

Instructions

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

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Name of person seeking nomination

Last Name or Single Name <u>FISHER</u>	Given Name(s) <u>PHILIP</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of
TOWNSHIP OF SPRINGWATER in the year 2026

Name of person providing endorsement – 1			
Last Name or Single Name <u>Barker</u>		Given Name(s) <u>Colby</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>4</u>	Street Name <u>Deluca Court</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L9X0T1</u>
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>C Barker</u> Signature		<u>2026/04/28</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 2			
Last Name or Single Name <u>MATION</u>		Given Name(s) <u>HALE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>33</u>	Street Name <u>HILLVIEW CRESCENT</u>	
Municipality <u>Springwater</u>		Province <u>ONT</u>	Postal Code <u>L9X1W3</u>
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u> Signature		<u>2026-4-29th</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 3			
Last Name or Single Name <u>Barker</u>		Given Name(s) <u>Torrey</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>4</u>	<u>Deluca Court</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L9X 0T1</u>
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Torrey Barker</u> Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 4			
Last Name or Single Name <u>Barker</u>		Given Name(s) <u>Trisha</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>4</u>	<u>Deluca Court</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L9X0T1</u>
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Trisha Barker</u> Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 5			
Last Name or Single Name <u>BARKER</u>		Given Name(s) <u>GREGORY</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>4</u>	<u>DELUCA COURT</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ONTARIO</u>	Postal Code <u>L9X0T1</u>
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Torrey Barker</u> Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Instructions

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Name of person seeking nomination

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

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

Name of person providing endorsement – 1

Last Name or Single Name MISENER Given Name(s) CHRISTOPHER S

Qualifying Address
Suite/Unit Number _____ Street Number 80 Street Name Idlewood Dr.

Municipality Springwater Province Ont Postal Code L9X0M5

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

[Signature]
Signature

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

Delete

Name of person providing endorsement – 2

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 L9X0R3

I endorse ~~LORI HANNA~~ Philip Fisher 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)

Delete

Name of person providing endorsement - 3

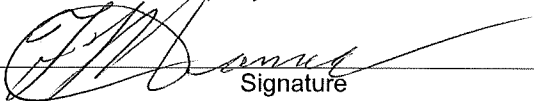
Last Name or Single Name: HANNA Given Name(s): JACK

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>22</u>	<u>FRID BLVD MIDLAND ST.</u>

Municipality: TWP of SPRINGWATER Province: ONTARIO Postal Code: L9X 0P3

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

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

Name of person providing endorsement - 4

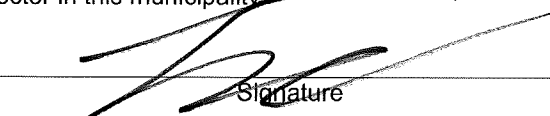
Last Name or Single Name: Ward - Paige Given Name(s): Trevor

Qualifying Address

Suite/Unit Number	Street Number	Street Name
40	<u>40</u>	<u>FRID BLVD</u>

Municipality: Springwater Province: Ont Postal Code: L9X 0M5

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

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

Name of person providing endorsement - 5

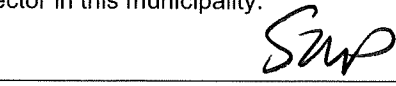
Last Name or Single Name: WARD-PAIGE Given Name(s): SARA

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>40</u>	<u>FRID BLVD.</u>

Municipality: SPRINGWATER Province: Ont Postal Code: L9X 0M5

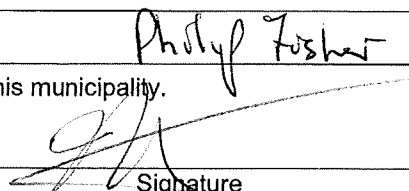
I endorse Philip Fisher as a candidate and declare that I am qualified to be an elector in this municipality.

