Ontario

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2

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)
MAHON	HALE

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	Given Name(s)
Mahon	Devon

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	33	Hillview Cres.

Municipality	Province	Postal Code
Springwater	ON	L9X1N2

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

Signature

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

Delete

Name of person providing endorsement – 2

Last Name or Single Name	Given Name(s)
Seeger	Kimberly

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	33	Hillview Cres.

Municipality	Province	Postal Code
Springwater	ON	L9X1N2

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

Signature

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

Delete

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Name of person providing endorsement – 3

Last Name or Single Name: Prophet

Given Name(s): Steven

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	36	Hillview Crs

Municipality	Province	Postal Code
Springwater	ON	L9X 1N4

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

Signature

2026/07/12
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name: Prophet

Given Name(s): Margaret

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	36	Hillview Crescent

Municipality	Province	Postal Code
Springwater	ON	L9X 1N4

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

M Prophet
Signature

2026/07/12
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name: DAVIES

Given Name(s): ANDREW PAUL

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	8	STRATHMORE PLACE

Municipality	Province	Postal Code
SPRINGWATER	ONTARIO	L9X 0N4

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

Signature

2026/07/12
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name	Given Name(s)
Davies	Osian

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	8	strathmore Place

Municipality	Province	Postal Code
	ON	L9X ON4

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

Signature | 2026/07/12 Date (yyyy/mm/dd) | Delete

Name of person providing endorsement – 4

Last Name or Single Name	Given Name(s)
FRIDAY	SARAH

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	8	Strathmore Place

Municipality	Province	Postal Code
	ON	L9X ON4

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

Signature | 2026/07/12 Date (yyyy/mm/dd) | 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 _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature | Date (yyyy/mm/dd) | Delete

Add Person (+)

Save Form | Print Form | Clear Form

Ontario

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2

Municipal Elections Act, 1996 (Section 33)

Instructions

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Name of person seeking nomination

Last Name or Single Name: Mahon | Given Name(s): Idale

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: Spring | Given Name(s): John

Qualifying Address

Suite/Unit Number: | Street Number: 2438 | Street Name: Cty Rd 92

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

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

Signature | 2026/04/28 Date (yyyy/mm/dd) | Delete

Name of person providing endorsement

Last Name or Single Name: KLOMGERSNICK | Given Name(s): BRETT

Qualifying Address

Suite/Unit Number: | Street Number: 2681 | Street Name: Flos Rd 7 W

Municipality: Springwater | Province: ONTARIO. | Postal Code: L0L 1P2

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

Signature | 2026/04/28 Date (yyyy/mm/dd) | Delete

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Name of person providing endorsement

Last Name or Single Name	Given Name(s)
Ververs	Matthew

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	1827	Flos Rd 8 west

Municipality	Province	Postal Code
Springwater	On	L0L 1P0

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

Signature

2026 05 03
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name	Given Name(s)
Ververs	Toddia

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	1827	Flos Road 8 West

Municipality	Province	Postal Code
Springwater	Ontario	L0L 1P0

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

Signature

2026 05 03
Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name	Given Name(s)
Trace	Scott

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	2334	County Road 92

Municipality	Province	Postal Code
Springwater	Ont	L0L 1P0

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

Signature

2026/06/22
Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name: FLEMING | Given Name(s): CAROL

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	57	BELMONT CRES.

Municipality	Province	Postal Code
MIDHURST	ONT.	L9X 0P7

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

C. Fleming — Signature

April 26, 2026 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name: FLEMING | Given Name(s): PAUL

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	57	BELMONT CRES

Municipality	Province	Postal Code
MIDHURST	ONT	L9X 0P7

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

P. Fleming — Signature

April 26/2026 — Date (yyyy/mm/dd)

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

Signature | Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name: Vekema | Given Name(s): Joseph Michael

Qualifying Address

Suite/Unit Number	Street Number	Street Name	Municipality	Province	Postal Code
2	3	Strathmore Place	Springwater	ON	L9X 0N4

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

Signature | 2026/04/29 Date (yyyy/mm/dd) | Delete

Name of person providing endorsement – 4

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

Qualifying Address

Suite/Unit Number	Street Number	Street Name	Municipality	Province	Postal Code
	42	Enid Blvd	(Springwater) Midhurst	Ont	L9X 0M5

