

Instructions

- Candidates must obtain a minimum of 25 original 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.
- The qualifying address provided must include the postal code.

Personal information collected on this form is obtained under the authority of sections 33 and 95 of the *Municipal Elections Act, 1996*. Under section 88 of the *Municipal Elections Act, 1996* (and despite anything in the *Municipal Freedom of Information and Protection of Privacy Act*) documents and materials filed with or prepared by the clerk or any other election official under the *Municipal Elections Act, 1996* are public records and, until their destruction, may be inspected by any person at the clerk's office at a time when the office is open.

Name of person seeking nomination

| | |
|--|-------------------------------------|
| Last Name or Single Name <u>Davidson</u> | Given Name(s) <u>Gregory Norman</u> |
|--|-------------------------------------|

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

Springwater in the year 2026


| | | | |
|---|-------------------------|---|---------------------------------------|
| Name of person providing endorsement – 1 | | | |
| Last Name or Single Name <u>Bartlett</u> | | Given Name(s) <u>Leah</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>19</u> | Street Name <u>Holloway Lane</u> | |
| Municipality <u>Springwater</u> | Province <u>ON</u> | Postal Code <u>L9X 0M7</u> | |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>L. Bartlett</u> Signature | | <u>2026/04/11</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

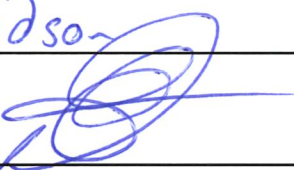
| | | | |
|---|-------------------------|---|---------------------------------------|
| Name of person providing endorsement – 2 | | | |
| Last Name or Single Name <u>ED VALENDER</u> | | Given Name(s) <u>EDWARD ROBERT JOHN</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>22</u> | Street Name <u>JOHN</u> | |
| Municipality <u>Springwater</u> | Province <u>ON</u> | Postal Code <u>L0L 1P0</u> | |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>Ed Valender</u> Signature | | <u>2026/04/23</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |


| | | | |
|---|------------------------------|---|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>SIMPSON</u> | | Given Name(s) <u>LARRY</u> | |
| Qualifying Address | | | |
| Suite/Unit Number <u>1160</u> | Street Number <u>1160</u> | Street Name <u>RAINBOW VALLEY ROAD WEST</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ONTARIO</u> | Postal Code <u>L0L2K0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>Larry Simpson</u> Signature | | <u>2026/04/11</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |


| | | | |
|---|----------------------------|---|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>Thompson</u> | | Given Name(s) <u>Brad A.</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>12</u> | Street Name <u>Ladix Lane</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON</u> | Postal Code <u>L9X0C3</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>[Signature]</u> Signature | | <u>2026/Apr/11</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |


| | | | |
|---|----------------------------|---|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>Thompson</u> | | Given Name(s) <u>Joanne</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>12</u> | Street Name <u>Laddie Lane</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON</u> | Postal Code <u>L9X0C3</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>Joanne Thompson</u> Signature | | <u>April 11, 2026</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |


| | | | |
|--|---------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>DRINKILL</u> | | Given Name(s) <u>JANICE ANN</u> | |
| Qualifying Address | | | |
| Suite/Unit Number <u>16643</u> | Street Number | Street Name <u>County Rd 27</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  | | Date (yyyy/mm/dd) <u>2026/04/14</u> | <input type="button" value="Delete"/> |


| | | | |
|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>Clement</u> | | Given Name(s) <u>Dan</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>15</u> | Street Name <u>Riverbank Court</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  | | Date (yyyy/mm/dd) <u>2026/04/14</u> | <input type="button" value="Delete"/> |


| | | | |
|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>Chambie</u> | | Given Name(s) <u>Margaret</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>34</u> | Street Name <u>Bertram Drive</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  | | Date (yyyy/mm/dd) <u>2026/04/14</u> | <input type="button" value="Delete"/> |