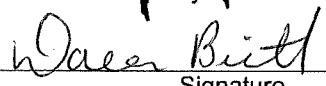
 Signature Date (yyyy/mm/dd): 2026/04/20

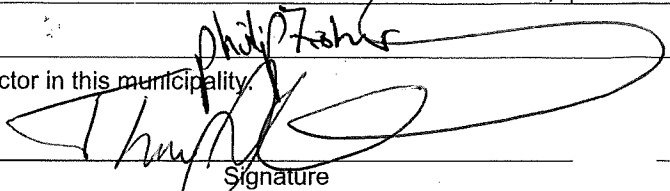
Name of person providing endorsement – 3			
Last Name or Single Name <i>SMALLWOOD</i>		Given Name(s) <i>EO</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>2159</i>	Street Name <i>HWY 26</i>	
Municipality <i>Springwater</i>		Province <i>Ont</i>	Postal Code <i>L9K 0E4</i>
I endorse _____ <i>Philip Fisher</i>		as a candidate and declare that I am qualified to be an elector in this municipality.	
_____ <i>Ed Smallwood</i> Signature		_____ <i>2026/04/30</i> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 4			
Last Name or Single Name <i>SALES</i>		Given Name(s) <i>JAMES W</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>29</i>	Street Name <i>FRID BLVD</i>	
Municipality <i>Springwater</i>		Province <i>Ont</i>	Postal Code <i>L9X 0P3</i>
I endorse _____ <i>Philip Fisher</i>		as a candidate and declare that I am qualified to be an elector in this municipality.	
_____ <i>J Sales</i> Signature		_____ <i>2026/05/02</i> Date (yyyy/mm/dd)	<input type="button" value="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 <i>Springwater</i>		Province <i>Ont</i>	Postal Code
I endorse _____ <i>Philip Fisher</i>		as a candidate and declare that I am qualified to be an elector in this municipality.	
_____ Signature		_____ Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement - 3			
Last Name or Single Name Szkurlet Matthew		Given Name(s) Matthew	
Qualifying Address			
Suite/Unit Number /	Street Number 1940	Street Name Nursery Road	
Municipality Mississauga		Province Ontario	Postal Code L9X 1A4
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		Date (yyyy/mm/dd) 2026/04/23	<input type="button" value="Delete"/>

Name of person providing endorsement - 4			
Last Name or Single Name BRITT		Given Name(s) DOREEN	
Qualifying Address			
Suite/Unit Number	Street Number 2230	Street Name GILL ROAD	
Municipality MIDHURST		Province ONTARIO	Postal Code L9X 1W1
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		Date (yyyy/mm/dd) 2026/04/25	<input type="button" value="Delete"/>

Name of person providing endorsement - 5			
Last Name or Single Name WILSON		Given Name(s) THOMAS J. O'NEILL	
Qualifying Address			
Suite/Unit Number	Street Number 50	Street Name BELMONT CRES	
Municipality SPRING WATER (MIDHURST)		Province ON	Postal Code L9X 0P7
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		Date (yyyy/mm/dd) MAY 6/26	<input type="button" value="Delete"/>

Name of person providing endorsement – 3			
Last Name or Single Name COOKE		Given Name(s) Lucy	
Qualifying Address			
Suite/Unit Number 55 BELWOOD	Street Number N1	Street Name CR	
Municipality MIDHURST		Province ON	Postal Code L4X 0P7
I endorse _____ Philip Fisher		as a candidate and declare that I am qualified to be an elector in this municipality.	
_____ Signature		_____ Date (yyyy/mm/dd) 9/26/02	
		<input type="button" value="Delete"/>	

Name of person providing endorsement – 4			
Last Name or Single Name JACKSON		Given Name(s) MARK	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name 48 Belmont	
Municipality		Province	Postal Code
I endorse _____ Philip Fisher		as a candidate and declare that I am qualified to be an elector in this municipality.	
_____ Signature		_____ Date (yyyy/mm/dd)	
		<input type="button" value="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 _____ Philip Fisher		as a candidate and declare that I am qualified to be an elector in this municipality.	
_____ Signature		_____ Date (yyyy/mm/dd)	
		<input type="button" value="Delete"/>	