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

Signature | 2026-4-29 Date (yyyy/mm/dd) | Delete

Name of person providing endorsement – 5

Last Name or Single Name: Kim | Given Name(s): Sehwa

Qualifying Address

Suite/Unit Number	Street Number	Street Name	Municipality	Province	Postal Code
	42	Enid Blvd	Springwater, Midhurst	Ont	L9X 0M5

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

Signature | 2026.4.29 Date (yyyy/mm/dd) | Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name	Given Name(s)
Szkurlat	Matthew Robert

Qualifying Address

Suite/Unit Number	Street Number	Street Name
~~1808~~	1940	Nursery Road

Municipality	Province	Postal Code
Minesing	Ontario	L9X 1A4

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

Signature

2026 05 05
Date (yyyy/mm/dd)

Delete

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)

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

Signature

Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name	Given Name(s)
TRUAX	DAVID.

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	13	HUNTER CRT

Municipality	Province	Postal Code
SPRINGWATER	ONT	L0L-1P0

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

Signature: [signature] Date (yyyy/mm/dd): 2026/05/17 Delete

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

Signature: ~~HALE MAHON~~ Date (yyyy/mm/dd): 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 HALE MAHON as a candidate and declare that I am qualified to be an elector in this municipality.

Signature: Date (yyyy/mm/dd): Delete

Add Person (+)

Save Form Print Form Clear Form

Name of person providing endorsement – 3

Last Name or Single Name: Robertson - Truax
Given Name(s): Keeragh

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	13	Hunter Court

Municipality	Province	Postal Code
Elmvale	ON	L0L 1P0

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

Keeragh Robertson Truax — Signature
2026/05/04 — Date (yyyy/mm/dd)
Delete

Name of person providing endorsement – 4

Last Name or Single Name: Robertson - Truax
Given Name(s): Wesley

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	13	Hunter Court

Municipality	Province	Postal Code
Springwater	Ont	L0L 1P0

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

Signature
2026/05/06 — Date (yyyy/mm/dd)
Delete

Name of person providing endorsement – 5

Last Name or Single Name: TRUAX
Given Name(s): MARY BETH

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	13	HUNTER COURT

Municipality	Province	Postal Code
SPRINGWATER	ONTARIO	L0L 1P0

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

M. B Truax — Signature
2026/05/06 — Date (yyyy/mm/dd)
Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name: Kapty

Given Name(s): Alexander

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	30	Lilac Lane

Municipality	Province	Postal Code
Midhurst (Springwater)	Ontario	L9X 0N4

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

AJ Kapty — Signature

2026/04/29 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name: Kapty

Given Name(s): Charles

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	30	Lilac Lane

Municipality	Province	Postal Code
Midhurst (Springwater)	Ontario	L9X 0N4

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

Signature

2026/04/29 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name: Kapty

Given Name(s): Debra

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	30	Lilac Lane

Municipality	Province	Postal Code
Midhurst (Springwater)	Ontario	L9X 0N4

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

Debra Kapty — Signature

2026/04/29 — Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name	Given Name(s)
GREENLAW	PATRICIA DIANNE

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	29	ROSEWOOD AVE

Municipality	Province	Postal Code
SPRINGWATER	ON	L9X 0P5

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

P Greenlaw — Signature

2026-04-26 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name	Given Name(s)
GREENLAW	ROBERT THOMAS

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	29	ROSEWOOD AVE

Municipality	Province	Postal Code
SPRINGWATER	ON	L9X 0P5

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

Robert T Greenlaw — Signature

2026-04-26 — Date (yyyy/mm/dd)

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

_____ Signature

_____ Date (yyyy/mm/dd)

Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name	Given Name(s)
Velema	William

Qualifying Address

Suite/Unit Number	Street Number	Street Name
/	3	Strathmore Place

Municipality	Province	Postal Code
Springwater	ON	L9X 0N4

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

Signature _____ Date (yyyy/mm/dd) 2026/04/29

Delete

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) _____

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

Signature _____ Date (yyyy/mm/dd) _____

Delete

Add Person (+)

