

Instructions

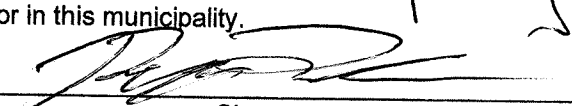
- Candidates must obtain a minimum of 25 original signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.
- The qualifying address provided must include the postal code.

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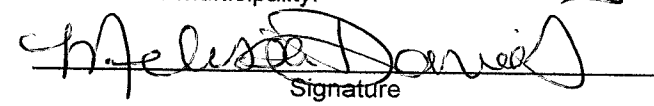
Name of person seeking nomination

Last Name or Single Name <u>Spring</u>	Given Name(s) <u>John Milton</u>
Endorsement signatures for the nomination of a person for an office in the municipality of <u>Springwater</u> in the year <u>2026</u>	

Name of person providing endorsement

Last Name or Single Name <u>Daniels</u>		Given Name(s) <u>Ryan</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>2263</u>	<u>Fios Road Ten West</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L0L1P0</u>
I endorse <u>John Spring</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
		<u>2026/05/05</u>	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

Name of person providing endorsement

Last Name or Single Name <u>Daniels</u>		Given Name(s) <u>Melissa</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>2263</u>	<u>Fios Road Ten West</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L0L1P0</u>
I endorse <u>John Spring</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
		<u>2026/05/05</u>	<input type="button" value="Delete"/>
Signature		Date (yyyy/mm/dd)	

Instructions

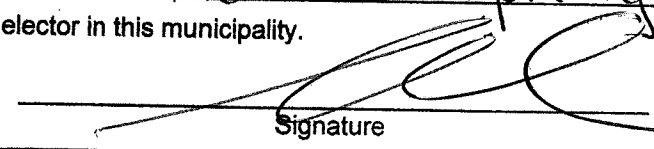
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Name of person seeking nomination

Last Name or Single Name <u>Spring</u>		Given Name(s) <u>John Milton</u>	
Endorsement signatures for the nomination of a person for an office in the municipality of <u>Springwater</u> in the year <u>2026</u>			

Name of person providing endorsement

Last Name or Single Name <u>CARRA</u>		Given Name(s) <u>CHERRY</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1425</u>	Street Name <u>FLOS RD 10 W</u>	
Municipality <u>Springwater</u>		Province <u>Ont.</u>	Postal Code <u>L0L 1P0</u>
I endorse <u>John Spring</u> to be an elector in this municipality.		as a candidate and declare that I am qualified	
		Date (yyyy/mm/dd) <u>2026 2026/05/05</u>	<input type="button" value="Delete"/>

Name of person providing endorsement

Last Name or Single Name <u>DOROSE</u>		Given Name(s) <u>MICHELLE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1425</u>	Street Name <u>FLOS RD 10 W</u>	
Municipality <u>Springwater</u>		Province <u>Ont.</u>	Postal Code <u>L0L 1P0</u>
I endorse <u>John Spring</u> to be an elector in this municipality.		as a candidate and declare that I am qualified	
		Date (yyyy/mm/dd) <u>2026/05/05</u>	<input type="button" value="Delete"/>

Instructions

- Candidates must obtain a minimum of 25 original signatures.
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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 _____

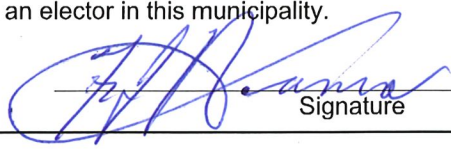
Name of person providing endorsement – 1

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

Qualifying Address
Suite/Unit Number _____ Street Number 22 Street Name FRID BLVD

Municipality SPRINGWATER Province ONTARIO Postal Code L9X 0P3

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


Signature

2026/05/13
Date (yyyy/mm/dd)

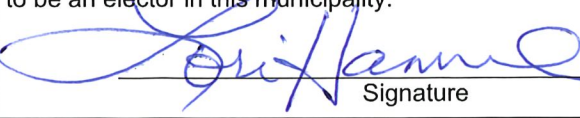
Name of person providing endorsement – 2

Last Name or Single Name HANNA Given Name(s) LORI

Qualifying Address
Suite/Unit Number _____ Street Number 22 Street Name FRID BLVD

Municipality SPRINGWATER Province ONTARIO Postal Code L9X 0P3

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


Signature

2026/05/13
Date (yyyy/mm/dd)

Instructions


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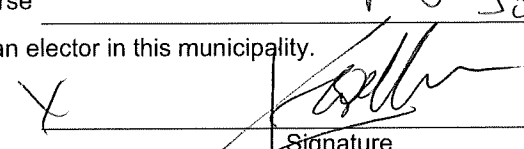
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Name of person seeking nomination

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>Fisher</i>	Given Name(s) <i>Philip</i>		
Qualifying Address			
Suite/Unit Number	Street Number <i>42</i>	Street Name <i>Frid Blvd</i>	
Municipality <i>Spryngwater</i>	Province <i>Ont</i>	Postal Code	
I endorse _____ <i>John Spring</i>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature 		Date (yyyy/mm/dd) <i>2026/5/13th</i>	<input type="button" value="Delete"/>