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

PHILIP FISHER

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

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

Postal Code

I endorse

PHILIP FISHER

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

PHILIP FISHER

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>Kapty</u>		Given Name(s) <u>Debra</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>30</u>	Street Name <u>Lilac Lane</u>	
Municipality <u>Midhurst (Springwater)</u>		Province <u>Ontario</u>	Postal Code <u>L9X 0N4</u>
I endorse <u>Phil Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Debra Kapty</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>Kapty</u>		Given Name(s) <u>Alexander</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>30</u>	Street Name <u>Lilac Lane</u>	
Municipality <u>Midhurst (Springwater)</u>		Province <u>Ontario</u>	Postal Code <u>L9X 0N4</u>
I endorse <u>Phil Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Alex Kapty</u> Signature		<u>2026/04/29</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 5			
Last Name or Single Name <u>Kapty</u>		Given Name(s) <u>Charles</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>30</u>	Street Name <u>Lilac Lane</u>	
Municipality <u>Midhurst (Springwater)</u>		Province <u>Ontario</u>	Postal Code <u>L9X 0N4</u>
I endorse <u>Phil Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Charles Kapty</u> Signature		<u>2026/04/29</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement - 3

Last Name or Single Name

Given Name(s)

TETREAULT

Doug

Qualifying Address

Suite/Unit Number

Street Number

Street Name

36

CAIRNS BV

Municipality

MIDHURST

Province

ON

Postal Code

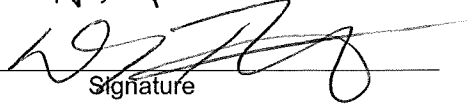
L9X0N8

I endorse

Philip Fisher

as a candidate and declare that I am qualified

to be an elector in this municipality.



Signature

2026.04.21
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement - 4

Last Name or Single Name

Given Name(s)

PROSSER

Wesley

Joel

Qualifying Address

Suite/Unit Number

Street Number

Street Name

36

CAIRNS Blvd

Municipality

Midhurst

Province

ON

Postal Code

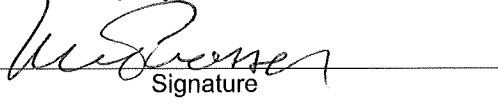
L9X0N5

I endorse

Philip Fisher

as a candidate and declare that I am qualified

to be an elector in this municipality.



Signature

2026-04-22
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement - 5

Last Name or Single Name

Given Name(s)

Tetreault Traubler

Qualifying Address

Suite/Unit Number

Street Number

Street Name

36

36

CAIRNS Blvd

Municipality

midhurst

Province

ON

Postal Code

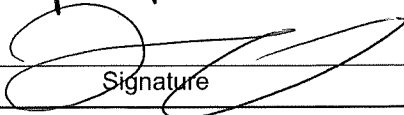
L9X0N8

I endorse

Philip Fisher

as a candidate and declare that I am qualified

to be an elector in this municipality.



Signature

Apr 21/26
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Instructions

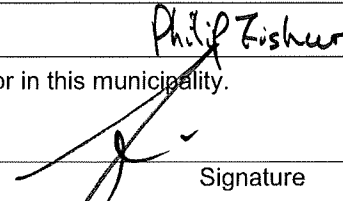
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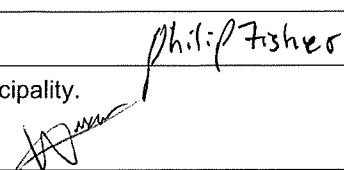
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Name of person seeking nomination

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

Name of person providing endorsement – 1			
Last Name or Single Name <i>Velama</i>		Given Name(s) <i>Joseph Michael</i>	
Qualifying Address			
Suite/Unit Number <i>3</i>	Street Number	Street Name <i>Strathmore Place</i>	
Municipality		Province <i>Ont</i>	Postal Code
I endorse <u><i>Philip Fisher</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		Date (yyyy/mm/dd) <i>2026/04/20</i>	<input type="button" value="Delete"/>