Save Form Print Form Clear Form

Ontario

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2

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	Given Name(s)
BRITT	DOREEN

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	2230	GILL RD

Municipality	Province	Postal Code
MIDHURST	ON	L9X 1N1

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

Doreen Britt — Signature

2026/04/26 — Date (yyyy/mm/dd)

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

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

_____ Signature

_____ Date (yyyy/mm/dd)

Delete

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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
	22	FRIO BLVD

Municipality	Province	Postal Code
Twp of Springwater	Ontario	L9X 0P3

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

Signature | Date (yyyy/mm/dd): 2026/04/26 | Delete

Name of person providing endorsement – 4

Last Name or Single Name: Hanna | Given Name(s): ~~Jack~~ Lori

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	22	Frio Blvd

Municipality	Province	Postal Code
Township of Springwater	ON	L9X 0P3

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

Signature | Date (yyyy/mm/dd): 2026/April/26 | 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 _____ as a candidate and declare that I am qualified to be an elector in this municipality.

Signature | Date (yyyy/mm/dd) | Delete

Add Person (+)

Save Form | Print Form | Clear Form

Ontario

Ministry of Municipal Affairs and Housing

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Name of person seeking nomination

Last Name or Single Name	Given Name(s)
MAHON	HALE

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	Given Name(s)
Barker	Torrey

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	4	Deluca Court

Municipality	Province	Postal Code
Springwater	ON	L9X 0T1

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

Torrey Barker — Signature

2026/04/28 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 2

Last Name or Single Name	Given Name(s)
MacNaughton	Krista

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	5	Hillview Cres.

Municipality	Province	Postal Code
Springwater	ON	L9X 1N2

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

Signature

2026/07/22 — Date (yyyy/mm/dd)

Delete

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Ontario

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2

Municipal Elections Act, 1996 (Section 33)

Instructions

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Name of person seeking nomination

Last Name or Single Name: Mahon | Given Name(s): Idale

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: MacDonald | Given Name(s): Daniel

Qualifying Address

Suite/Unit Number: | Street Number: 2466 | Street Name: FLOS RD 8 W

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

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

Signature | 2026/04/27 Date (yyyy/mm/dd) | Delete

Name of person providing endorsement

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: L0L 1P0

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

Signature | 2026/04/27 Date (yyyy/mm/dd) | Delete

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Name of person providing endorsement

Last Name or Single Name: Hammer | Given Name(s): Paula

Qualifying Address

Suite/Unit Number	Street Number	Street Name	Municipality	Province	Postal Code
	2761	Flos Rd 8 West	Springwater	ON	L0L 1P0

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

Paula Hammer (Signature) | 2026/04/27 (Date (yyyy/mm/dd)) | Delete

Name of person providing endorsement

Last Name or Single Name: CLAASSE | Given Name(s): Wilhelmus

Qualifying Address

Suite/Unit Number	Street Number	Street Name	Municipality	Province	Postal Code
		2836 Flos RD 8 West Elmvale	Springwater	On.	L0L 1P0

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

W CC (Signature) | 2026 04 27 (Date (yyyy/mm/dd)) | Delete

Name of person providing endorsement

Last Name or Single Name: Claasse | Given Name(s): Catharina

Qualifying Address

Suite/Unit Number	Street Number	Street Name	Municipality	Province	Postal Code
	2836	Flos Road 8 West	Springwater	Ontario	L0L-1P0

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

(Signature) | 2026-04-27 (Date (yyyy/mm/dd)) | Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name: MONK

Given Name(s): Roy A

Qualifying Address

Suite/Unit Number: [illegible] | Street Number: 14 | Street Name: LUTELLA BLVD

Municipality: SPRINGWATER | Province: ONT | Postal Code: L9X 0W3

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

Signature: [signature] | Date (yyyy/mm/dd): 2026/04/30 | Delete

Name of person providing endorsement – 4

Last Name or Single Name: MOORE

Given Name(s): ANITA

Qualifying Address

Suite/Unit Number: | Street Number: 2854 | Street Name: OLD ORCHARD ROAD

Municipality: SPRINGWATER | Province: ONTARIO | Postal Code: L0M 1T0

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

Signature: Anita Moore | Date (yyyy/mm/dd): 2026/04/30 | Delete

Name of person providing endorsement – 5

Last Name or Single Name: Alexander

Given Name(s): Danielle

Qualifying Address

Suite/Unit Number: | Street Number: 55 | Street Name: O'Neill Circle

Municipality: Phelpston | Province: ON | Postal Code: L0L 2K0

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

Signature: Danielle Alexander | Date (yyyy/mm/dd): 2026/04/30 | Delete

Add Person (+)