Name of person providing endorsement – 2			
Last Name or Single Name <i>Kim</i>	Given Name(s) <i>Schwa</i>		
Qualifying Address			
Suite/Unit Number	Street Number <i>42</i>	Street Name <i>Frid Blvd</i>	
Municipality <i>Spryngwater</i>	Province <i>Ont</i>	Postal Code <i>L4X0M5</i>	
I endorse _____ <i>John Spring</i>		as a candidate and declare that I am qualified to be an elector in this municipality.	
Signature 		Date (yyyy/mm/dd) <i>2026/may/13th</i>	<input type="button" value="Delete"/>

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Name of person seeking nomination

Last Name or Single Name

Given Name(s)

Spring

John

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

Given Name(s)

Alexander

Danielle

Qualifying Address

Suite/Unit Number

Street Number

Street Name

55

O'Neill Circle

Municipality

Province

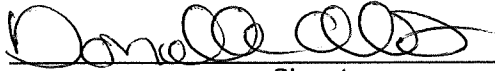
Postal Code

Phelpsston

ON

L0L2K0

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


Signature

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

Name of person providing endorsement – 2

Last Name or Single Name

Given Name(s)

Alexander

David

Qualifying Address

Suite/Unit Number

Street Number

Street Name

55

O'Neill Circle

Municipality

Province

Postal Code

Phelpsston

ON

L0L2K0

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


Signature

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

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
TAYLOR		HEATHER	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	2202	FLOS RD 10 E	
Municipality		Province	Postal Code
Springwater		Ont.	LOL-1P0
I endorse <u>John Spring</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	Delete
		May 7/26	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
TAYLOR		DOUGLAS	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	2202	FLOS RD 10 E	
Municipality		Province	Postal Code
Springwater		Ont.	LOL-1P0
I endorse <u>John Spring</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	Delete
		MAY 7 / 2026	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name		Given Name(s)	
KLEINGEBBINK		BRETT	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality		Province	Postal Code
Springwater		Ont.	
I endorse <u>John Spring</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature		Date (yyyy/mm/dd)	Delete
		2026/05/08	<input type="button" value="Delete"/>

Name of person providing endorsement

Last Name or Single Name

Kitchie

Given Name(s)

Jenna

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1294

Flos Rd Ten W.

Municipality

Springwater

Province

Ont

Postal Code

L0L1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

Jenna Kitchie

Signature

2026/05/06

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

Kitchie

Given Name(s)

Jenna

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1294

Flos Rd Ten W.

Municipality

Springwater

Province

Ont

Postal Code

L0L1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

Jenna Kitchie

Signature

2026/05/06

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

LAKE

Given Name(s)

AMBER

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2687

Flos Rd 7 West

Municipality

Springwater

Province

Ont

Postal Code

L0L1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

Amber Lake

Signature

2026/05/08

Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Name of person providing endorsement			
Last Name or Single Name TUBMAN		Given Name(s) ERIC GLENN	
Qualifying Address			
Suite/Unit Number	Street Number 1584	Street Name FLOS ROAD 10 WEST	
Municipality Springwater		Province Ont	Postal Code L0L1P0
I endorse <u>John Spring</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Eric G. Tubman</u> Signature		<u>2026/05/05</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name TUBMAN		Given Name(s) PATRICIA ANNE	
Qualifying Address			
Suite/Unit Number	Street Number 1584	Street Name FLOS ROAD 10 WEST	
Municipality Springwater		Province Ont	Postal Code L0L1P0
I endorse <u>John Spring</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Patricia Tubman</u> Signature		<u>2026/05/05</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name Tubman		Given Name(s) James	
Qualifying Address			
Suite/Unit Number	Street Number 1574	Street Name Flos Rd Ten W	
Municipality Springwater		Province Ont	Postal Code L0L1P0
I endorse <u>John Spring</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>James Tubman</u> Signature		<u>2026/05/05</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name <u>Ritchie</u>		Given Name(s) <u>Douglas</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>10 West</u>	<u>Flos Rd</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L0L1P0</u>
I endorse <u>John Spring</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Douglas Ritchie</u> Signature		<u>2026/05/05</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name <u>Ritchie</u>		Given Name(s) <u>Noreen</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>10 West</u>	<u>Flos Rd</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L0L1P0</u>
I endorse <u>John Spring</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Noreen Ritchie</u> Signature		<u>2026/05/05</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement			
Last Name or Single Name <u>RITCHIE</u>		Given Name(s) <u>ANDREW</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>1294</u>	<u>Flos Road Ten West</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L0L1P0</u>
I endorse <u>John Spring</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u> Signature		<u>2026-5-5</u> Date (yyyy/mm/dd)	<input type="button" value="Delete"/>

Name of person providing endorsement

Last Name or Single Name

SPRING

Given Name(s)

DAVID

Qualifying Address

Suite/Unit Number

2451

Street Number

Street Name

County Rd 92

Municipality

Springwater

Province

Ont

Postal Code

L0L 1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

 Signature

2026/05/10
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

Linde

Given Name(s)

Michelle

Qualifying Address

Suite/Unit Number

Street Number

2451

Street Name

County Rd 92

Municipality

Springwater

Province

Ont

Postal Code

L0L1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

 Signature

2026/05/15
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

Park

Given Name(s)

Bernadette

Qualifying Address

Suite/Unit Number

Street Number

15

Street Name

ST

PATRICK'S Dr

Municipality

Springwater

Province

Ont

Postal Code

L0L 2K0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

 Signature

2020 05 15
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Donna Klein Gebbink

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2688

Flos Rd 7 West

Municipality

Springwater

Province

Ont.