Name of person providing endorsement – 2			
Last Name or Single Name <i>Velama</i>		Given Name(s) <i>William Jakob</i>	
Qualifying Address			
Suite/Unit Number <i>3</i>	Street Number	Street Name <i>Strathmore Pl</i>	
Municipality <i>Springwater</i>		Province <i>Ont</i>	Postal Code <i>L9X 0N4</i>
I endorse <u><i>Philip Fisher</i></u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		Date (yyyy/mm/dd) <i>2026/04/20</i>	<input type="button" value="Delete"/>

Name of person providing endorsement – 3			
Last Name or Single Name		Given Name(s)	
kim		Selwa	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	42	Frid Blvd	
Municipality		Province	Postal Code
Springer		ont	L9X0M5
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Philip Fisher			
X		2026 .4.20	
Signature		Date (yyyy/mm/dd)	
		<input type="button" value="Delete"/>	

Name of person providing endorsement – 4			
Last Name or Single Name		Given Name(s)	
Holder		STEPHEN	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	1103	CARSON RD	
Municipality		Province	Postal Code
SPRINGWATER		Ont	L9X0V4
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Philip Fisher			
[Signature]		APRIL 21/26	
Signature		Date (yyyy/mm/dd)	
		<input type="button" value="Delete"/>	

Name of person providing endorsement – 5			
Last Name or Single Name		Given Name(s)	
Velema		Terri	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
3	3	Strathmore Place	
Municipality		Province	Postal Code
Midhurst		ONT	L9X0N4
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Philip Fisher			
[Signature]			
Signature		Date (yyyy/mm/dd)	
		<input type="button" value="Delete"/>	



Instructions

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Name of person seeking nomination

Last Name or Single Name | Given Name(s)

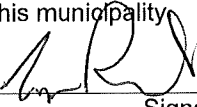
Endorsement signatures for the nomination of a person for an office in the municipality of _____ in the year _____


Name of person providing endorsement – 1


Last Name or Single Name: DAN NISPEK | Given Name(s): ROBERT J
Qualifying Address: Suite/Unit Number, Street Number (41), Street Name (FRID)
Municipality: SPRINGWATER | Province: ONT | Postal Code: L9X 0M5
I endorse [Signature] as a candidate and declare that I am qualified to be an elector in this municipality.
Signature: [Signature] | Date: 2026/04/22 | Delete button

Name of person providing endorsement – 2

Last Name or Single Name: Rzezniczak | Given Name(s): Sandra
Qualifying Address: Suite/Unit Number, Street Number (1130), Street Name (St Vincent St)
Municipality: Springwater | Province: Ont | Postal Code: L9X 0M6
I endorse [Signature] as a candidate and declare that I am qualified to be an elector in this municipality.
Signature: [Signature] | Date: Apr 22/26 | Delete button

Name of person providing endorsement – 3			
Last Name or Single Name Bird		Given Name(s) Ryan	
Qualifying Address			
Suite/Unit Number	Street Number 1130	Street Name St Vincent St	
Municipality Springwater		Province ON	Postal Code L9X 0M6
I endorse Philip Fisher		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
		Apr 22/26	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 4			
Last Name or Single Name Drury		Given Name(s) JIM	
Qualifying Address			
Suite/Unit Number	Street Number 2056 Brown Rd	Street Name	
Municipality Springwater		Province ONT	Postal Code L9X 1X7
I endorse Philip Fisher		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
		April 22/26	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 5			
Last Name or Single Name GREENLAW		Given Name(s) PATRICIA DIANNE	
Qualifying Address			
Suite/Unit Number	Street Number 29	Street Name ROSEWOOD AVE	
Municipality Springwater		Province ONT	Postal Code L9X 0R5
I endorse Philip Fisher		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
		2026-4-22	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 3			
Last Name or Single Name		Given Name(s)	
Greenlaw		Robert Thomas	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	29	Rosewood	
Municipality		Province	Postal Code
Springwater		Ont	L9X0P5
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Philip Fisher			
X Robert Greenlaw		2026-4-22	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 4			
Last Name or Single Name		Given Name(s)	
Spring		John	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	2438	City Rd 92	
Municipality		Province	Postal Code
Springwater		Ont	L0L1P0
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Philip Fisher			
_____		2026-4-22	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 5			
Last Name or Single Name		Given Name(s)	
		PAUL FLEMING	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	57	BELMONT CRES.	
Municipality		Province	Postal Code
MIDHURST		Ont	L9X0P7
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Philip Fisher			
Fleming		April 24/2026	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

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.

