



Instructions

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Name of person seeking nomination

Last Name or Single Name

CABRAL

Given Name(s)

GEORGE

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

SPRINGWATER TOWNSHIP

in the year 2026

Name of person providing endorsement – 1

Last Name or Single Name

STOKES

Given Name(s)

ANDREW

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1418

FLOS RD 10 WEST

Municipality

SPRINGWATER

Province

ON

Postal Code

L0L 1P0

I endorse

GEORGE CABRAL

as a candidate and declare that I am qualified

to be an elector in this municipality.

Signature

2026/04/25

Date (yyyy/mm/dd)

Name of person providing endorsement – 2

Last Name or Single Name

RIDER

Given Name(s)

JONTA

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1418

FLOS RD 10 WEST

Municipality

SPRINGWATER

Province

ON

Postal Code

L0L 1P0

I endorse

GEORGE CABRAL

as a candidate and declare that I am qualified

to be an elector in this municipality.

Signature

2026/04/25

Date (yyyy/mm/dd)

Name of person providing endorsement – 3

Last Name or Single Name

Ritku

Given Name(s)

Nora

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1345

Fos Rd 10 W

Municipality

Springwater

Province

ON

Postal Code

L0L1P0

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

Nora Ritku

Signature

2026/04/26

Date (yyyy/mm/dd)

Name of person providing endorsement – 4

Last Name or Single Name

Rothae

Given Name(s)

Douglas

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1345

Fos Rd 10 west

Municipality

Springwater

Province

On

Postal Code

L0L1P0

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

Douglas Rothae

Signature

2026/04/26

Date (yyyy/mm/dd)

Name of person providing endorsement – 5

Last Name or Single Name

Mackie

Given Name(s)

Blythe

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1400

County Road 92

Municipality

Springwater

Province

ON

Postal Code

L0L1P0

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

[Signature]

Signature

2026/04/26

Date (yyyy/mm/dd)

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

RITCHIE

ANDREW

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1294

Fios Road Ten West

Municipality

Province

Postal Code

SPRINGWATER

ONTARIO

L0L1P0

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

[Signature]

Signature

2026/04/26

Date (yyyy/mm/dd)

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

Ritchie

Jenna

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1294

Fios Rd Ten West

Municipality

Province

Postal Code

SPRINGWATER.

ON

L0L1P0

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

Jenna Ritchie

Signature

2026/04/26

Date (yyyy/mm/dd)

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)

Name of person providing endorsement – 3

Last Name or Single Name Wright Given Name(s) Robert

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2064</u>	<u>Russell Rd.</u>

Municipality Springwater Province On. Postal Code L9X 1R2

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

Robert Wright Signature Date 2026/04/27

Name of person providing endorsement – 4

Last Name or Single Name Wright Given Name(s) Owen

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2064</u>	<u>Russell Rd</u>

Municipality Springwater Province On Postal Code L9X 1R2

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

Owen Wright Signature Date 2026/04/27

Name of person providing endorsement – 5

Last Name or Single Name Wright Given Name(s) Roberta

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2064</u>	<u>Russell Road</u>

Municipality Springwater Province Ontario Postal Code L9X 1R2

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

Roberta Wright Signature Date 2026/04/27

[Empty Signature Box]

[Empty Date Box]

Name of person providing endorsement – 3

Last Name or Single Name _____ Given Name(s) _____

Qualifying Address

Suite/Unit Number _____ Street Number _____ Street Name _____

Municipality _____ Province _____ Postal Code _____

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

Signature _____ Date (yyyy/mm/dd) _____

Name of person providing endorsement – 4

Last Name or Single Name Ritchie Given Name(s) Perry

Qualifying Address

Suite/Unit Number _____ Street Number 1211 Street Name Flos Rd 7 East

Municipality ~~A. Ritchie~~ P.R. Spring Water Twp Province Ontario Postal Code L0L-1P0

