

Instructions

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Name of person seeking nomination

Last Name or Single Name

MAHON

Given Name(s)

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

Mahon

Given Name(s)

Devon

Qualifying Address

Suite/Unit Number

Street Number

Street Name

33

Hillview Cres.

Municipality

Springwater

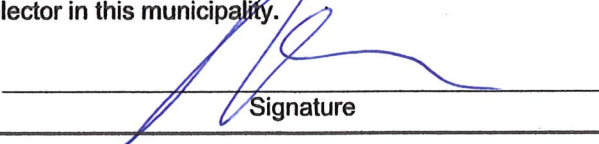
Province

ON

Postal Code

L9X1W2

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

Seeger

Given Name(s)

Kimberly

Qualifying Address

Suite/Unit Number

Street Number

Street Name

33

Hillview Cres.

Municipality

Springwater

Province

ON

Postal Code

L9X1W2

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 – 3

Last Name or Single Name

Given Name(s)

Prophet

Steven

Qualifying Address

Suite/Unit Number

Street Number

Street Name

36

Hillview Cres

Municipality

Springwater

Province

ON

Postal Code

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

Given Name(s)

Prophet

margaret

Qualifying Address

Suite/Unit Number

Street Number

Street Name

36

Hillview Crescent

Municipality

Springwater

Province

ON

Postal Code

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 – 5**

Last Name or Single Name

Given Name(s)

DAVIES

ANDREW PAUL

Qualifying Address

Suite/Unit Number

Street Number

Street Name

8

STRATHMORE PLACE

Municipality

SPRINGWATER

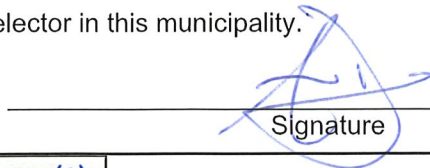
Province

ONTARIO

Postal Code

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

Davies

Given Name(s)

Oslan

Qualifying Address

Suite/Unit Number

Street Number

8

Street Name

strathmore Place

Municipality

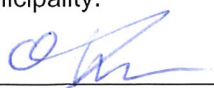
Province

ON

Postal Code

L9X 0N4

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Signature

2026/07/12

Date (yyyy/mm/dd)

[Delete](#)**Name of person providing endorsement – 4**

Last Name or Single Name

FRIDAY

Given Name(s)

SARAH

Qualifying Address

Suite/Unit Number

Street Number

8

Street Name

strathmore Place

Municipality

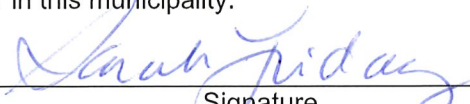
Province

ON

Postal Code

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](#)**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](#)

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

Street Name

2438

City Rd 92

Municipality

Springwater

Province

Ont

Postal Code

L0L1P0

I endorse Idale Mahon

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

Signature

2026/04/28

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement

Last Name or Single Name

KLEWGBBWINCH

Given Name(s)

BRETT

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2687

FLOS Rd 7 W

Municipality

Springwater

Province

ONTARIO

Postal Code

L0L1P0

I endorse Idale Mahon

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

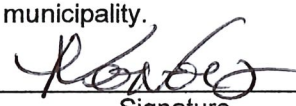
Signature

2026/04/28

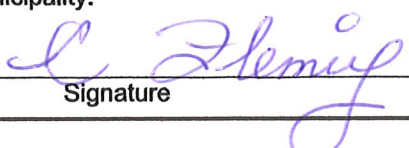
Date (yyyy/mm/dd)

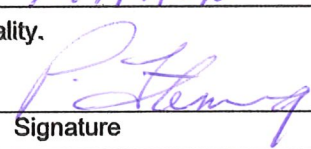
Delete

Name of person providing endorsement			
Last Name or Single Name <u>Ververs</u>		Given Name(s) <u>Matthew</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1827</u>	Street Name <u>Flus Rd 8 west</u>	
Municipality <u>Springwater</u>		Province <u>On</u>	Postal Code <u>L0L1P0</u>
I endorse <u>Dale Mahon</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026 05 03</u> Date (yyyy/mm/dd)	Delete