| | | | |
|---|----------------------------|---|------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>French</u> | | Given Name(s) <u>Lesley Ann</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>22</u> | Street Name <u>Lawson Ave</u> | |
| Municipality <u>Springwater</u> | | Province <u>Ontario</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
|  _____ Signature | | <u>2026/04/13</u> Date (yyyy/mm/dd) | |
| | | <input type="button" value="Delete"/> | |

| | | | |
|---|------------------------------|---|------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>McElwain</u> | | Given Name(s) <u>Heidi</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>1434</u> | Street Name <u>Flos</u> | |
| Municipality <u>Springwater</u> | | Province <u>On.</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
|  _____ Signature | | <u>2026/04/13</u> Date (yyyy/mm/dd) | |
| | | <input type="button" value="Delete"/> | |

| | | | |
|---|------------------------------|---|-------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>STASIUK</u> | | Given Name(s) <u>MELANIE</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>1500</u> | Street Name <u>FLOS RD 4 W</u> | |
| Municipality <u>PHELPSTON</u> | | Province <u>ON</u> | Postal Code <u>L0L 2K0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
|  _____ Signature | | <u>2026/04/13</u> Date (yyyy/mm/dd) | |
| | | <input type="button" value="Delete"/> | |

| | | | |
|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>MURPHY</u> | | Given Name(s) <u>Michael Thomas</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>20</u> | Street Name <u>Houden St</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u></u> Signature | | <u>2026/04/11</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |


| | | | |
|--|-------------------------------|--|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>BRUCE FLEMING</u> | | Given Name(s) | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>14398</u> | Street Name <u>VICTORIA RD.</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON.</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u></u> Signature | | <u>2026/04/11</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

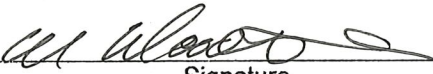
| | | | |
|--|-------------------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>FLEMING</u> | | Given Name(s) <u>HEIDI MARIANNE</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>14398</u> | Street Name <u>VICTORIA RD</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u></u> Signature | | <u>2026/04/11</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |


| | | | |
|--|---------------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>Jacobs</u> | | Given Name(s) <u>Michael Wayne</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>9</u> | Street Name <u>Glennview Ave</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| Signature <u>Michael Jacobs</u> | | Date (yyyy/mm/dd) <u>Apr 25, 2026</u> | <input type="button" value="Delete"/> |

| | | | |
|--|------------------------------|---|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>Carter</u> | | Given Name(s) <u>Genevieve</u> | |
| Qualifying Address | | | |
| Suite/Unit Number <u>1381</u> | Street Number <u>1381</u> | Street Name <u>Flos Rd. 4 West</u> | |
| Municipality <u>Phelpston (Springwater)</u> | | Province <u>Ontario</u> | Postal Code <u>L0L2K0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| Signature <u>Genevieve Carter</u> | | Date (yyyy/mm/dd) <u>May 6, 2026</u> | <input type="button" value="Delete"/> |

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|--|------------------------------|---|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>Carter</u> | | Given Name(s) <u>Sebastian</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>1381</u> | Street Name <u>Flos Rd. 4 West</u> | |
| Municipality <u>Springwater</u> | | Province <u>Ontario</u> | Postal Code <u>L0L2K0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| Signature <u>S/C</u> | | Date (yyyy/mm/dd) <u>May 6, 2026</u> | <input type="button" value="Delete"/> |

| | | | |
|---|---------------------------|---|-------------------------------|
| Name of person providing endorsement | | | |
| Last Name or Single Name BURESH | | Given Name(s) LESLEY CAROL | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 4 | Street Name O'NEILL CIRCLE | |
| Municipality SPRINGWATER | | Province ONTARIO | Postal Code L0L 2K0 |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  Signature | | <u>2026/04/30</u> Date (yyyy/mm/dd) | |

| | | | |
|---|---------------------------|---|-------------------------------|
| Name of person providing endorsement | | | |
| Last Name or Single Name Woodworth | | Given Name(s) Robert | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 4 | Street Name O'Neill Circle | |
| Municipality Springwater | | Province ONT | Postal Code L0L 2K0 |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  Signature | | <u>2026/04/30</u> Date (yyyy/mm/dd) | |

| | | | |
|---|------------------------------|---|-------------------------------|
| Name of person providing endorsement | | | |
| Last Name or Single Name Carter | | Given Name(s) Dwight | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 1381 | Street Name Flos road 4 west | |
| Municipality Springwater | | Province Ontario | Postal Code L0L 2K0 |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  Signature | | <u>2026/05/06</u> Date (yyyy/mm/dd) | |

