## Ministry of Municipal Affairs

# **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		date at an election to b	e held in the following r	nunicipal	ity	
			Word name or no	(if any)		
Nominated for the office of Ward Counsellor		Wald hame of hic	Ward name or no. (if any) Five			
Nominee's name as it	is to appear on the ba	illot paper (subject to a	greement of the munici	ipal clerk)		
Last Name or Single N			Given Name(s)	_		
	Verissimo	)		Carva	alho	
Nominee's full qualifyi	ng address within mur		, , , , , , , , , , , , , , , , , , , ,			
Suite/Unit No.	Street No.	Street Name				
Municipality				Province Postal Code		
Hamilto	on				ON	
Mailing Address	X Same as qua	lifying address				
Suite/Unit No.	Street No.	Street Name				
Municipality				Province	е	Postal Code
						,
		f residence within its ju	ırisdiction			
Suite/Unit No.	Street No.	Street Name				
Municipality				Province	Э	Postal Code
Email Address		Telephone N	No. (including area code	e)	Telephone No.2 (inclu	iding area code)
<b>Declaration of Qua</b>	lification //			, , , , , , , , , , , , , , , , , , , ,		
, Verissimo	Carvalho		. declare that I am	presentiv	legally qualified (or wo	uld be presently
legally qualified if I we	re not a member of th	e Legislative Assembly	of Ontario or the Sena	_		
and to hold the office f				, , , , ,		, a.a., 10 DO 0100104
	/ Harris Tall Holling					
					, ,	,
					2021 10 /2	22 25
-	Signatur	e or inominee		_	Date (volv/mr	n/dd)
	Olgilatai	o or realimines			yale (yyyyiiii	inda)
5 ( 5" ) ( )	( )   Fig. 1	Learn	( ) ( ) ( ) ( )		10: 1 : 10: 1	
Date Filed (yyyy/mm/d			ial of Nominee or Agen	τ	Signature of Clerk or I	Designate
30 <i>31</i> /10/3	a5 a:	35PM			Tanno	Heeves
Certification by Cle	ork or Designate					)
-	_	do hereby certify that I	have examined the nor	mination	paper of the aforesaid	nominee filed
			ated and that the nomin			
Signature	Signature Date Certified (yyyy/mm/dd)					
	Halland	9		1	7 /	
<i>U</i>	Stackone			$\alpha$	021/10/29	· · · · · · · · · · · · · · · · · · ·



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

Candidate's Name (Please Print)	1ho
I hereby acknowledge that personal information from 1 and Form 2 submitted in application for available for public viewing at City Hall, in accelerations Act, 1996, as amended.	or the Ward 5 vacancy will be made
Forms 1 and 2 will be included in the Council Meeting on November 12, 2021 and will be reinformation.	
My CV/Resume will not be made public withorelease of my redacted CV/Resume can be pmy CV/Resume is not a requirement for the a	rovided below. The public release of
Personal information collected for the Municip collected under the authority of Section 33 (1) 1996, for the purpose of publishing, consente City of Hamilton's website for candidacy in W collection of personal information can be direct and Print/Mail, at 905-546-2489 Ext. 2753.	of the Municipal Elections Act, d to, personal information to the ard 5. Questions about the
Signature of Candidate	2021/10/2 25 Date
I hereby consent to have the following information application. I understand that this is not a 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	20 21/10/25 Date
wish to speak for five (5) minutes at the 12, 2021.	Special Council Meeting on November
⊠ Yes	□ No
Signature of Candidate	2021/10/22 Date