Name of person providing endorsement			
Last Name or Single Name <u>Ververs</u>		Given Name(s) <u>Toddia</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>1827</u>	Street Name <u>Flus Road 8 west</u>	
Municipality <u>Springwater</u>		Province <u>Ontario</u>	Postal Code <u>L0L1P0</u>
I endorse <u>Dale Mahon</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026 05 03</u> Date (yyyy/mm/dd)	Delete

Name of person providing endorsement			
Last Name or Single Name <u>Trace</u>		Given Name(s) <u>Scott</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2334</u>	Street Name <u>County Road 92</u>	
Municipality <u>Springwater</u>		Province <u>Ont</u>	Postal Code <u>L0L1P0</u>
I endorse <u>Dale Mahon</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/06/22</u> Date (yyyy/mm/dd)	Delete

Name of person providing endorsement – 3				
Last Name or Single Name <i>FLEMING</i>		Given Name(s) <i>CAROL</i>		
Qualifying Address				
Suite/Unit Number	Street Number <i>57</i>	Street Name <i>BELMONT CRES.</i>		
Municipality <i>MIDHURST</i>		Province <i>ONT.</i>	Postal Code <i>L9X 0P7</i>	
I endorse <u><i>HALE MAHON</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.		
 Signature		<u><i>April 26, 2026</i></u> Date (yyyy/mm/dd)		Delete

Name of person providing endorsement – 4				
Last Name or Single Name <i>FLEMING</i>		Given Name(s) <i>PAUL</i>		
Qualifying Address				
Suite/Unit Number	Street Number <i>57</i>	Street Name <i>BELMONT CRES</i>		
Municipality <i>MIDHURST</i>		Province <i>ONT</i>	Postal Code <i>L9X 0P7</i>	
I endorse <u><i>HALE MAHON</i></u>		as a candidate and declare that I am qualified to be an elector in this municipality.		
 Signature		<u><i>April 26, 2026</i></u> 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)

Vekma

Joseph Michael

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Strathmore Place

Municipality

Province

Postal Code

Springwater

ON

L9X 0N4

I endorse

to be an elector in this municipality.

as a candidate and declare that I am qualified

Signature

Date (yyyy/mm/dd)

2026/04/29

Delete

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

Fisher

Philip

Qualifying Address

Suite/Unit Number

Street Number

Street Name

7rid Blvd

Municipality

Province

Postal Code

(Springwater) Midhurst

Ont

L9X 0M5

I endorse

to be an elector in this municipality.

as a candidate and declare that I am qualified

Signature

Date (yyyy/mm/dd)

2026-4-29

Delete

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

Aim

Selwa

Qualifying Address

Suite/Unit Number

Street Number

Street Name

7rid Blvd

Municipality

Province

Postal Code

Springwater, Midhurst

Ont

L9X 0M5

I endorse

to be an elector in this municipality.

as a candidate and declare that I am qualified

Signature

Date (yyyy/mm/dd)

2026.4.29

Delete

Add Person (+)

Save Form

Print Form

Clear Form

Name of person providing endorsement – 3

Last Name or Single Name

Szurlat

Given Name(s)

Matthew Robert

Qualifying Address

Suite/Unit Number

1940

Street Number

1940

Street Name

Nursery Road

Municipality

Minesing

Province

Ontario

Postal Code

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)

Tanya

David

Qualifying Address

Suite/Unit Number

Street Number

Street Name

13

Hunter Crt

Municipality

Springwater

Province

Ont

Postal Code

L0L-1P0

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



Signature

2026/05/17

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 Hale Mahon 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 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

Given Name(s)

Robertson - Truax

Keeragh

Qualifying Address

Suite/Unit Number

Street Number

Street Name

13

Hunter Court

Municipality

Elmvale

Province

ON

Postal Code

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
Signature2026/05/04
Date (yyyy/mm/dd)[Delete](#)**Name of person providing endorsement – 4**

