



Instructions

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

Nominated for the Office of SMCDSB Trustee
Ward Name or Number (if any) Bracebridge

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

Last Name or Single Name Harold
Given Name(s) Aidan

Nominee's full qualifying address within municipality

Suite/Unit Number 15
Street Number
Street Name Carol St.
Municipality Lake of Bays
Province ON
Postal Code POB 1A0

Mailing Address Same as qualifying address

Suite/Unit Number 91
Street Number 4
Street Name Bay St.
Municipality Lake of Bays
Province ON
Postal Code POB 1A0

If nominated for school board, full address of residence within its jurisdiction

Suite/Unit Number
Street Number 15
Street Name Carol St.
Municipality Lake of Bays
Province ON
Postal Code POB 1A0

Email Address aidan.harold@outlook.com
Telephone Number 289-990-1455
Telephone Number 2

Declaration of Qualification

I, Aidan Harold, 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 Aidan Harold

Date (yyyy/mm/dd) 2022/08/19

Date Received (yyyy/mm/dd) 2022/08/19
Time Received 12:15pm
Initial of Nominee or Agent (if filed in person) AH
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) 2022/08/19