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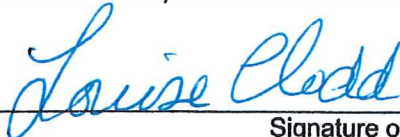
Instructions

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 Gravenhurst, Township of Muskoka Lakes, & Georgian Bay | | | |
| Nominated for the Office of Trustee TLDSB | | Ward Name or Number (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 Clodd | | Given Name(s) Louise | |
| Nominee's full qualifying address within municipality | | | |
| Suite/Unit Number | Street Number 2030 | Street Name Windermere Road | |
| Municipality Township of Muskoka Lakes | | Province Ontario | Postal Code POB 1M0 |
| Mailing Address <input checked="" type="checkbox"/> Same as qualifying address | | | |
| Suite/Unit Number | Street Number | Street Name | |
| Municipality | | Province | Postal Code |
| If nominated for school board, full address of residence within its jurisdiction | | | |
| Suite/Unit Number | Street Number 2030 | Street Name Windermere Road | |
| Municipality Township of Muskoka Lakes | | Province Ontario | Postal Code POB 1M0 |
| Email Address louiseclodd@gmail.com | | Telephone Number 705-394-4669 | Telephone Number 2 |

Declaration of Qualification

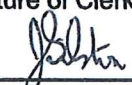
I, Louise Clodd, declare that I am presently legally qualified
(or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.



Signature of Nominee

2022/05/03

Date (yyyy/mm/dd)

| | | | |
|--|----------------------------|---|--|
| Date Received (yyyy/mm/dd) 2022/05/03 | Time Received 1:35 p.m. | Initial of Nominee or Agent (if filed in person) | 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)