## Ministry of Municipal Affairs

## **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  Carvalho	Given Name(s) Verissimo
Carvanio	VEHSSIIIO
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	Given Name(s)
Costello	Ruch
Qualifying Address	I July
Suite/Unit No. Street No. Street Name	
Municipality	Province Postal Code
tami ton	l Oh
l'endorse Verissimo Carvalho as a can	didate and declare that I am qualified to be an elector in this municipality.
Valshoo Cal Valle	diddle dild desidio that i am quamou to be all electer in an- mana-pany.
	2021 10/10
	202 10/10 Date (yyyy/mm/dd)
,	
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
RUSSEIL	Christing
Qualifying Address	Chashird
Suite/Unit No.   Street No.   Street Name	
	·
Municipality	Province Postal Code
Hamilton	00
Tendorse Verissimo Carvalho as a can	didate and declare that I am qualified to be an elector in this municipality.
Signature	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 providing endorsement		
Last Name or Single Name	Given Name(s)	
Carvalho	Januasio	
Qualifying Address		
Suite/Unit No.		
Municipality	Province	Doetal Code
Hamilton	Ontario	
,		
Tendorse Verissimo Carvalho	as a candidate and declare that I am qualified to b	e an elector in this municipality.
	0.4.0.	
	<u>a() a( , </u>	(yyyy/mm/dd)
Signature	Date	∍ (yy∮y/mm/dd)
Name of person providing endorsement		
Last Name or Single Name	Given Name(s)	
MAMAT	CHRIS	
Qualifying Address		
Suite/Unit No.   Street No.   Street Name		
Municipality	Province	Postal Code
ITAMCLTON	ON	
	as a candidate and declare that I am qualified to b	be an elector in this municipality.
V GI) // A TIO		
	12021	10 04
Signature	Date	e (yyyy/mm/dd)
olgrada		
Name of person providing endorsement	Las es es	
Last Name or Single Name	Given Name(s)	
Passmore	1795R	
Qualifying Address		
Suito// Init No Street No Street Name		
marnorpanty	Province	Postal Code
Hamilton	ION	
	as a candidate and declare that I am qualified to b	ne an elector in this municipality
I endorse Verissimo Carvalho	as a samulate and desired that I am qualified to b	civotor in the manierpanty.
	Villa ?	021/10/09
Signature		
ı olynalule	Date	e (yyyy/mm/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)
ratia	bianca Disg.
Qualifying Address	
Suite/Unit No. Street No. Street Name	Λ
Municipality	Ontario Postal Code
I endorse Verissimo Carvulho as a cand	lidate and declare that I am qualified to be an elector in this municipality.
//	
	2021/10/01
Signature	Date (yyyy/mm/dd)
Name of person providing endorsement	
Last Name or Single Name	Given Name(s) Margaret
Carvalho	Margaret
Qualifying Address	
Suite/Unit No. Street No. Street Name	The state of the s
Municipality	Province Postal Codo
Homiton	Oro
I endorse Veiss, ma Carvalho as a cand	lidate and declare that I am qualified to be an elector in this municipality.
	Sept 9/21
Signature	Date (yyy/mm/dd)
J	(),,,,,,
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
Zabolotney	Jake
Qualifying Address	0000
Suite/Unit No.   Street No.   Street Name	
Municipality	Province Postal Codo
	ON
l endorse Verissimo Carvelho as a cand	idate and declare that I am qualified to be an elector in this municipality.
	2021/10/09
/ Signature	Date (yyyy/mm/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)	
Carralho Lucas		
Qualifying Address		
Suite/Unit No. Street No. Street Name		
Municipality	Province	Postal Code
Ham: Itan	Ont.	1 00101 0000
Tendorse Venssino Carvalho as	a candidate and declare that I am qualified to	be an elector in this municipality.
	3031	10/00
Signature	Da	ite (yyyy/mm/dd)
		())))
Name of person providing endorsement	los - Al-marca	
Last Name or Single Name	Given Name(s)	
Qualifying Address		
Suite/Unit No. Street No. Street Name		
Municipality Hamilton	Province	Postal Code /
Tendorse Verisaino Cadvalla as	a candidate and declare that I am qualified to	be an elector in this municipality.
	2 of	21/10/m
Signature	Da	ite (yyyy/mm/dd)
Name of person providing endorsement		
Last Name or Single Name	Given Name(s)	
testia	Carmen	
Qualifying Address		
Suite/Unit No.   Street No.   Street Name		
Municipality	Province	Postal Code
Manitton	OV	Postal Code
Tendorse Varissino Carvalho as	a candidate and declare that I am qualified to	be an elector in this municipality.
	10-	-10-2021
Signature	Dat	te (yyyy/mm/dd)

- · Complete additional forms as needed to obtain 25 signatures.
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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