Save Form | Print Form | Clear Form

Name of person providing endorsement – 3

Last Name or Single Name	Given Name(s)
Barker	Gregory

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	4	Deluca Court

Municipality	Province	Postal Code
Springwater	ON	L9X 0T1

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

G J Barker — Signature

2026/04/28 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name	Given Name(s)
Barker	Colby

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	4	Deluca Court

Municipality	Province	Postal Code
Springwater	ON	L9X 0T1

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

C Barker — Signature

2026/04/28 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 5

Last Name or Single Name	Given Name(s)
Barker	Trisha

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	4	Deluca Court

Municipality	Province	Postal Code
Spring water	ON	L9X 0T1

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

Trisha Barker — Signature

2026/04/28 — Date (yyyy/mm/dd)

Delete

Add Person (+)

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Ontario

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2

Municipal Elections Act, 1996 (Section 33)

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: Mahon | Given Name(s): Idale

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: Khosravaneh | Given Name(s): Ryan

Qualifying Address

Suite/Unit Number	Street Number	Street Name
X	1	Midves Court

Municipality	Province	Postal Code
Springwater	ON	L9X 0P3

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

R. Khosravaneh — Signature

2026/07/19 — Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name: SADANA | Given Name(s): ALEXANDER

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	32	DAISY ST.

Municipality	Province	Postal Code
Springwater	ONTARIO	L9X 2G2

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

Signature

2026/07/20 — Date (yyyy/mm/dd)

Delete

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Name of person providing endorsement

Last Name or Single Name	Given Name(s)
WELSH	MYRNA MARIE

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	34	HILLVIEW CR

Municipality	Province	Postal Code
Sprucewater	ON	L9X 1N4

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

Signature: [signature] Date (yyyy/mm/dd): 2026, 07, 22 **Delete**

Name of person providing endorsement

Last Name or Single Name	Given Name(s)
NOORLANDER	Angelique

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	44	Hillview Cres

Municipality	Province	Postal Code
Sprucewater		L9X 1N5

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

Signature: [signature] Date (yyyy/mm/dd): 2026/July/22 **Delete**

Name of person providing endorsement

Last Name or Single Name	Given Name(s)
MACNAUGHTAN	ROBERT

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	5	HILLVIEW CRES

Municipality	Province	Postal Code
Sprucewater	ON	L9X1N2

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

Signature: [signature] Date (yyyy/mm/dd): JULY 22 2026 **Delete**

Add Person (+)

Save Form **Print Form** **Clear Form**

Ontario

Ministry of Municipal Affairs and Housing

Endorsement of Nomination – Form 2

Instructions

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- 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	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)
Calder	Ruth.

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	60	Albert St. E. Millsdale

Municipality	Province	Postal Code
Springwater	Ont.	L0L 1N0

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

R Calder
Signature

2026 07 23
Date (yyyy/mm/dd)

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

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

Signature

Date (yyyy/mm/dd)

Delete

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Name of person providing endorsement – 3

Last Name or Single Name: SALES

Given Name(s): JAMES WILLIAM

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	29	FRID BLVD

Municipality	Province	Postal Code
MIDHURST (SPRINGWATER)	ONT	L9X 0P3

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

Signature: JSales

Date (yyyy/mm/dd): April 26/26

Delete

Name of person providing endorsement – 4

Last Name or Single Name: Watt

Given Name(s): Roberta Jean

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	29	Frid Blvd.

Municipality	Province	Postal Code
Midhurst	ON.	L9X-0P3

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

Signature: R Watt

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

Delete

Name of person providing endorsement – 5

Last Name or Single Name: MacNaghtan

Given Name(s): Ryan

Qualifying Address

Suite/Unit Number	Street Number	Street Name
	5	Hillview Cres

Municipality	Province	Postal Code
	ON	L9X 1N2

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

Signature:

Date (yyyy/mm/dd): July 22 2026

Delete

Add Person (+)

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