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

Perry Ritchie
Signature _____ Date (yyyy/mm/dd) 2026/04/27

Name of person providing endorsement – 5

Last Name or Single Name RITCHIE Given Name(s) SUSAN

Qualifying Address

Suite/Unit Number _____ Street Number 1211 Street Name FLOS RD 7 EAST

Municipality SPRINGWATER Province ON Postal Code L0L 1P0

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

Susan Ritchie
Signature _____ Date (yyyy/mm/dd) 2026/04/27

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

Pitche

Kyk

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1400

County Rd 92

Municipality

Springwater

Province

ON

Postal Code

L0L 1P0

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



Signature

2026-04-26

Date (yyyy/mm/dd)

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)

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)

Instructions

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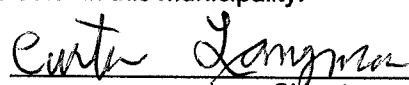
Name of person seeking nomination

Last Name or Single Name CABRAL	Given Name(s) GEORGE
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Endorsement signatures for the nomination of a person for an office in the municipality of

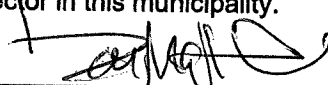
SPRINGWATER TOWNSHIP in the year 2026


Name of person providing endorsement – 1

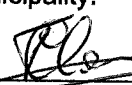
Last Name or Single Name Langman		Given Name(s) Curtis	
Qualifying Address			
Suite/Unit Number	Street Number 2318	Street Name Flos rd 10 west	
Municipality Springwater	Province ON		Postal Code L0L 1P0
I endorse <u>GEORGE CABRAL</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) 2026 04 27	

Name of person providing endorsement – 2

Last Name or Single Name Spray		Given Name(s) DAVID	
Qualifying Address			
Suite/Unit Number	Street Number 2451	Street Name County Rd 52	
Municipality Springwater	Province ONTARIO		Postal Code L0L 1P0
I endorse <u>GEORGE CABRAL</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) 2026/04/27	

Name of person providing endorsement – 3			
Last Name or Single Name <i>MacDonald</i>		Given Name(s) <i>Daniel</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>7466</i>	Street Name <i>FLOS RD 8 W</i>	
Municipality <i>SPRINGWATER</i>		Province <i>ONT</i>	Postal Code <i>L0L1A0</i>
I endorse <input type="checkbox"/> <u>GEORGE CABRAL</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		Date (yyyy/mm/dd) <i>2026/04/27</i>	<input type="checkbox"/>

Name of person providing endorsement – 4			
Last Name or Single Name <i>classe</i>		Given Name(s) <i>Bill</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>2836</i>	Street Name <i>flos RD 8 West Elmvale</i>	
Municipality <i>Springwater</i>		Province <i>on.</i>	Postal Code <i>L0L1P0</i>
I endorse <input type="checkbox"/> <u>GEORGE CABRAL</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		Date (yyyy/mm/dd) <i>2026 04 27</i>	<input type="checkbox"/>

Name of person providing endorsement – 5			
Last Name or Single Name <i>classe</i>		Given Name(s) <i>Catharina</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>2836</i>	Street Name <i>Flos Road 8 West</i>	
Municipality <i>Springwater township</i>		Province <i>Ontario</i>	Postal Code <i>L0L-1P0</i>
I endorse <input type="checkbox"/> <u>GEORGE CABRAL</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		Date (yyyy/mm/dd) <i>2026-04-27</i>	<input type="checkbox"/>

Name of person providing endorsement - 3			
Last Name or Single Name <i>Trace</i>		Given Name(s) <i>Holly</i>	
Qualifying Address			
Suite/Unit Number <i>2334</i>	Street Number	Street Name <i>County Rd 92</i>	
Municipality <i>Springwater</i>		Province <i>ON</i>	Postal Code <i>L0L1P0</i>
I endorse <input type="checkbox"/> GEORGE CABRAL		as a candidate and declare that I am qualified to be an elector in this municipality.	
<i>Holly Trace</i> Signature		<i>2026 04 26</i> Date (yyyy/mm/dd)	<input type="checkbox"/>

