intent

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

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

Oct 27/21
Date

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

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

Oct 27/21
Date

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
 Tofano

 Given Name(s)
 Marco

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

Hamilton ON

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Kiegest

Given Name(s)

Julie

Qualifying Address

Suite/Unit No.

Street No.

Street Name



Municipality

Hamilton

Province

Postal Code

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


 Signature

2021/10/27
 Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

Williams

Given Name(s)

Dennis

Qualifying Address

Suite/Unit No.

Street No.

Street Name



Municipality

Hamilton

Province

Postal Code

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


 Signature

2021/10/27
 Date (yyyy/mm/dd)

Instructions

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

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

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Crowe		Jacklyn	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality	Province		Postal Code
HAMILTON	ON		
I endorse <u>Marco Tafano</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	
		2021/10/27	

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

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 seeking nomination

Last Name or Single Name Tofano	Given Name(s) Marco
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 Endorsement signatures for the nomination of a person for an office in the municipality of
 Hamilton ON in the year 2021

Name of person providing endorsement

Last Name or Single Name REID	Given Name(s) JASON
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Qualifying Address Suite/Unit No.	Street No.	Street Name
	[REDACTED]	[REDACTED]

Municipality HAMILTON	Province ON	Postal Code [REDACTED]
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 I endorse MARCO TOFANO as a candidate and declare that I am qualified to be an elector in this municipality.

<u>[REDACTED]</u> Signature	<u>2021/10/21</u> Date (yyyy/mm/dd)
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Name of person providing endorsement

Last Name or Single Name HERMAN	Given Name(s) CHRISTOPHER
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Qualifying Address Suite/Unit No.	Street No.	Street Name
	[REDACTED]	[REDACTED]

Municipality HAMILTON	Province ON	Postal Code [REDACTED]
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 I endorse MARCO TOFANO as a candidate and declare that I am qualified to be an elector in this municipality.

<u>[REDACTED]</u> Signature	<u>2021/10/26</u> Date (yyyy/mm/dd)
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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>HERMAN</u>		Given Name(s) <u>JANET</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
		[Redacted]	
Municipality <u>HAMILTON</u>		Province <u>ON</u>	Postal Code [Redacted]
I endorse <u>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted Signature]		<u>2021/10/28</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>Herman</u>		Given Name(s) <u>Maximillion</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
		[Redacted]	
Municipality <u>HAMILTON</u>		Province <u>ON</u>	Postal Code [Redacted]
I endorse <u>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted Signature]		<u>2003/10/11</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name <u>EL-ZEIN</u>		Given Name(s) <u>Ahmad</u>	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
		[Redacted]	
Municipality <u>HAMILTON</u>		Province <u>Ontario</u>	Postal Code [Redacted]
I endorse <u>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted Signature]		<u>2021 10.28</u>	
Signature		Date (yyyy/mm/dd)	

Save Form

Print Form

Clear Form

Instructions

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

Name of person seeking nomination

 Last Name or Single Name
 Tofano

 Given Name(s)
 Marco

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

Hamilton ON

in the year 2021

Name of person providing endorsement

 Last Name or Single Name
 VALCHUR

 Given Name(s)
 MICHAEL

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

MANT HOPE

Province

ON

Postal Code

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

Signature

Date (yyyy/mm/dd)

2021/10/27

Name of person providing endorsement

 Last Name or Single Name
 Ferguson

Given Name(s)

Michael

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

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

Signature

Date (yyyy/mm/dd)

2021/10/27

Instructions

- Complete additional forms as needed to obtain 25 signatures.
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Name of person providing endorsement			
Last Name or Single Name TOFANO		Given Name(s) KRISTINA	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality Hamilton	Province ON	Postal Code	
I endorse <u>Marco Tofano</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd) Oct-27-2021	

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>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd) Oct 27 / 2021	

Name of person providing endorsement			
Last Name or Single Name MULCAHY		Given Name(s) Darren.	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	
Municipality HAMILTON	Province ON	Postal Code	
I endorse <u>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd) Oct 27 / 2021	

