

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 SIMCOE MUSKOKA WARD 7, Collingwood, Clearview Township, Springwater Township, Wasaga Beach			
Nominated for the Office of Catholic School Board Trustee		Ward Name or Number (if any) 7	
Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)			
Last Name or Single Name COOPER		Given Name(s) SHAWN	
Nominee's full qualifying address within municipality			
Suite/Unit Number	Street Number 81	Street Name Plewes Drive	
Municipality Collingwood		Province ON	Postal Code L9Y 3B7
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 81	Street Name Plewes Drive	
Municipality Collingwood		Province ON	Postal Code L9Y 3B7
Email Address shawngcoopersgc@gmail.com		Telephone Number 705-888-7887	Telephone Number 2

Declaration of Qualification

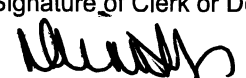
I, Shawn Cooper, declare that I am presently legally qualified (or would be presently legally qualified if I were not a member of the Legislative Assembly of Ontario or the Senate or House of Commons of Canada) to be elected and to hold the office for which I am nominated.



Signature of Nominee

2022/06/09

Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) 2022/06/09	Time Received 11:12 AM	Initial of Nominee or Agent (if filed in person) SC	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) _____