Name of person providing endorsement - 4			
Last Name or Single Name <i>Brown</i>		Given Name(s) <i>Drew</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>2374</i>	Street Name <i>County Rd 92</i>	
Municipality <i>Springwater</i>		Province <i>ont</i>	Postal Code <i>L0L1P0</i>
I endorse <input type="checkbox"/> GEORGE CABRAL		as a candidate and declare that I am qualified to be an elector in this municipality.	
<i>[Signature]</i> Signature		<i>2026/04/26</i> Date (yyyy/mm/dd)	<input type="checkbox"/>

Name of person providing endorsement - 5			
Last Name or Single Name <i>APPLEGATE</i>		Given Name(s) <i>Dave</i>	
Qualifying Address			
Suite/Unit Number <i>2543</i>	Street Number <i># 92</i>	Street Name <i>County Road # 92</i>	
Municipality <i>Spring Water</i>		Province <i>ONTARIO</i>	Postal Code <i>L0L1P0</i>
I endorse <input type="checkbox"/> GEORGE CABRAL		as a candidate and declare that I am qualified to be an elector in this municipality.	
<i>Dave Applegate</i> Signature		<i>2026/04/26</i> Date (yyyy/mm/dd)	<input type="checkbox"/>

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Name of person seeking nomination

Last Name or Single Name CABRAL	Given Name(s) GEORGE
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Endorsement signatures for the nomination of a person for an office in the municipality of

SPRINGWATER TOWNSHIP in the year 2026

Name of person providing endorsement – 1

Last Name or Single Name NUGENT	Given Name(s) CHRISTINE ANNE
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
	2687	COUNTY ROAD 92

Municipality SPRINGWATER	Province ON	Postal Code L0L1P0
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I endorse GEORGE CABRAL as a candidate and declare that I am qualified to be an elector in this municipality.

Christine Nugent
Signature

2026 04 26
Date (yyyy/mm/dd)

Name of person providing endorsement – 2

Last Name or Single Name APPLEGATE	Given Name(s) Douglas
---------------------------------------	--------------------------

Qualifying Address		
Suite/Unit Number	Street Number	Street Name
2543	#92	COUNTY ROAD

Municipality Spring Water	Province ONTARIO	Postal Code L0L-1P0
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I endorse GEORGE CABRAL as a candidate and declare that I am qualified to be an elector in this municipality.

Douglas Applegate
Signature

2026/04/26
Date (yyyy/mm/dd)

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

O'Neill

Heather

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2672

County Rd 92

Municipality

Springwater

Province

On

Postal Code

L0L 1P0

I endorse

GEORGE CABRAL

as a candidate and declare that I am qualified

to be an elector in this municipality.

Heather O'Neill

Signature

2026 04 26

Date (yyyy/mm/dd)

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

KLEIN GEBBINCK

BRETT

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2687

Flos Rd 7 W

Municipality

SPRING WATER

Province

ONTARIO

Postal Code

L0L 1P0

I endorse

GEORGE CABRAL

as a candidate and declare that I am qualified

to be an elector in this municipality.

Brett Klein Gebbinck

Signature

2026/04/26

Date (yyyy/mm/dd)

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

Klein Gebbinck

Danna

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2688

Flos Rd 7 West

Municipality

Springwater Twp

Province

Ontario

Postal Code

L0L 1P0

I endorse

GEORGE CABRAL

as a candidate and declare that I am qualified

to be an elector in this municipality.

Danna Klein Gebbinck

Signature

2026/04/26

Date (yyyy/mm/dd)

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Name of person seeking nomination

Last Name or Single Name CABRAL	Given Name(s) GEORGE
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Endorsement signatures for the nomination of a person for an office in the municipality of SPRINGWATER TOWNSHIP in the year 2026.