Name of person providing endorsement	Las as as	
Last Name or Single Name	Given Name(s)	
tartia	Nelson	
Qualifying Address		
Suite/Unit No. Street No. Street Name		·
Municipality J	Province	Postal Code
	Trovince	
Ham	$\mathcal{L}_{\mathcal{L}}$	
lendorse Verissino Convolho	as a candidate and declare that I am qualified to	be an elector in this municipality.
TETSTATE CONTRACTOR		,
	(3)	1 15/ 1
		4 10/2021 e (yyyy/mm/dd)
Signature	Dat	e (yyyy/mm/dd)
Name of person providing endorsement		
Last Name or Single Name	Given Name(s)	
	A Comme (s)	
Waite	Nancy Marie	
Qualifying Address	O	
Suite/Unit No. Street No. Street Name		
Municipality	Province	Postal Code
Hamilton	ION	
I endorse Verissimo Carvalho	as a candidate and declare that I am qualified to	be an elector in this municipality.
		1
	2021	/10/10
Signature	Dat	/IO/IO e (yyyy/mm/dd)
<u> </u>	·	
Name of person providing endorsement	Landan	
Last Name or Single Name	Given Name(s)	
WAITE	MARISSA ANAST	ASIA
Qualifying Address		
Suite/Unit No. Street No. Street Name		
Municipality	Fromice	Postal Code
HAMILTON	ON	
Tendorse Vaissimo Carvalho	as a candidate and declare that I am qualified to	be an elector in this municipality.
	_	š.
	2021	011011
Signature	Dat	e (yyyy/mm/dd)
_		

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- 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)	-1			
Waite		Marc	2 Jade		
Qualifying Address					
Suite/Unit No. Street No. Street Name	1 1				
Municipality Hamilton			Province		Postal Code
I endorse Verissimo Carvalho.	as a cand	lidate and declare	that I am qualified to	be an elec	ctor in this municipality.
Signature			202 Da	// (O / ate (yyyy/m	im/dd)
Name of person providing endorsement					
Last Name or Single Name		Given Name(s)			
Herve		Ruthu	711		
Qualifying Address		D'IIVW	10		
Suite/Unit No.   Street No.   Street Name					
Municipality / / / /			Province		Postal Code
Hamilton			Ontario		
I endorse Varissimo Carialko a	as a cand	lidate and declare	that I am qualified to	be an elec	ctor in this municipality.
THE WAY AND A STATE OF THE STAT					
			2021/10	0/10	
Signáty/e			Da	o/lo ate (yyyy/m	m/dd)
L					
r					
Name of person providing endorsement		Chian Namo(a)			
Last Name or Single Name		Given Name(s)			
nerve		rary)			
Qualifying Address Suite/Unit No.   Street No.   Street Name					
Municipality Hamilton			Province :	I	Postal Code
lendorse Verissimo Cavalha e	as a cand	lidate and declare	that I am qualified to	be an elec	ctor in this municipality.
			202	1/10	0/10_
Signature			Da	ate (yyyy/m	m/dd)

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Name of person providing endorsement		,,	
Last Name or Single Name	Given Name(s)		
Andrade.	Chresh	M°.	
Qualifying Address			
Suite/Unit No Street No Street Name			
Municipality		Province	Postal Code
Hamilton		ONT	
	lidate and declare	that I am qualified to be an e	lector in this municipality.
		2001/10	110
Signature		Date (yyyy	/mm/dd)
			,
Name of person providing endorsement	l		
Last Name or Single Name	Given Name(s)	Day lan	
Anaraal		Brenden	
Qualifying Address			
Suite / Lait No.			
Municipality		Province	Postal Code
Hamilton		10ntario	
I endorse <u>Verissimo Carvalho</u> , as a cand	lidate and declare	that I am qualified to be an e	lector in this municipality
J 215511990 Carballio	, , , , , , , , , , , , , , , , , , , ,	<b>,</b>	,,
		2021/10/	110
( Complete		_/0/21/10/	10
' Signature		Date (yyyy)	mm/aa)
Name of person providing endorsement			
Last Name or Single Name	Given Name(s)		
Savard	Given Name(s)  Nicola.	5	
Qualifying Address			
Suite/Unit No. Street No. Street Name			
Municipality		Province	Postal Codo
Hamilton		ont	
I endorse Derissipa Carvalho as a cand	lidate and declare	that I am qualified to be an el	ector in this municipality
VG1551140 Carvaino as a cand	ndate and decidle	macrain quanted to be all el	coor in the municipality.
		2021/10/	10
		2001 1011	'