Last Name or Single Name

Given Name(s)

Robertson - Truax

Wesley

Qualifying Address

Suite/Unit Number

Street Number

Street Name

13

Hunter Court

Municipality

Springwater

Province

Ont

Postal Code

L0L 1P0

I endorse HALE MAHON

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]
Signature2026/05/06
Date (yyyy/mm/dd)[Delete](#)**Name of person providing endorsement – 5**

Last Name or Single Name

Given Name(s)

TRUAX

MARY BETH

Qualifying Address

Suite/Unit Number

Street Number

Street Name

13

HUNTER COURT

Municipality

SPRINGWATER

Province

ONTARIO

Postal Code

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
Signature2026/05/06
Date (yyyy/mm/dd)[Delete](#)[Add Person \(+\)](#)[Save Form](#)[Print Form](#)[Clear Form](#)

Name of person providing endorsement – 3			
Last Name or Single Name <i>Kapty</i>		Given Name(s) <i>Alexander</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>30</i>	Street Name <i>Lilac Lane</i>	
Municipality <i>Midhurst (Springwater)</i>		Province <i>Ontario</i>	Postal Code <i>L9X 0N4</i>
I endorse <i>Hale Mahon</i>		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
 Signature		<i>2026/04/29</i> Date (yyyy/mm/dd)	Delete

Name of person providing endorsement – 4			
Last Name or Single Name <i>Kapty</i>		Given Name(s) <i>Charles</i>	
Qualifying Address			
Suite/Unit Number	Street Number <i>30</i>	Street Name <i>Lilac Lane</i>	
Municipality <i>Midhurst (Springwater)</i>		Province <i>Ontario</i>	Postal Code <i>L9X 0N4</i>
I endorse <i>Hale Mahon</i>		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
 Signature		<i>2026/04/29</i> Date (yyyy/mm/dd)	Delete

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

Name of person providing endorsement – 3			
Last Name or Single Name <u>GREENLAW</u>		Given Name(s) <u>PATRICIA DIANNE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>29</u>	Street Name <u>ROSEWOOD AVE</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ON</u>	Postal Code <u>L9X 0P5</u>
I endorse <u>HALE MAHON</u>		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
<u><i>P Greenlaw</i></u> Signature		<u>2026-04-26</u> Date (yyyy/mm/dd)	Delete

Name of person providing endorsement – 4			
Last Name or Single Name <u>GREENLAW</u>		Given Name(s) <u>ROBERT THOMAS</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>29</u>	Street Name <u>ROSEWOOD AVE</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ON</u>	Postal Code <u>L9X 0P5</u>
I endorse <u>HALE MAHON</u>		as a candidate and declare that I am qualified	
to be an elector in this municipality.			
<u><i>Robert T Greenlaw</i></u> Signature		<u>2026-04-26</u> 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

Name of person providing endorsement – 3			
Last Name or Single Name <u>Velena</u>		Given Name(s) <u>William</u>	
Qualifying Address			
Suite/Unit Number <u>1</u>	Street Number <u>3</u>	Street Name <u>Strathmore Place</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L9X 0N4</u>
I endorse <u>Hale Mahan</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>2026/05/29</u>	
		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	

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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)

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 – 2

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

Province

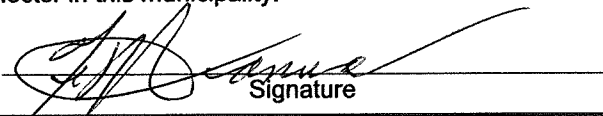
Postal Code

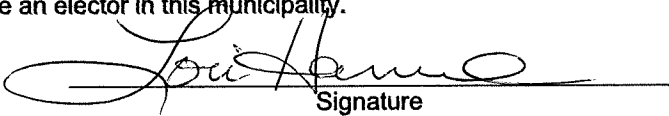
I endorse _____ as a candidate and declare that I am qualified
to be an elector in this municipality.