Name of person providing endorsement – 1

Last Name or Single Name <u>KLEIN GERBINCK</u>		Given Name(s) <u>RAY</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2688</u>	Street Name <u>FLOS RD. 7 W.</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ONTARIO</u>	Postal Code <u>L0L 1P0</u>
I endorse <u>GEORGE CABRAL</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u> Signature		<u>2026/04/26</u> Date (yyyy/mm/dd)	<input type="checkbox"/>

Name of person providing endorsement – 2

Last Name or Single Name <u>Spene</u>		Given Name(s) <u>Alex</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2916</u>	Street Name <u>Crossland Rd</u>	
Municipality <u>Springwater</u>		Province <u>Ontario</u>	Postal Code <u>L0L 1P0</u>
I endorse <u>GEORGE CABRAL</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u> Signature		<u>2026 04 27</u> Date (yyyy/mm/dd)	<input type="checkbox"/>

Name of person providing endorsement – 3

Last Name or Single Name: Lauren Rheinheimer Given Name(s): _____

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>23</u>	<u>Whitfield Crescent</u>

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

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

Lauren Rheinheimer Signature Date (yyyy/mm/dd) 2026/04/27

Name of person providing endorsement – 4

Last Name or Single Name: Langman Given Name(s): Ross

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2318</u>	<u>Flos Rd 10 West</u>

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

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

Ross Langman Signature Date (yyyy/mm/dd) 2026 04 27

Name of person providing endorsement – 5

Last Name or Single Name: Langman Given Name(s): Drew

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2429</u>	<u>flos rd 11 west</u>

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

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

Drew Langman Signature Date (yyyy/mm/dd) 2026 04 27

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

Whiteside

Carly

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1351

Flos Rd 7 west Elmvale

Municipality

Springwater

Province

Ontario

Postal Code

L0L1P0

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

Carly White

Signature

2026/04/26

Date (yyyy/mm/dd)

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

Cooper

Boyd

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1351

Flos Rd 7 west Elmvale

Municipality

Springwater

Province

Ontario

Postal Code

L0L1P0

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

Bob Cooper

Signature

Apr 26/20

Date (yyyy/mm/dd)

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

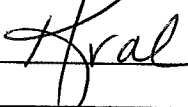
Date (yyyy/mm/dd)

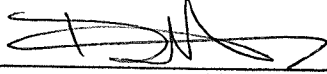
Name of person providing endorsement – 3			
Last Name or Single Name <u>Alexander</u>		Given Name(s) <u>Grayson</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>55</u>	<u>O'Neill Circle</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L6L2K0</u>
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>GA</u> Signature		<u>2026/05/19</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 4			
Last Name or Single Name <u>Alexander</u>		Given Name(s) <u>Tea</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>55</u>	<u>O'Neill Circle</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L6L2K0</u>
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u> Signature		<u>2026/05/20</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 5			
Last Name or Single Name <u>Alexander</u>		Given Name(s) <u>Dave</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>55</u>	<u>O'Neill Circle</u>	
Municipality <u>Phelpsston</u>		Province <u>ON</u>	Postal Code <u>L6L2K0</u>
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u> Signature		<u>2026/06/10</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 3			
Last Name or Single Name <u>TEDDER</u>		Given Name(s) <u>MARGERY</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>50</u>	<u>O'NEILL CIRCLE</u>	
Municipality <u>PHELPSTON</u>		Province <u>ON</u>	Postal Code <u>L0L2K0</u>
I endorse <u>GEORGE CABRAL</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2026/04/29.</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 4			
Last Name or Single Name <u>HVALICA</u>		Given Name(s) <u>KAREN</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>44</u>	<u>O'NEILL CIRCLE</u>	
Municipality <u>PHELPSTON</u>		Province <u>ON</u>	Postal Code <u>L0L2K0</u>
I endorse <u>GEORGE CABRAL</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2026/05/10</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 5			
Last Name or Single Name <u>HVALICA</u>		Given Name(s) <u>DAVID</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>44</u>	<u>O'Neill Circle.</u>	
Municipality <u>Phelpston</u>		Province <u>ON</u>	Postal Code <u>L0L2K0</u>
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2026/05/10</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 3			
Last Name or Single Name <i>Klaamas</i>		Given Name(s) <i>Chen fen</i>	
Qualifying Address			
Suite/Unit Number 2334	Street Number <i>2334</i>	Street Name <i>South Orr Lake Road</i>	
Municipality <i>Springwater</i>		Province <i>ON</i>	Postal Code <i>L0L 1P0</i>
I endorse <input type="checkbox"/> GEORGE CABRAL		as a candidate and declare that I am qualified to be an elector in this municipality.	
<i>C.F. Klaamas</i> Signature		<i>Apr. 28, 2026</i> Date (yyyy/mm/dd)	<input type="checkbox"/>