Postal Code

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

Donna Klein Gebbink
Signature

2026/5/8
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Spring Holly

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2451

County Rd 92

Municipality

Springwater

Province

Ont.

Postal Code

L0L1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

Holly Spring
Signature

2026/05/10
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

Given Name(s)

Koscielniak Connie

Qualifying Address

Suite/Unit Number

Street Number

Street Name

77

Willow Landing Rd

Municipality

Springwater

Province

Ont.

Postal Code

L9X 0P9

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

Koscielniak
Signature

2026/05/10
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Name of person providing endorsement

Last Name or Single Name

~~KEVIN~~ ANDREW FITCH

Given Name(s)

KEVIN ANDREW

Qualifying Address

Suite/Unit Number

Street Number

Street Name

1940

CROSSLAND RD.

Municipality

Springwater

Province

Ont.

Postal Code

L0L2K0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

Signature

2026/05/25

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

O'Neill

Given Name(s)

Heather

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2672

County Rd 92

Municipality

Springwater

Province

Ont.

Postal Code

L0L1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

Signature

2026/05/15

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

KLEW GERBINEK

Given Name(s)

RAY

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2688

FLOS Rd. 7 W.

Municipality

Springwater

Province

Ont.

Postal Code

L0L1P0

I endorse

John Spring

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

Signature

2026/05/18

Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Name of person providing endorsement

Last Name or Single Name: TRPCOR Given Name(s): KLEIN GERBINCK

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2529</u>	<u>FLOS Rd. 7 W</u>

Municipality: Springwater Province: Ont. Postal Code: L0L 2P0

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

[Signature] Signature Date (yyyy/mm/dd): 2026/05/18

Name of person providing endorsement

Last Name or Single Name: Lindsay Given Name(s): Klein Gerbinck

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2529</u>	<u>FLOS Rd 7 west</u>

Municipality: Springwater Province: Ont. Postal Code: L0L 4P0

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

[Signature] Signature Date (yyyy/mm/dd): 2026 105 118

Name of person providing endorsement

Last Name or Single Name: Classe Given Name(s): Catherine

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	<u>2836</u>	<u>Flos Road 8 West</u>

Municipality: Springwater Province: Ont. Postal Code: L0L 1P0

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

[Signature] Signature Date (yyyy/mm/dd): 2026-05-19

Name of person providing endorsement – 3			
Last Name or Single Name <u>MOORE</u>		Given Name(s) <u>ANITA</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2854</u>	Street Name <u>OLD ORCHARD ROAD</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ONTARIO</u>	Postal Code <u>L0M 1T0</u>
I endorse <u>JOHN SPRING</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>2026/05/19</u>	<input type="button" value="Delete"/>

Name of person providing endorsement – 4			
Last Name or Single Name <u>MOORE</u>		Given Name(s) <u>MIKE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2854</u>	Street Name <u>OLD ORCHARD ROAD</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ONTARIO</u>	Postal Code <u>L0M 1T0</u>
I endorse <u>JOHN SPRING</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>2026/05/19</u>	<input type="button" value="Delete"/>

Name of person providing endorsement – 5			
Last Name or Single Name <u>RITCHIE</u>		Given Name(s) <u>SUSAN</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1211</u>	Street Name <u>FLOS RD 7 EAST</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ON</u>	Postal Code <u>L0L 1A0</u>
I endorse <u>JOHN SPRING</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>2026/05/21</u>	<input type="button" value="Delete"/>

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 <u>55</u>	Street Name <u>O'Neill Circle</u>	
Municipality <u>Springwater</u>	Province <u>ON</u>		Postal Code <u>L2A 2K0</u>
I endorse <u>John Spring</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="checkbox"/>

Name of person providing endorsement – 4			
Last Name or Single Name <u>Avalica</u>		Given Name(s) <u>David</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>44</u>	Street Name <u>O'Neill Circle</u>	
Municipality <u>Phelston</u>	Province <u>ON</u>		Postal Code <u>L0L 2K0</u>
I endorse <u>John Spring</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="checkbox"/>

Name of person providing endorsement – 5			
Last Name or Single Name <u>Ritchie</u>		Given Name(s) <u>Perry</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1211</u>	Street Name <u>Flos Rd 7 East</u>	
Municipality <u>Springwater TWP</u>	Province <u>Ontario</u>		Postal Code <u>L0K-1P0</u>
I endorse <u>John Spring</u>		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
<u>PerryRitchie</u> Signature		<u>2026/05/21</u> Date (yyyy/mm/dd)	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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