_____ Signature

_____ Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 3			
Last Name or Single Name <u>HANNA</u>		Given Name(s) <u>Jack</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>22</u>	Street Name <u>FRID BLVD</u>	
Municipality <u>TWP of SPRING WATER</u>		Province <u>ON</u>	Postal Code <u>L9X 0P3</u>
I endorse <u>Hale Mahon</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		<u>2026/04/26</u> Date (yyyy/mm/dd)	
		Delete	

Name of person providing endorsement – 4			
Last Name or Single Name <u>Hanna</u>		Given Name(s) <u>Lori</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>22</u>	Street Name <u>Frid Blvd</u>	
Municipality <u>Township of Springwater</u>		Province <u>ON</u>	Postal Code <u>L9X 0P3</u>
I endorse <u>Hale Mahon</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		<u>2026/April/26</u> 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	

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Name of person seeking nomination

Last Name or Single Name

MAHON

Given Name(s)

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

Barker

Given Name(s)

Torrey

Qualifying Address

Suite/Unit Number

Street Number

Street Name

4

Deluca Court

Municipality

Springwater

Province

ON

Postal Code

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

MacNaughton

Given Name(s)

Krista

Qualifying Address

Suite/Unit Number

Street Number

Street Name

5

Millview Cres.

Municipality

Springwater

Province

ON

Postal Code

L9X 1N2

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

Krista MacNaughton

Signature

2026/07/22

Date (yyyy/mm/dd)

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.
- The qualifying address provided must include the postal code.

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Name of person seeking nomination

Last Name or Single Name

Mahon

Given Name(s)

Dale

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

MacDono

Given Name(s)

Denise

Qualifying Address

Suite/Unit Number

Street Number

Street Name

2466

FLOSRD 8 W

Municipality

Springwater

Province

ONT

Postal Code

L0L 1P0

I endorse

Dale Mahon

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

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

Street Name

2461

Flos Road 8 West

Municipality

Springwater

Province

ON

Postal Code

L0L 1P0

I endorse

Dale Mahon

as a candidate and declare that I am qualified

to be an elector in this municipality.

[Signature]

Signature

2026/04/27

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement			
Last Name or Single Name <u>Hammer</u>		Given Name(s) <u>Paula</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2461</u>	Street Name <u>Flos Rd 8 West</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L0L 1P0</u>
I endorse <u>Dale Mahon</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Paula Hammer</u> Signature		<u>2026/04/27</u> Date (yyyy/mm/dd)	Delete

Name of person providing endorsement			
Last Name or Single Name <u>CLASSE</u>		Given Name(s) <u>wilhelms</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>2836</u>	Street Name <u>Flos RD 8 West Elmvale</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L0L 1P0</u>
I endorse <u>Dale Mahon</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>W O</u> Signature		<u>2026 04 27</u> Date (yyyy/mm/dd)	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 Road 8 West</u>	
Municipality <u>Springwater</u>		Province <u>Ontario</u>	Postal Code <u>L0L-1P0</u>
I endorse <u>Dale Mahone</u> 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)	Delete

Name of person providing endorsement – 3			
Last Name or Single Name <u>MONIR</u>		Given Name(s) <u>Roy A</u>	
Qualifying Address			
Suite/Unit Number <u>14</u>	Street Number <u>14</u>	Street Name <u>LURENA BLVD</u>	
Municipality <u>SPRINGWATER</u>		Province <u>ONT</u>	Postal Code <u>L9V 0W5</u>
I endorse <u>HALE MAHON</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>2026/04/30</u>	Delete

Name of person providing endorsement – 4			
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>HALE MAHON</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>2026/04/30</u>	Delete

Name of person providing endorsement – 5			
Last Name or Single Name <u>Alexander</u>		Given Name(s) <u>Danielle</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>55</u>	Street Name <u>O'Neill Circle</u>	
Municipality <u>Phelpsston</u>		Province <u>ON</u>	Postal Code <u>L0A 2K0</u>
I endorse <u>Hale Mahon</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>2026/04/30</u>	Delete

Add Person (+)	Save Form	Print Form	Clear Form
---	--	---	---

Name of person providing endorsement – 3

Last Name or Single Name

Barker

Given Name(s)

Gregory

Qualifying Address

Suite/Unit Number

Street Number

4

Street Name

Deluca Court

Municipality

Springwater

Province

ON

Postal Code

L9X 0T1

I endorse Hale Mahon

as a candidate and declare that I am qualified

to be an elector in this municipality.