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Name of person seeking nomination

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

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

Name of person providing endorsement – 1			
Last Name or Single Name		Given Name(s)	
FLEMING		CAROL	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	57	BELMONT CRES.	
Municipality		Province	Postal Code
MIDHURST		Ont	L9X0P7
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
		Philip Fisher	
Signature		Date (yyyy/mm/dd)	
[Signature]		April 27, 2026	
			<input type="button" value="Delete"/>

Name of person providing endorsement – 2			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality		Province	Postal Code
		Ont	
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
		Philip Fisher	
Signature		Date (yyyy/mm/dd)	
			<input type="button" value="Delete"/>

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 _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 4			
Last Name or Single Name		Given Name(s)	
Degli Angeli		Sandra	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	96	Idlewood Dr.	
Municipality	Province		Postal Code
Midhurst	Ont		L9X 0M5
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	<input type="button" value="Delete"/>
Philip Fisher		2026/04/24	

Name of person providing endorsement – 5			
Last Name or Single Name		Given Name(s)	
Degli Angel		Mark.	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	96	Idlewood Dr.	
Municipality	Province		Postal Code
	Ont		
I endorse _____ as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	<input type="button" value="Delete"/>
Philip Fisher		2026/04/24	

Name of person providing endorsement - 3

Last Name or Single Name

Ritchie

Given Name(s)

Jenna

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1294

Flos Rd Ten West

Municipality

Springwater

Province

ON

Postal Code

L0L1P0

I endorse

PHILIP FISHER

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 - 4

Last Name or Single Name

RITCHIE

Given Name(s)

Andrew

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1294

FLOS ROAD TEN WEST

Municipality

SPRINGWATER

Province

ONTARIO

Postal Code

L0L1P0

I endorse

PHILIP FISHER

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

DOROSZ

Given Name(s)

MICHELLE

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1422

FLOS RD 10 W

Municipality

SPRINGWATER

Province

ONT

Postal Code

L0L1P0

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

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.
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Name of person seeking nomination

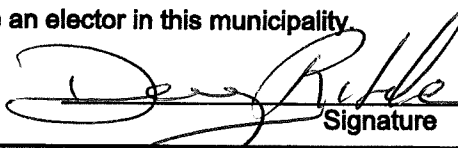
Last Name or Single Name FISHER	Given Name(s) PHILIP
------------------------------------	-------------------------

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 Kibche		Given Name(s) Kyle	
Qualifying Address			
Suite/Unit Number 1400	Street Number 1400	Street Name Country RD 92	
Municipality Springwater	Province ON	Postal Code L6L 1P0	
I endorse PHILIP FISHER		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 – 2

Last Name or Single Name Ritchie		Given Name(s) Douglas	
Qualifying Address			
Suite/Unit Number 1345	Street Number Rte 10 West	Street Name Flos Rd 10 West	
Municipality Springwater	Province Ont	Postal Code L6L 1P0	
I endorse PHILIP FISHER		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		2026/04/26 Date (yyyy/mm/dd)	

Instructions

- Candidates must obtain a minimum of 25 original signatures.
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Name of person seeking nomination

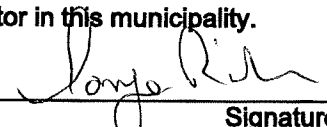
Last Name or Single Name FISHER	Given Name(s) PHILIP
------------------------------------	-------------------------

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 1418	Street Name FLOS RD 10 WEST	
Municipality SPRINGWATER	Province ON	Postal Code K0L 1P0	
I endorse PHILIP FISHER		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 – 2