Name of person providing endorsement – 4			
Last Name or Single Name <i>Hoher</i>		Given Name(s) <i>Stephanie</i>	
Qualifying Address			
Suite/Unit Number <i>B</i>	Street Number <i>2331</i>	Street Name <i>South Orr Lake RR</i>	
Municipality <i>Springwater</i>		Province <i>ON</i>	Postal Code <i>L0L 1P0</i>
I endorse <input type="checkbox"/> GEORGE CABRAL		as a candidate and declare that I am qualified to be an elector in this municipality.	
<i>St.</i> Signature		<i>2026/04/28</i> Date (yyyy/mm/dd)	<input type="checkbox"/>

Name of person providing endorsement – 5			
Last Name or Single Name <i>Barbur</i>		Given Name(s) <i>Christon</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>49</i>	Street Name <i>Amelia St.</i>	
Municipality <i>Springwater</i>		Province <i>ontario</i>	Postal Code <i>L0L 1P0</i>
I endorse <input type="checkbox"/> GEORGE CABRAL		as a candidate and declare that I am qualified to be an elector in this municipality.	
<i>Christon Barbur</i> Signature		<i>Apr. 1/28/2026</i> Date (yyyy/mm/dd)	<input type="checkbox"/>

Name of person providing endorsement - 3

Last Name or Single Name ALLEN Given Name(s) SUSAN

Qualifying Address

Suite/Unit Number — Street Number 21 Street Name CENTENNIAL AVENUE

Municipality SPRINGWATER Province ONTARIO Postal Code L0L1P0

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

Susan Allen Signature Date April 29 2026

Name of person providing endorsement - 4

Last Name or Single Name LADOUCEUR Given Name(s) Wendy.

Qualifying Address

Suite/Unit Number 103 Street Number 12 Street Name Shaw St.

Municipality SPRINGWATER Province Ontario Postal Code L0L1P0

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

W. Ladouceur Signature Date April 29/26

Name of person providing endorsement - 5

Last Name or Single Name Wilson Given Name(s) JAMES

Qualifying Address

Suite/Unit Number 7 Street Number — Street Name RITCHIE CRES.

Municipality SPRINGWATER Province ONT. Postal Code L0L1P0

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

[Signature] Signature Date Apr. 29, 2026

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>CABRAL</u>	Given Name(s) <u>GEORGE</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of
SPRING WATER TWP in the year 2026

Name of person providing endorsement – 1

Last Name or Single Name <u>FLEMING</u>	Given Name(s) <u>PAUL</u>
--	------------------------------

Qualifying Address		
Suite/Unit Number	Street Number <u>57</u>	Street Name <u>BELMONT CRES</u>

Municipality <u>Springwater</u>	Province <u>Ont</u>	Postal Code <u>L9X0P7</u>
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I endorse George Cabral as a candidate and declare that I am qualified to be an elector in this municipality.

X Paul Fleming 2026-4-24
Signature Date (yyyy/mm/dd)

Name of person providing endorsement – 2

Last Name or Single Name <u>FLEMING</u>	Given Name(s) <u>CAROL FLEMING</u>
--	---------------------------------------

Qualifying Address		
Suite/Unit Number	Street Number <u>57</u>	Street Name <u>BELMONT CRES.</u>

Municipality <u>MIDHURST</u>	Province <u>ONT.</u>	Postal Code <u>L9X0P7</u>
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I endorse GEORGE CABRAL as a candidate and declare that I am qualified to be an elector in this municipality.

