

Instructions

It is the responsibility of the person being nominated to file a complete and accurate nomination paper. Please print or type information (except signatures).

Nomination paper of a person to be a candidate at an election to be held in the following municipality

Springwater, Clearview, Wasaga Beach & Collingwood
Nominated for the Office of _____ Ward Name or Number (if any)

Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name: Coope Given Name(s): Shawn
 Nominee's full qualifying address: St. S.C. Rd

Suite/Unit Number: _____ Street Number: 81 Street Name: Pines Drive

Municipality: Collingwood Province: ON Postal Code: L9Y 3B7

Mailing Address Same as qualifying address

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

Municipality: _____ Province: _____ Postal Code: _____

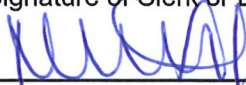
Email Address: shawncoope@sgc@gmail.com Telephone Number: 705-888-7887 Telephone Number 2: _____

Declaration of Qualification

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


Signature of Nominee

2026/05/06
Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) <u>2026/05/06</u>	Time Received <u>2:39PM</u>	Initial of Nominee or Agent (if filed in person) <u>S.C.</u>	Signature of Clerk or Designate 
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Certification by Clerk or Designate

I, the undersigned clerk of this municipality, do hereby certify that I have examined the nomination paper of the aforesaid nominee filed with me and am satisfied that the nominee is qualified to be nominated and that the nomination complies with the Act.

Signature: _____ Date Certified (yyyy/mm/dd): _____