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

Murray

Linda Drane

Qualifying Address

Suite/Unit Number

Street Number

Street Name

~~27~~

54

Archer Cres

Municipality

Springwater

Province

ON

Postal Code

L0C1P0

I endorse

to be an elector in this municipality.

Greg Davidson

as a candidate and declare that I am qualified

Linda Murray

Signature

2026 04 18

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

COWAN

Reginald J.

Qualifying Address

Suite/Unit Number

Street Number

Street Name

124

Ritchie Cres.

Municipality

Springwater

Province

Ont

Postal Code

L0K1P0

I endorse

to be an elector in this municipality.

Greg Davidson

as a candidate and declare that I am qualified

Reg Cowan

Signature

2026 04 18

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

McINNIS

TIM

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1-29

27

QUEEN

STREET

EAST

ELMVALE

Municipality

(ELMVALE)

SPRINGWATER

Province

ONTARIO

Postal Code

L0L1P0

I endorse

to be an elector in this municipality.

GREG DAVIDSON

as a candidate and declare that I am qualified

Tim McInnis

Signature

2026 04 18

Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Name of person providing endorsement – 3

Last Name or Single Name: MacDonald Given Name(s): Brendan

Qualifying Address

Suite/Unit Number: _____ Street Number: 32 Street Name: John Street

Municipality: Springwater Province: ON Postal Code: L0L 1P0

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

[Signature] Signature Date (yyyy/mm/dd): April 23, 2026

Name of person providing endorsement – 4

Last Name or Single Name: Caughlin Given Name(s): Jennifer

Qualifying Address

Suite/Unit Number: _____ Street Number: 107 Street Name: Caughlin Road

Municipality: Springwater Province: ON Postal Code: L9X 1A9

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

[Signature] Signature Date (yyyy/mm/dd): 2026.04.23

Name of person providing endorsement – 5

Last Name or Single Name: Maw-Chapman Given Name(s): Wanda

Qualifying Address

Suite/Unit Number: _____ Street Number: 2333 Street Name: Ronald Rd

Municipality: Springwater Province: ON Postal Code: L9X 2C3

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

[Signature] Signature Date (yyyy/mm/dd): 2026/04/23

Name of person providing endorsement – 3

Last Name or Single Name

Davidson

Given Name(s)

Abbygale

Qualifying Address

Suite/Unit Number

Street Number

6

Street Name

Lawson Ave

Municipality

Springwater

Province

Ontario

Postal Code

L0L 1P0

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

Davidson
Signature

April 23 2026
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name

Granmett

Given Name(s)

Liz

Qualifying Address

Suite/Unit Number

Street Number

Street Name

8 Maltman Ct

Municipality

Springwater

Province

Ont

Postal Code

L0L 2K0

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

[Signature]
Signature

April 23 / 26
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name

Garwood

Given Name(s)

Danielle

Qualifying Address

Suite/Unit Number

Street Number

31

Street Name

Rowley Crescent

Municipality

Township of Springwater

Province

Ontario

Postal Code

L0L 1P0

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

Danielle Garwood
Signature

2026/04/23
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Name of person providing endorsement – 3

Last Name or Single Name: Garwood Given Name(s): Matt

Qualifying Address

| | | |
|-------------------|---------------|--------------------|
| Suite/Unit Number | Street Number | Street Name |
| | <u>31</u> | <u>Rowley Cres</u> |