Carol Fleming April 24, 2026
Signature Date (yyyy/mm/dd)

Name of person providing endorsement - 3

Last Name or Single Name

HOLDER

Given Name(s)

STEPHEN

Qualifying Address

Suite/Unit Number

Street Number

1103

Street Name

CARSON RD

Municipality

SPRING WATER

Province

ONT

Postal Code

L9X 0V4

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

[Signature]

Signature

APRIL 21/26

Date (yyyy/mm/dd)

Name of person providing endorsement - 4

Last Name or Single Name

Kim

Given Name(s)

Seh wa

Qualifying Address

Suite/Unit Number

Street Number

42

Street Name

Frid Blvd

Municipality

Springwater (Midhurst)

Province

ONT

Postal Code

L9X 0M5

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

X

[Signature]

Signature

2026-4-20

Date (yyyy/mm/dd)

Name of person providing endorsement - 5

Last Name or Single Name

Veleva

Given Name(s)

Terri

Qualifying Address

Suite/Unit Number

Street Number

3

Street Name

Strathmore Place

Municipality

Midhurst

Province

ON

Postal Code

L9X 0N4

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

[Signature]

Signature

2026, 4, 20

Date (yyyy/mm/dd)

Name of person providing endorsement - 3

Last Name or Single Name

HANNA

Given Name(s)

Jack

Qualifying Address

Suite/Unit Number

Street Number

22

Street Name

FRID BLVD MIDHURST

Municipality

Twp of SPRING WATER

Province

ONTARIO

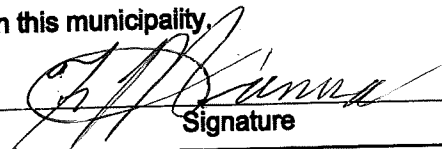
Postal Code

L9X 0P3

I endorse GEORGE CABRAL

as a candidate and declare that I am qualified

to be an elector in this municipality.


Signature

2026/04/20
Date (yyyy/mm/dd)

Name of person providing endorsement - 4

Last Name or Single Name

HANNA

Given Name(s)

LORI

Qualifying Address

Suite/Unit Number

Street Number

22

Street Name

FRID BLVD MIDHURST

Municipality

SPRINGWATER

Province

ONT

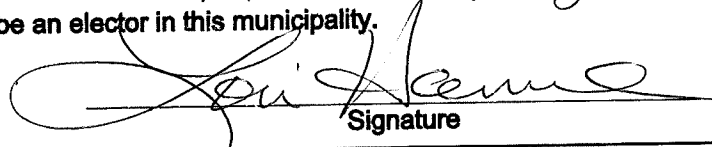
Postal Code

L9X 0P3

I endorse ~~Lori Hanna~~ George Cabral

as a candidate and declare that I am qualified

to be an elector in this municipality.


Signature

2026/04/20
Date (yyyy/mm/dd)

Name of person providing endorsement - 5

Last Name or Single Name

Fisher

Given Name(s)

Philip Fisher

Qualifying Address

Suite/Unit Number

Street Number

42

Street Name

Frid Blvd

Municipality

Springwater

Province

Ont

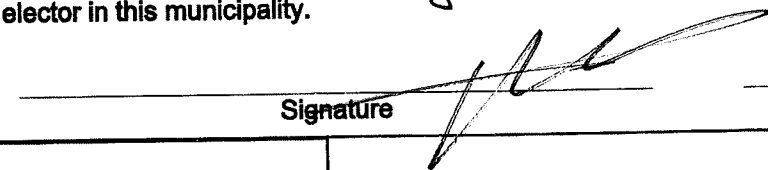
Postal Code

L9X 0M5

I endorse George Cabral

as a candidate and declare that I am qualified

to be an elector in this municipality.