Save Form

Print Form

Clear Form

Instructions

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Name of person seeking nomination

Last Name or Single Name Tofano	Given Name(s) Marco
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 Endorsement signatures for the nomination of a person for an office in the municipality of
 Hamilton ON in the year 2021

Name of person providing endorsement

Last Name or Single Name SIVANATHAN	Given Name(s) SAYANTHAN
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Qualifying Address		
Suite/Unit No.	Street No.	Street Name

Municipality Mt. Hope	Province ON	Postal Code

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

	Signature	<u>Oct 27 / 2021</u>	Date (yyyy/mm/dd)
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Name of person providing endorsement

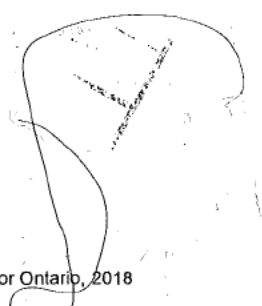
Last Name or Single Name LANKANATHAN	Given Name(s) ANUPAMA
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Qualifying Address		
Suite/Unit No.	Street No.	Street Name

Municipality Mt. Hope	Province ON	Postal Code

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

	Signature	<u>27/10/2021</u>	Date (yyyy/mm/dd)
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Instructions

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

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

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

Save Form

Print Form

Clear Form

Instructions

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Name of person seeking nomination

 Last Name or Single Name
 Tofano

 Given Name(s)
 Marco

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

Hamilton ON

in the year 2021

Name of person providing endorsement

Last Name or Single Name

Halb

Given Name(s)

Hussein

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

Ontario

Postal Code

I endorse

MARCO TOFANO

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

10 28 21

Date (yyyy/mm/dd)

Name of person providing endorsement

Last Name or Single Name

ACCARDIA

Given Name(s)

STEVEN

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Stony Creek

Province

ONT

Postal Code

I endorse

MARCO TOFANO

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

OCT-28-21

Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name

Tofano

Given Name(s)

Marco

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

Hamilton ON

in the year 2021

Name of person providing endorsement

Last Name or Single Name

O'CONNOR

Given Name(s)

BRIAN EDWARD

Qualifying Address

Suite/Unit No.

Street No.

Street Name

Municipality

Hamilton

Province

ON

Postal Code

I endorse

Marco Tofano

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

Signature

2021 / Oct. / 28

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

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Name of person seeking nomination

Last Name or Single Name Tofano	Given Name(s) Marco
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Endorsement signatures for the nomination of a person for an office in the municipality of

 Hamilton ON _____ in the year 2021
Name of person providing endorsement

Last Name or Single Name Dixon	Given Name(s) Jeff
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Qualifying Address

Suite/Unit No.	Street No.	Street Name

Municipality Mount Hope	Province ON	Postal Code

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

_____ Signature	<u>27-OCT-21</u> Date (yyyy/mm/dd)
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Name of person providing endorsement

Last Name or Single Name Shepherd	Given Name(s) Clive
--------------------------------------	------------------------

Qualifying Address

Suite/Unit No.	Street No.	Street Name

Municipality Mt. Hope	Province Ont	Postal Code

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

_____ Signature	<u>Oct. 27, 21.</u> Date (yyyy/mm/dd)
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Instructions

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Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Della Monica		Dave	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	Postal Code
Municipality		Province	Postal Code
Hamilton		ON	
I endorse <u>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted]		21/10/27	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Dellamonico		Allison	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	Postal Code
Municipality		Province	Postal Code
Hamilton		ON	
I endorse <u>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted]		21/10/27	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
Shepherd		Zoe	
Qualifying Address			
Suite/Unit No.	Street No.	Street Name	Postal Code
Municipality		Province	Postal Code
Mount Hope		ON	
I endorse <u>MARCO TOFANO</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
[Redacted]		2021/10/27	
Signature		Date (yyyy/mm/dd)	

Save Form

Print Form

Clear Form