Municipality: Springwater Province: ON Postal Code: L0L1P0

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/14

Name of person providing endorsement – 4

Last Name or Single Name: Kuypers Given Name(s): Adam

Qualifying Address

| | | |
|-------------------|---------------|------------------------|
| Suite/Unit Number | Street Number | Street Name |
| | <u>15</u> | <u>Glenview Avenue</u> |

Municipality: Springwater Province: ON Postal Code: L0L1P0

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/16

Name of person providing endorsement – 5

Last Name or Single Name: Cowan Given Name(s): Anne

Qualifying Address

| | | |
|-------------------|---------------|------------------------|
| Suite/Unit Number | Street Number | Street Name |
| <u>124</u> | | <u>Pitche Crescent</u> |

Municipality: Springwater Province: ON Postal Code: L0L2K0

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/18

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

DURHAM

TRAVIS

Qualifying Address

Suite/Unit Number

Street Number

Street Name

70

DAVENPORT DR

Municipality

HILLSDALE


Province

ON

Postal Code

L0L1V0

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


Signature

2026/04/23
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

Durham

Cassandra

Qualifying Address

Suite/Unit Number

Street Number

Street Name

70

Davenport Dr

Municipality

Hillsdale

Province

ON

Postal Code

L0L1V0

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


Signature

2026/04/13
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

MacKenzie

Stephen

Qualifying Address

Suite/Unit Number

Street Number

Street Name

16

Graham St.

Municipality

Springwater

Province

ON

Postal Code

L0L1P0

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


Signature

2026/04/14
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

| | | | |
|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>Waher</u> | | Given Name(s) <u>Judith Karen</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>19</u> | Street Name <u>McFadden Dr. Hillsdale</u> | |
| Municipality <u>Springwater Township</u> | | Province <u>ON</u> | Postal Code <u>L0L 1V0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>Judith Waher</u> Signature | | <u>2026/04/12</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

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|--|----------------------------|---|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>Shanahan</u> | | Given Name(s) <u>L. Alissa</u> | |
| Qualifying Address | | | |
| Suite/Unit Number 49 ⁰⁵ | Street Number <u>49</u> | Street Name <u>Albert Street East, Hillsdale</u> | |
| Municipality <u>Springwater Township</u> | | Province <u>ontario</u> | Postal Code <u>L0L 1V0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>L. Alissa Shanahan</u> Signature | | <u>2026/04/12</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

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|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>Perreault</u> | | Given Name(s) <u>Candace</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>33</u> | Street Name <u>Mill St. East</u> | |
| Municipality <u>Springwater</u> | | Province <u>Ontario</u> | Postal Code <u>L0L 1V0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>Candace Perreault</u> Signature | | <u>2026/04/12</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>Verheyen</u> | | Given Name(s) <u>Leila</u> | |
| Qualifying Address | | | |
| Suite/Unit Number <u>/</u> | Street Number <u>19</u> | Street Name <u>Willow Bay Drive, Midhurst</u> | |
| Municipality <u>Springwater</u> | | Province <u>Ontario</u> | Postal Code <u>L9X 0R2</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| Signature <u>[Signature]</u> | | Date (yyyy/mm/dd) <u>2026/04/11</u> | <input type="button" value="Delete"/> |

| | | | |
|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>VERHEYENS</u> | | Given Name(s) <u>JEFFREY</u> | |
| Qualifying Address | | | |
| Suite/Unit Number <u>/</u> | Street Number <u>19</u> | Street Name <u>WILLOW BAY DR.</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>L9X 0R2</u> |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| Signature <u>[Signature]</u> | | Date (yyyy/mm/dd) <u>2026/04/11</u> | <input type="button" value="Delete"/> |

| | | | |
|--|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>HU</u> | | Given Name(s) <u>IAN</u> | |
| Qualifying Address | | | |
| Suite/Unit Number <u>/</u> | Street Number <u>19</u> | Street Name <u>HOLLOWAY LANE</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>L9X 0M7</u> |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| Signature <u>[Signature]</u> | | Date (yyyy/mm/dd) <u>2026/04/11</u> | <input type="button" value="Delete"/> |