- Complete additional forms as needed to obtain 25 signatures.
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Name of person providing endorsement	les u s
Last Name or Single Name	Given Name(s) Helène
Savard	Helene
Qualifying Address	
Suite/Unit No. Street No. Street Name	·
Municipality	Frovince
Hamilton	Onterio
l endorse Verissimo Calgalko as a ca	ndidate and declare that I am qualified to be an elector in this municipality.
	2021 /10 /10 Date (vvvv/mm/dd)
Signature	Date (yyyy/mm/dd)
Name of person providing endorsement	let at ()
Last Name or Single Name	Given Name(s)  N i COIC
Savard	NIWIE
Qualifying Address	
Suite/Unit No. Street No. Street Name	
Municipality	Province Postal Code
Hamilton	ontario
	ndidate and declare that I am qualified to be an elector in this municipality.
Vesissimo (arvalho as a ca	induate and deciare that i am qualified to be an elector in this municipality.
	1001/10/10
	2021 /10/10 Date (yyyy/mm/dd)
Signature	Date (yyyy/mm/dd)
Name of person providing endorsement	
Last Name or Single Name	Giver Name(s)
Gibbons	Kandi-Lyn
Qualifying Address	
l ' -	
· · · · · · · · · · · · · · · · · · ·	
Suite/Unit No. Street No. Street Name	Province Postal Code
Suite/Unit No. Street No. Street Name  Municipality	Province Postal Code
Suite/Unit No.   Street No.   Street Name    Municipality   O   Company   Co	Province Postal Code
Suite/Unit No.   Street No.   Street Name    Municipality   U   C   C   C   C   C   C   C   C   C	
Suite/Unit No.   Street No.   Street Name    Municipality   O   Company   Co	ontario
Suite/Unit No.   Street No.   Street Name    Municipality   O   Company   Co	ontario

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  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)
RECHARDSON ROB	BOB RICHARDSON
Qualifying Address	
Suite/Unit No Street No Street Name	
Municipality	Province Postal Code
HAMILTON	ONT
I endorse Verissimo Carvalho as a c	candidate and declare that I am qualified to be an elector in this municipality.
or Mills	
	OCT / (8 / Z/ Date (yyyy/mm/dd)
Signature	Date (yyyy/mm/dd)
Name of person providing endorsement	Law and the second seco
Last Name or Single Name	Given Name(s)
Osborne	Stephen Patrick
Qualifying Address	,
Suite/Unit No. Street Name	
Municipality	Province Postal Code
hamilton	Ontario
1	candidate and declare that I am qualified to be an elector in this municipality.
VOISSIMO CAVOIRS AS A	
	$10 \pm 12/201$
	$\frac{0c+12/202/}{2}$
Signature	Date (yyyy/mm/dd)
Name of person providing endorsement	
Last Name or Single Name	Given Name(s)
AIRO	Jennifer Kathken Natali
Qualifying Address	
Suite/Unit No. Street No.	
Municipality	nce Postal Code
Hamilton	Ontario
100000	OF HOTE
Tendorse Verissimo Carvalho as a c	candidate and declare that I am qualified to be an elector in this municipality.
	2021/20/10
	Date (yyyy/mm/dd)
Pignature	Date (yyyymmad)

- · Complete additional forms as needed to obtain 25 signatures.
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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

		Annual Control of the	~~~
Name of person providing endorsement			
Last Name or Single Name	Given Name(s)		
FREEMAN	, , ,	TAYLOR	
Qualifying Address			
Suite/Unit No. Street No. Street Name			
Municipality		Province	Postal Code
Hamilton		ONT	
	**************************************	**************************************	
l'endorse Verissimo Carvalka as	a candidate and declare	that I am qualified to be an ele	ctor in this municipality.
	1		
		2021/10/ Date (yyyy/m	12
		Data (voov/m	m/dd)
		Date (yyyyiii	iiii/dd)
	NIII (1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -		
Name of person providing endorsement			, , , , , , , , , , , , , , , , , , ,
Last Name or Single Name	Given Name(s)		
		3:0 4:1	
H Lanese		5004	·
Qualifying Address		l	
Suite/Unit No Street No Street Name			
Municipality		Province	Postal Code
Stoney Creek	4	Ont	
I endorse Verissime Carvalho as	a candidate and declare	that I am qualified to be an elec	ctor in this municipality
VENTISSI ME CARVAITHE	a samaaaa jana aasaa s	state and qualified to be all old	otor in time marnespairty.
		1000 10	10000
		2021 10 Date (yyyy/m	13
Signature		Date (yyyy/m	m/dd)
		w	
Name of person providing endorsement			
Last Name or Single Name	Given Name(s)		
Nibranese	1 K	PKPY	-
Qualifying Address			
Suite/Unit No.   Street No.   Street Name	2		
Musican			Dantal Carlo
Municipality		Province	Postal Code
Stoney Cheek		014	
l'endorse l'esissimo Candella as	a candidate and declare	that I am qualified to be an elec	tor in this municipality
Tendorse Volissino Carvalho as	a candidate and deciale	and rain qualified to be all elec	no in this municipality.
		0001110	1
		2021/10	/ 13
		Date (yyyy/m	m/dd)