Last Name or Single Name RIDER		Given Name(s) TONYA	
Qualifying Address			
Suite/Unit Number	Street Number 1418	Street Name FLOS RD 10 WEST	
Municipality SPRINGWATER	Province ON	Postal Code K0L 1P0	
I endorse PHILIP FISHER		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 – 3

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

Blythe Mackie 2026/04/26

Signature Date (yyyy/mm/dd)

Name of person providing endorsement – 4

Last Name or Single Name: Ritchie Given Name(s): Noreen

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	1345	Als Rd 10W

Municipality: Springwater Province: ON Postal Code: L0L1P0

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

Noreen Ritchie 2026/04/26

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)

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

KOZIKIS

RICHARD

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1346

FLOS RD 10 WEST

Municipality

SPRINGWATER

Province

ONTARIO

Postal Code

L0L1P0

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Richard Kozikis
Signature

April 27, 2026
Date (yyyy/mm/dd)

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

KOZIKIS

LAURALEE

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1346

FLOS ROAD 10 WEST

Municipality

SPRINGWATER

Province

ONTARIO

Postal Code

L0L1P0

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Lauralee Kozikis
Signature

April 27, 2026
Date (yyyy/mm/dd)

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

KOZIKIS

Playbey Michelle

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1346

FLOS ROAD 10 WEST

Municipality

Springwater

Province

ontario

Postal Code

L0L1P0

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Playbey Kozikis
Signature

April 27, 2026
Date (yyyy/mm/dd)

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

Municipality

Springwater

Province

Ontario

Postal Code

L0L1P0

I endorse PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Carly Whiteside
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 PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Boyd Cooper
Signature

Apr 26/26
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 PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)

Instructions

- Candidates must obtain a minimum of 25 original signatures.
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Name of person seeking nomination

Last Name or Single Name Fisher Given Name(s) Philip

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			
Last Name or Single Name <u>CLASSE</u>		Given Name(s) <u>Bill</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2836</u>	Street Name <u>Flos RD 8 West</u>	
Municipality <u>Springwater</u>	Province <u>Ont.</u>	Postal Code <u>L0L 1P0</u>	
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u> Signature		<u>2026/04/29</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name <u>Classe</u>		Given Name(s) <u>Catharina.</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2836</u>	Street Name <u>Flos Rd 8 West.</u>	
Municipality <u>Springwater</u>	Province <u>Ont.</u>	Postal Code	
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>[Signature]</u> Signature		<u>2006/05/03</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

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.
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Name of person seeking nomination

Last Name or Single Name: Fisher | Given Name(s): Philip

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

Last Name or Single Name: Klein Gebbinck | Given Name(s): Ray

Qualifying Address
Suite/Unit Number: | Street Number: 2688 | Street Name: FLOS RD. 7 W.

Municipality: SPRINGWATER | Province: ONTARIO | Postal Code: L0L 1P0

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

Klein Gebbinck
Signature

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

Delete

Name of person providing endorsement

Last Name or Single Name: Spence | Given Name(s): Alex

Qualifying Address
Suite/Unit Number: | Street Number: 2916 | Street Name: Crosskind Rd

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

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

Alexander Spence
Signature

2026 04 27
Date (yyyy/mm/dd)

Delete

Instructions

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

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Name of person seeking nomination

Last Name or Single Name <u>Fisher</u>	Given Name(s) <u>Philip</u>
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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			
Last Name or Single Name <u>APPLEGATE</u>		Given Name(s) <u>Douglas</u>	
Qualifying Address			
Suite/Unit Number <u>2543</u>	Street Number <u>#92</u>	Street Name <u>COUNTY ROAD #92</u>	
Municipality <u>Spring Water</u>		Province <u>ONTARIO</u>	Postal Code <u>L6L 1P0</u>
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Douglas Applegate</u> Signature		<u>2026/04/26</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name <u>NUGENT</u>		Given Name(s) <u>CHRISTINE ANNE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2687</u>	Street Name <u>COUNTY ROAD 92</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ON</u>	Postal Code <u>L6L 1P0</u>
I endorse <u>Philip Fisher</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Christine Nugent</u> Signature		<u>2026 04 26</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement – 3			
Last Name or Single Name O'Neill		Given Name(s) Heather	
Qualifying Address			
Suite/Unit Number	Street Number 2672	Street Name County Rd 92	
Municipality Springwater		Province Ont	Postal Code L0L 1P0
I endorse PHILIP FISHER		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <u>Heather O'Neill</u>		Date (yyyy/mm/dd) 2026 04 26	<input type="checkbox"/>