| | | | |
|--|---------------|--------------------------|-----------------------|
| Name of person providing endorsement | | | |
| Last Name or Single Name NELSON | | Given Name(s) CHANTAL | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number | Street Name | |
| | 2 | O'NEILL CIRCLE | |
| Municipality SPRINGWATER | | Province ONTARIO | Postal Code LDL2K0 |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>C Nelson</u> | | <u>2026/04/10</u> | |
| Signature | | Date (yyyy/mm/dd) | |

| | | | |
|--|---------------|-------------------------|-----------------------|
| Name of person providing endorsement | | | |
| Last Name or Single Name HEWITT | | Given Name(s) CURTIS | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number | Street Name | |
| | 2 | ONEILL CIRCLE | |
| Municipality SPRINGWATER | | Province ONTARIO | Postal Code LDL2K0 |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>[Signature]</u> | | <u>2026/04/10</u> | |
| Signature | | Date (yyyy/mm/dd) | |

| | | | |
|--|---------------|-----------------------|-----------------------|
| Name of person providing endorsement | | | |
| Last Name or Single Name STASIUK | | Given Name(s) CHAD | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number | Street Name | |
| | 1500 | FLOES ROAD 4 WEST | |
| Municipality SPRINGWATER | | Province ON | Postal Code LDL2K0 |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>[Signature]</u> | | <u>2026/04/13</u> | |
| Signature | | Date (yyyy/mm/dd) | |

| | | | |
|---|----------------------------|---|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>Willettt</u> | | Given Name(s) <u>Jean.</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>29</u> | Street Name <u>Marlow Cir</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON.</u> | Postal Code <u>LOL 1V0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u></u> Signature | | <u>2026/04/12.</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|------------------------------|---|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>LALONDE</u> | | Given Name(s) <u>MARGUERITE (PEGGY)</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>1355</u> | Street Name <u>FLOS RD. 8 EAST</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>LOL-1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u></u> Signature | | <u>2026/04/12</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|------------------------------|---|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>LALONDE</u> | | Given Name(s) <u>TIMOTHY</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>1355</u> | Street Name <u>FLOS RD 8 EAST</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>LOL-1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u></u> Signature | | <u>2026/04/12</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|------------------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>ARCHER</u> | | Given Name(s) <u>BEVERLEY</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>1971</u> | Street Name <u>FLOS ROAD 8 WEST</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ONTARIO</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>Beverley Archer</u> Signature | | <u>2026/04/22</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|------------------------------|--|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>ARCHER</u> | | Given Name(s) <u>THOMAS</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>1971</u> | Street Name <u>Flos Road 8 West</u> | |
| Municipality <u>Springwater</u> | | Province <u>Ontario</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>Thomas Archer</u> Signature | | <u>2026/04/22</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|------------------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>Sokach</u> | | Given Name(s) <u>Brian</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>2577</u> | Street Name <u>Flos Rd 7 W</u> | |
| Municipality <u>Springwater</u> | | Province <u>Ont</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>Brian Sokach</u> Signature | | <u>2026/04/22</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

Sweeney

Nancy

Qualifying Address

Suite/Unit Number

Street Number

Street Name

5

Lent St

Municipality

Elmvale

Province

ON

Postal Code

L0L1P0

I endorse Greg Davidson
to be an elector in this municipality.

as a candidate and declare that I am qualified

Mary Sweeney
Signature

April 24/26
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

PECK

Tanine

Qualifying Address

Suite/Unit Number

Street Number

Street Name

52

Idlewood Dr.

Municipality

Springwater (Midhurst)

Province

ON

Postal Code

L9X0P5

I endorse Greg Davidson
to be an elector in this municipality.

as a candidate and declare that I am qualified

Fluk
Signature

2026/04/25
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

SPELLMAN

CHRISTINE

Qualifying Address

Suite/Unit Number

Street Number

Street Name

65

RUGMAN CRES.

