

**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) \_\_\_\_\_

ENGLISH SEPERATE SCHOOL BOARD TRUSTEE

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

Last Name or Single Name \_\_\_\_\_ Given Name(s) Shawn

Nominee's full qualifying address \_\_\_\_\_

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 Shawn@cooper.sgc@gmail.com Telephone Number 705-888-7887 Telephone Number 2 \_\_\_\_\_

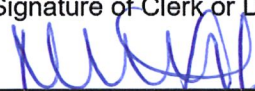
**Declaration of Qualification**

I, Shawn Cooper, 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) \_\_\_\_\_