Signature

2026/4/20
Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name <u>CABRAL</u>	Given Name(s) <u>George</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of SPRING WATER TWP in the year 2026

Name of person providing endorsement – 1			
Last Name or Single Name <u>Rzeczniak</u>		Given Name(s) <u>Sandra</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1130</u>	Street Name <u>St Vincent St</u>	
Municipality <u>Springwater</u>	Province <u>ON</u>	Postal Code <u>L9X 0M6</u>	
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u> Signature		<u>Apr 22/26</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 2			
Last Name or Single Name <u>Bird</u>		Given Name(s) <u>Ryan</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1130</u>	Street Name <u>St Vincent St</u>	
Municipality <u>Springwater</u>	Province <u>ON</u>	Postal Code <u>L9X 0M6</u>	
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u> Signature		<u>Apr 22/26</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 3			
Last Name or Single Name <u>GREENLAW</u>		Given Name(s) <u>ROBERT TOMAS</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>29</u>	Street Name <u>Rosewood</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L9X0P5</u>
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<input checked="" type="checkbox"/> <u>Robert J Greenlaw</u> Signature		<u>2026-4-26</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 4			
Last Name or Single Name <u>GREENLAW</u>		Given Name(s) <u>PATRICIA DIARDE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>29</u>	Street Name <u>29 ROSEWOOD AVE</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L9X0P5</u>
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<input checked="" type="checkbox"/> <u>P Greenlaw</u> Signature		<u>2026-4-26</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 5			
Last Name or Single Name <u>Drury</u>		Given Name(s) <u>Jim</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2056</u>	Street Name <u>Brown</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L9X 1X7</u>
I endorse <u>George Cabral</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<input checked="" type="checkbox"/> <u>Jim Drury</u> Signature		<u>2026 4-21</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement - 3

Last Name or Single Name

Fisher

Given Name(s)

Philip

Qualifying Address

Suite/Unit Number

Street Number

42

Street Name

Frid Blvd

Municipality

Springwater

Province

Ont

Postal Code

L9X 0M5

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

2026, 4, 20th

Signature

Date (yyyy/mm/dd)

Name of person providing endorsement - 4

Last Name or Single Name

Velma

Given Name(s)

Joseph Michael

Qualifying Address

Suite/Unit Number

Street Number

3

Street Name

Strathmore Place

Municipality

Province

Postal Code

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

2026/04/10

Signature

Date (yyyy/mm/dd)

Name of person providing endorsement - 5

Last Name or Single Name

Velma

Given Name(s)

William Jakob

Qualifying Address

Suite/Unit Number

Street Number

3

Street Name

Strathmore Pl

Municipality

Springwater

Province

Ont

Postal Code

L9X 0N4

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

2026/04/20

Signature

Date (yyyy/mm/dd)

Instructions

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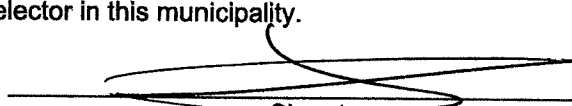
Name of person seeking nomination

Last Name or Single Name	Given Name(s)
CABRAL	GEORGE

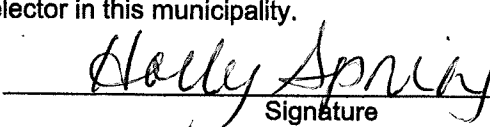
Endorsement signatures for the nomination of a person for an office in the municipality of

SPRINGWATER TOWNSHIP in the year 2026

Name of person providing endorsement – 1

Last Name or Single Name		Given Name(s)	
Spring		John Milton	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	2438	Cty. Rd. 92	
Municipality		Province	Postal Code
Springwater		Ont	L0L 1P0
I endorse		GEORGE CABRAL	as a candidate and declare that I am qualified to be an elector in this municipality.
 _____ Signature		_____ Date (yyyy/mm/dd)	

Name of person providing endorsement – 2

Last Name or Single Name		Given Name(s)	
Spring		Holly	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	2451	County Rd 92	
Municipality		Province	Postal Code
Springwater		ON	L0L 1P0
I endorse		GEORGE CABRAL	as a candidate and declare that I am qualified to be an elector in this municipality.
 _____ Signature		2026/04/26 _____ Date (yyyy/mm/dd)	