Municipality

SPRINGWATER

Province

ON

Postal Code

L9X 2A4

I endorse GREG DAVIDSON
to be an elector in this municipality.

as a candidate and declare that I am qualified

[Signature]
Signature

2026/04/25
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form


Print Form


Clear Form


| | | | |
|--|---------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name BROSSEAU | | Given Name(s) JULYNNE | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 29 | Street Name JOHN STREET | |
| Municipality SPRINGWATER | | Province ON | Postal Code L0L1P0 |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>J Brosseau</u> Signature | | <u>2026/04/14</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|---------------------|--|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name MACDONALD | | Given Name(s) SIDNEY | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 32 | Street Name JOHN STREET | |
| Municipality SPRINGWATER | | Province ON | Postal Code L0L1P0 |
| I endorse <u>GREG DAVIDSON</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>S Macdonald</u> Signature | | <u>2026/04/14</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|---------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name Macdonald | | Given Name(s) Meghan | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 11 | Street Name Riverview Ct. | |
| Municipality Springwater | | Province ON | Postal Code L0L1P0 |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
| <u>M Macdonald</u> Signature | | <u>2026/04/14</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|----------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name Steele Lyndsay | | Given Name(s) | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 146 | Street Name Ritchie Crescent | |
| Municipality Springwater Township | | Province ON | Postal Code L0L1P0 |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  Signature | | <u>2026/04/21</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|---------------------|--|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name Columbus Shelly | | Given Name(s) | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 77 | Street Name YONGE ST. S | |
| Municipality Springwater Township | | Province ON | Postal Code L0L1P0 |
| I endorse <u>Greg Davidson.</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  Signature | | <u>2026/04/22</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|---------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name Columbus | | Given Name(s) Adam | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number 77 | Street Name Yonge st s | |
| Municipality Springwater Township | | Province ON | Postal Code L0L1P0 |
| I endorse <u>Greg Davidson</u> as a candidate and declare that I am qualified to be an elector in this municipality. | | | |
|  Signature | | <u>2026/04/22</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

Name of person providing endorsement – 3

Last Name or Single Name McGinnis Given Name(s) Thomas

Qualifying Address
 Suite/Unit Number _____ Street Number 9 Street Name Leif St

Municipality Springwater Province Ontario Postal Code L0L1P0

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

Tom McGinnis Signature Date April 18 2026

Name of person providing endorsement – 4

Last Name or Single Name MOGRIDGE Given Name(s) CHRISTINE

Qualifying Address
 Suite/Unit Number _____ Street Number 20 Street Name JOHN STREET

Municipality ELMVALE (SPRINGWATER) Province ONTARIO Postal Code L0L1P0

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

Chris Mogridge Signature Date 2026/04/18

Name of person providing endorsement – 5

Last Name or Single Name MOGRIDGE Given Name(s) REGINALD

Qualifying Address
 Suite/Unit Number _____ Street Number 20 Street Name JOHN ST. ELMVALE

Municipality SPRINGWATER Province ONT. Postal Code L0L1P0

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

Reg Mogridge Signature Date 26/04/18

| | | | |
|---|------------------------------|---|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>Laboude</u> | | Given Name(s) <u>Chris</u> | |
| Qualifying Address Suite/Unit Number | Street Number <u>1355</u> | Street Name <u>Flos Road 8 East</u> | |
| Municipality <u>Springwater</u> | Province <u>Ontario</u> | Postal Code <u>L0L 1P0</u> | |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>[Signature]</u> Signature | | <u>2026/04/12</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|----------------------------|---|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>Fleming</u> | | Given Name(s) <u>Lisa</u> | |
| Qualifying Address Suite/Unit Number | Street Number <u>9</u> | Street Name <u>Alexander Str.</u> | |
| Municipality <u>Springwater</u> | Province <u>Ontario</u> | Postal Code <u>L9X0V9</u> | |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>[Signature]</u> Signature | | <u>April 12, 2026</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|----------------------------|---|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>Fleming</u> | | Given Name(s) <u>Jennifer</u> | |
| Qualifying Address Suite/Unit Number | Street Number <u>6</u> | Street Name <u>Lawson</u> | |
| Municipality <u>Springwater</u> | Province <u>ontario</u> | Postal Code <u>L0L1P0</u> | |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>[Signature]</u> Signature | | <u>2026/04/12</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

Name of person providing endorsement – 3

Last Name or Single Name

Ritchie

Given Name(s)

David

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1548

County Road 92

Municipality

Springwater

Province

Ontario

Postal Code

L0L1P0

I endorse

Greg Davidson

as a candidate and declare that I am qualified

to be an elector in this municipality.