Name of person providing endorsement – 4			
Last Name or Single Name KLEIN GEBBINCK		Given Name(s) BRETT	
Qualifying Address			
Suite/Unit Number	Street Number 2687	Street Name FLOS RD 7 W	
Municipality SPRINGWATER		Province ONTARIO	Postal Code L0L 1P0
I endorse PHILIP FISHER		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <u>Brett Klein Gebbinck</u>		Date (yyyy/mm/dd) 2026/04/26	<input type="checkbox"/>

Name of person providing endorsement – 5			
Last Name or Single Name Klein Gebbinck		Given Name(s) Donna	
Qualifying Address			
Suite/Unit Number	Street Number 2688	Street Name FLOS Rd 7 W	
Municipality Springwater Township		Province Ontario	Postal Code L0L 1P0
I endorse PHILIP FISHER		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature <u>Donna Klein Gebbinck</u>		Date (yyyy/mm/dd) 2026/04/26	<input type="checkbox"/>

Name of person providing endorsement - 3

Last Name or Single Name

Given Name(s)

Lauren Rheinheimer

Qualifying Address

Suite/Unit Number

Street Number

Street Name

773

23

Whitfield Crescent

Municipality

Springwater

Province

Ontario

Postal Code

L0L1P0

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Lauren Rheinheimer
Signature

2026/04/27

Date (yyyy/mm/dd)

Name of person providing endorsement - 4

Last Name or Single Name

Given Name(s)

Langman

Ross

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2318

Flos Rd 10 West

Municipality

Springwater

Province

Ontario

Postal Code

L0L1P0

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Ross Langman
Signature

2026 04 27

Date (yyyy/mm/dd)

Name of person providing endorsement - 5

Last Name or Single Name

Given Name(s)

Langman

Drew

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2428

Flos Rd 11 West

Municipality

Spring Water

Province

ontario

Postal Code

L0L1P0

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Drew Langman
Signature

2026 04 27

Date (yyyy/mm/dd)

Instructions

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Name of person seeking nomination

Last Name or Single Name <u>Fisher</u>	Given Name(s) <u>Philip</u>
---	--------------------------------

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

Last Name or Single Name <u>Langman</u>	Given Name(s) <u>Curtis</u>
--	--------------------------------

Qualifying Address		
Suite/Unit Number	Street Number <u>2318</u>	Street Name <u>Flos rd 10 west</u>

Municipality <u>Springwater</u>	Province <u>ON</u>	Postal Code <u>L0L1P0</u>
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I endorse Philip Fisher as a candidate and declare that I am qualified to be an elector in this municipality.

<u>Curtis Langman</u> Signature	<u>2026 04 27</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>
------------------------------------	--	---------------------------------------

Name of person providing endorsement

Last Name or Single Name <u>Spring</u>	Given Name(s) <u>DAVID</u>
---	-------------------------------

Qualifying Address		
Suite/Unit Number	Street Number <u>2451</u>	Street Name <u>County Rd 92</u>

Municipality <u>Springwater township</u>	Province <u>ONT</u>	Postal Code <u>L0L1P0</u>
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I endorse Philip Fisher 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="button" value="Delete"/>
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Name of person providing endorsement - 3

Last Name or Single Name: Trace Given Name(s): Holly

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2334</u>	<u>County Rd 92</u>

Municipality: Springwater Province: ON Postal Code: L0L1P0

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

Holly Trace Signature Date (yyyy/mm/dd) 2026/04/26

Name of person providing endorsement - 4

Last Name or Single Name: Brown Given Name(s): [Signature]

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2374</u>	<u>County Rd 92</u>

Municipality: Springwater Province: Ont Postal Code: L0L1P0

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/26

Name of person providing endorsement - 5

Last Name or Single Name: ARLEGATE Given Name(s): David

Qualifying Address

Suite/Unit Number	Street Number	Street Name
<u>2543</u>	<u>#92</u>	<u>COUNTY ROAD #92</u>

Municipality: Springwater Province: ONTARIO Postal Code: L0L1P0

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/26

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.

