

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

TOWN OF CALEDON

Nominated for the Office of DPCDSB Trustee	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 Roman	Given Name(s) Sheralyn Louise
-----------------------------------	----------------------------------

Nominee's full qualifying address within municipality

Suite/Unit Number	Street Number	Street Name

Municipality Caledon	Province ON	Postal Code

Mailing Address Same as qualifying address

Suite/Unit Number	Street Number	Street Name

Municipality	Province	Postal Code

If nominated for school board, full address of residence within its jurisdiction

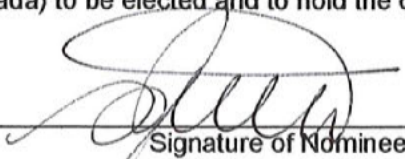
Suite/Unit Number	Street Number	Street Name

Municipality Caledon	Province ON	Postal Code

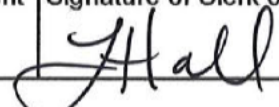
Email Address sromanfortrustee@gmail.com	Telephone Number 416-420-9415	Telephone Number 2

Declaration of Qualification

I, Sheralyn L. Roman, 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

August 11/22
Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) 2022/08/11	Time Received 3:22 PM	Initial of Nominee or Agent (if filed in person) S. Roman	Signature of Clerk or Designate 
--	--------------------------	--	---

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)