David Ritchie

Signature

2026 04 19

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name

SCHUTT

Given Name(s)

Cindy

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1094

Flos Rd 4W

Municipality

SPRINGWATER

Province

ON

Postal Code

L0L2K0

I endorse

Greg Davidson

as a candidate and declare that I am qualified

to be an elector in this municipality.

C Schutt

Signature

2026/04/19

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name

Curre

Given Name(s)

Clewin

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1661

Old Second North

Municipality

Springwater

Province

Ontario

Postal Code

L0L2K0

I endorse

Greg Davidson

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

Signature

19/04/26

Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

| | | | |
|---|---------------|---|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>Monck</u> | | Given Name(s) <u>Jason</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number | Street Name | |
| | <u>37</u> | <u>Graham St.</u> | |
| Municipality <u>Elm Dale</u> | | Province <u>ON</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>[Signature]</u> Signature | | <u>2026/04/23</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|--|---------------|---|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>MICHELLE LOFTUS</u> | | Given Name(s) <u>MICHELLE</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number | Street Name | |
| <u>1313</u> | <u>1</u> | <u>FLOS RD 8 E</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>GREG DAVIDSON</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>[Signature]</u> Signature | | <u>2026/04/23</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|---------------|---|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>Jamieson</u> | | Given Name(s) <u>Marianne</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number | Street Name | |
| | <u>22</u> | <u>John Street.</u> | |
| Municipality <u>Springwater</u> | | Province <u>Ont</u> | Postal Code <u>L0L1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified to be an elector in this municipality. | |
| <u>[Signature]</u> Signature | | <u>2026 04 23</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 3 | | | |
| Last Name or Single Name <u>Marshall</u> | | Given Name(s) <u>Willard David</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>23</u> | Street Name <u>John Street</u> | |
| Municipality <u>Springwater</u> | | Province <u>Springwater ON</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified | |
| to be an elector in this municipality. | | | |
| <u>[Signature]</u> Signature | | <u>May 7th 2026</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 4 | | | |
| Last Name or Single Name <u>Marshall</u> | | Given Name(s) <u>Helen Ann</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>23</u> | Street Name <u>John Street</u> | |
| Municipality <u>Springwater</u> | | Province <u>ON</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified | |
| to be an elector in this municipality. | | | |
| <u>[Signature]</u> Signature | | <u>May 7 2026</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

| | | | |
|---|----------------------------|--|---------------------------------------|
| Name of person providing endorsement – 5 | | | |
| Last Name or Single Name <u>COLUMBUS</u> | | Given Name(s) <u>MARK</u> | |
| Qualifying Address | | | |
| Suite/Unit Number | Street Number <u>40</u> | Street Name <u>WILLIAM ST</u> | |
| Municipality <u>SPRINGWATER</u> | | Province <u>ON</u> | Postal Code <u>L0L 1P0</u> |
| I endorse <u>Greg Davidson</u> | | as a candidate and declare that I am qualified | |
| to be an elector in this municipality. | | | |
| <u>[Signature]</u> Signature | | <u>May 7 2026</u> Date (yyyy/mm/dd) | <input type="button" value="Delete"/> |

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

Ritchie

Boydley

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2

Amelia St., Glenside

Municipality

Springwater

Province

Ontario

Postal Code

L0L 1P0

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

Signature

2026/05/07

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

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)

Delete

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

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)

Delete

Add Person (+)

Save Form

Print Form

Clear Form