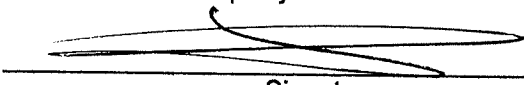
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Name of person seeking nomination


Last Name or Single Name	Given Name(s)
FISHER	PHILIP

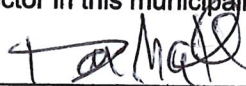
Endorsement signatures for the nomination of a person for an office in the municipality of SPRINGWATER TOWNSHIP in the year 2026.

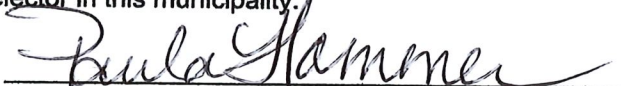
Name of person providing endorsement – 1

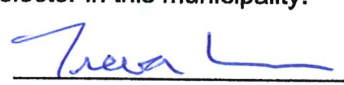
Last Name or Single Name		Given Name(s)	
Spring		John Milton	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	2438	Ctx. Rd 92	
Municipality		Province	Postal Code
Springwater		Ont.	L0L 1P0
I endorse <u>PHILIP FISHER</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
		<u>2026/04/26</u>	
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 <u>PHILIP FISHER</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
		<u>2026/04/26</u>	
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement – 3			
Last Name or Single Name MACDONALD		Given Name(s) DAW	
Qualifying Address			
Suite/Unit Number	Street Number 2466	Street Name FLOS RD EW	
Municipality SPRING WATER	Province ONT		Postal Code L0L1P0
I endorse <input type="checkbox"/> PHILIP FISHER		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		2026/04/27 Date (yyyy/mm/dd)	

Name of person providing endorsement – 4			
Last Name or Single Name Hammer		Given Name(s) Paula	
Qualifying Address			
Suite/Unit Number	Street Number 2461	Street Name F108 Rd 8 West	
Municipality Springwater	Province ON		Postal Code L0L1P0
I endorse <input type="checkbox"/> PHILIP FISHER		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		2024/04/27 Date (yyyy/mm/dd)	

Name of person providing endorsement – 5			
Last Name or Single Name Hammer		Given Name(s) Trevor	
Qualifying Address			
Suite/Unit Number	Street Number 2461	Street Name Flos Road 8 West	
Municipality Springwater	Province ON		Postal Code L0L1P0
I endorse <input type="checkbox"/> PHILIP FISHER		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		2026/04/27 Date (yyyy/mm/dd)	

Name of person providing endorsement - 3

Last Name or Single Name

CARRAN

Given Name(s)

EDWARD. C.

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1425

FLOS RD 10 W

Municipality

Springwater

Province

Ontario

Postal Code

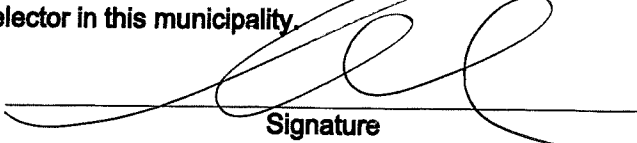
L0L1P0

I endorse

PHILIP FISHER

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

BACH

Given Name(s)

Timothy D.

Qualifying Address

Suite/Unit Number

Street Number

Street Name

84

Idlewood Dr

Municipality

Springwater

Province

ON

Postal Code

L9X0M5

I endorse

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.



Signature

2026/05/14

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

PHILIP FISHER

as a candidate and declare that I am qualified

to be an elector in this municipality.

Signature

Date (yyyy/mm/dd)