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  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)	
PLESS PNDNO SPNTALELLI	PLESSAVAN	.6
Qualifying Address		
Suite/Unit No.   Street N		
Suite/Offit No.   Street N		
Municipality	Province	Postal Code
HAMILTON		
l endorse   ) as as	a candidate and declare that I am qualified to b	o an elector in this municipality
I endorse Verisgima Carper/Ad as	a candidate and declare that I am qualified to b	e an elector in this municipality.
	2021/1	0/17
	9091/,	7 ' /
Signature	Date	(yyyy/mm/dd)
Name of person providing endorsement	la	
Last Name or Single Name	Given Name(s)	
FASLIONE-VITELLO	ERICA	
Qualifying Address		
Suite/Unit No Street No Street Name		
Municipality	Flovince	- Postal Codo
HAMILTON		
lendorse Verissimo Corontho as	a candidate and declare that I am qualified to b	e an elector in this municipality.
. 1	<u> </u>	• -
	207	1/10/17
	402	(yyyy/mm/dd)
Signatu/e Signatu/e	Date	(yyyy/mm/dd)
Name of person providing endorsement		
Last Name or Single Name	Given Name(s)	
1	Coox	
CHAPMAN	TCOKY	· · · · · · · · · · · · · · · · · · ·
Qualifying Address Suited Unit No.   Street No.   Street No.		
State and the state of the stat		
Матюранц	Frovince	Postal Code
HAMILTONI	l on	
1 1 2 1		and the second s
I endorse Carissimo Sarvalho asa	a candidate and declare that I am qualified to b	e an elector in this municipality.
		/ /
	207	1.10/17
/ Signature	Date	(yyyy/mm/dd)
•		

- · Complete additional forms as needed to obtain 25 signatures.
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  municipality. An individual may sign an endorsement for more than one person seeking nomination.

Name of person prov							
Last Name or Single Name				Given Name(s)			
HENEBER	124			NINA			
Qualifying Address							
Suite/Unit No.	Street No.	Street Name			1		
Municipality					Province	Postal Code	
MAMIL 70	J				0N		
HAMILTO I endorse Variss	ino Cosuall	k	as a cand	idate and declare	that I am qualified to be an	elector in this municipality.	
		المستخيرة					
					<i>202 / / to /</i> Date (yyy)	17	
	Sig	gnature			Date (yyy)	y/mm/dd)	
		Annual property of the second					
Name of person pro	viding endorsement						
Last Name or Single N				Given Name(s)			
Qualifying Address							
Suite/Unit No.	Street No.	Street Name					
Municipality					Province	Postal Code	
l endorse			as a cand	idate and declare	that I am qualified to be an	elector in this municipality.	
<del>, , , , , , , , , , , , , , , , , , , </del>		-	•				
	Si	gnature	,,\		Date (yyyy/mm/dd)		
			······································				
Name of person pro	viding andorsement						
Last Name or Single			1	Given Name(s)			
Luci Humo of Omg. 2	Turns.			011011111111111111111111111111111111111			
Qualifying Address				<b>L</b>			
Suite/Unit No.	Street No.	Street Name					
Municipality		1			Province	Postal Code	
-							
I endorse	I endorse as a candidate and declare that I am qualified to be an elector in this municipality.					olootor in this municipality	
			_ as a cand	luate and deciare	tilat i airi qualilicu to be air	stector in this mannerpanty.	
Signature					Date (yyy	v/mm/dd)	
	0.0	Juature			Date (yyy)	ymmaay	

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