Gy Barker

Signature

2026/04/28

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement – 4

Last Name or Single Name

Barker

Given Name(s)

Colby

Qualifying Address

Suite/Unit Number

Street Number

4

Street Name

Deluca Court

Municipality

Springwater

Province

ON

Postal Code

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

Barker

Given Name(s)

Trisha

Qualifying Address

Suite/Unit Number

Street Number

4

Street Name

Deluca Court

Municipality

Spring water

Province

ON

Postal Code

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 (+)

Save Form

Print Form

Clear Form

Instructions

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Name of person seeking nomination

Last Name or Single Name

Mahon

Given Name(s)

Dale

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

Khosrovaneh

Given Name(s)

Ryan

Qualifying Address

Suite/Unit Number

X

Street Number

1

Street Name

Midves Court

Municipality

Springwater

Province

ON

Postal Code

L9X 0P3

I endorse

Dale Mahon

as a candidate and declare that I am qualified

to be an elector in this municipality.

R. Khosrovaneh

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

32

Street Name

DAISY ST.

Municipality

Springwater

Province

ONTARIO

Postal Code

L9X 2G2

I endorse

Dale Mahon

as a candidate and declare that I am qualified

to be an elector in this municipality.

Alex Sadana

Signature

2026/07/20

Date (yyyy/mm/dd)

Delete

Name of person providing endorsement			
Last Name or Single Name <u>WELSH</u>		Given Name(s) <u>MYRNA MARIE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>34</u>	Street Name <u>HILLVIEW CR</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L9X 1N4</u>
I endorse <u>Dale Mahon</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, 07, 22</u>	Delete

Name of person providing endorsement			
Last Name or Single Name <u>NOORLANDER</u>		Given Name(s) <u>Angelique</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>44</u>	Street Name <u>Hillview Cres</u>	
Municipality <u>Springwater</u>		Province	Postal Code <u>L9X 1N5</u>
I endorse <u>Dale Mahon</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/July/22</u>	Delete

Name of person providing endorsement			
Last Name or Single Name <u>MAC NAUGHTAN</u>		Given Name(s) <u>ROBERT</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>5</u>	Street Name <u>HILLVIEW CRES</u>	
Municipality <u>Springwater</u>		Province <u>ON</u>	Postal Code <u>L9X 1N2</u>
I endorse <u>Dale Mahon</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>JULY 22 2026</u>	Delete

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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

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)

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 – 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

Name of person providing endorsement – 3			
Last Name or Single Name <u>SALES</u>		Given Name(s) <u>JAMES WILLIAM</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>29</u>	Street Name <u>FRID BLVD</u>	
Municipality <u>MIDHURST (SPRINGWATER)</u>		Province <u>ONT</u>	Postal Code <u>L9X 0P3</u>
I endorse <u>HALE MAHON</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>April 26/26</u>	Delete

Name of person providing endorsement – 4			
Last Name or Single Name <u>Watt</u>		Given Name(s) <u>Robertta Jean</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>29</u>	Street Name <u>Frid Blvd.</u>	
Municipality <u>Midhurst.</u>		Province <u>ON.</u>	Postal Code <u>L9X-0P3</u>
I endorse <u>Hale Mahon.</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>2026/04/26.</u>	Delete

Name of person providing endorsement – 5			
Last Name or Single Name <u>MacNaghten</u>		Given Name(s) <u>Ryan</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>5</u>	Street Name <u>Hillview Cres</u>	
Municipality		Province <u>ON</u>	Postal Code <u>L9X 1N2</u>
I endorse <u>Hale Mahon</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>July 22 2026</u>	Delete