

**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

Nominated for the Office of <div style="text-align: center; font-size: 1.2em;">City of Welland</div> <div style="text-align: center; font-size: 1.2em;">Mayor</div>	Ward Name or Number (if any)
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Nominee's name as it is to appear on the ballot paper (subject to agreement of the municipal clerk)

Last Name or Single Name <div style="text-align: center; font-size: 1.2em;">Chiocchio</div>	Given Name(s) <div style="text-align: center; font-size: 1.2em;">Pat</div>
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Nominee's full qualifying address

Suite/Unit Number	Street Number <div style="text-align: center; font-size: 1.2em;">160</div>	Street Name <div style="text-align: center; font-size: 1.2em;">Creekside Dr.</div>
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Municipality <div style="text-align: center; font-size: 1.2em;">Welland</div>	Province <div style="text-align: center; font-size: 1.2em;">Ontario</div>	Postal Code <div style="text-align: center; font-size: 1.2em;">L3C-0B4</div>
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Mailing Address  Same as qualifying address

Suite/Unit Number	Street Number	Street Name
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Municipality	Province	Postal Code
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Email Address <div style="text-align: center; font-size: 1.2em;">pchiochio@coqeco.ca</div>	Telephone Number <div style="text-align: center; font-size: 1.2em;">289-228-2503</div>	Telephone Number 2
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**Declaration of Qualification**

I, Pat Chiocchio, 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

2026/05/01

 \_\_\_\_\_  
 Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) <div style="text-align: center; font-size: 1.2em;">May 1, 2026</div>	Time Received <div style="text-align: center; font-size: 1.2em;">10:57 AM</div>	Initial of Nominee or Agent (if filed in person)	Signature of Clerk or Designate <div style="text-align: center; font-size: 1.2em;">K Bless</div>
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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 <div style="text-align: center; font-size: 1.2em;">K Bless (Designate)</div>	Date Certified (yyyy/mm/dd) <div style="text-align: center; font-size: 1.2em;">2026, 05, 01</div>
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**Instructions**

- Candidates must obtain 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.
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**Name of person seeking nomination**

Last Name or Single Name <u>Chiocchio</u>	Given Name(s) <u>Pat</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of Welland in the year 2026.

**Name of person providing endorsement – 1**

Last Name or Single Name <u>DeChellis</u>	Given Name(s) <u>Connie</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
	<u>107</u>	<u>GOLDEN BLVD. W.</u>

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3B 1H9</u>
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I endorse Pat Chiocchio as a candidate and declare that I am qualified to be an elector in this municipality.

Connie DeChellis Signature      2026/04/16 Date (yyyy/mm/dd)

**Name of person providing endorsement – 2**

Last Name or Single Name <u>DECHELLIS</u>	Given Name(s) <u>JIM</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
	<u>107</u>	<u>GOLDEN BLVD. W.</u>

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3B 1H9</u>
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I endorse Pat Chiocchio as a candidate and declare that I am qualified to be an elector in this municipality.

Jim DeChellis Signature      2026/04/16 Date (yyyy/mm/dd)



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**Name of person seeking nomination**

Last Name or Single Name <u>Chiocchia</u>	Given Name(s) <u>Pat</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of  
Welland in the year 2026

**Name of person providing endorsement – 1**

Last Name or Single Name <u>BONAULTA</u>		Given Name(s) <u>LORRAINE</u>	
Qualifying Address	Street Number <u>160</u>	Street Name <u>CREEKSIDE DRIVE</u>	
Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3C 0B4</u>	
I endorse <u>Pat Chiocchia</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u> Signature		<u>2026/04/15</u> Date (yyyy/mm/dd)	

**Name of person providing endorsement – 2**

Last Name or Single Name <u>MINTOSH</u>		Given Name(s) <u>KATI</u>	
Qualifying Address	Street Number <u>169</u>	Street Name <u>Genser Road</u>	
Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3C 0B5</u>	
I endorse <u>Pat Chiocchia</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>[Signature]</u> Signature		<u>2026/04/16</u> Date (yyyy/mm/dd)	

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**Name of person seeking nomination**

Last Name or Single Name <u>Chiocchia</u>	Given Name(s) <u>Pat</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of  
Welland in the year 2026

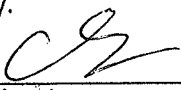
**Name of person providing endorsement – 1**

Last Name or Single Name <u>FERRUSI</u>	Given Name(s) <u>DOMINIC</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
	<u>157</u>	<u>LEASING DR.</u>

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3C-6N4</u>
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I endorse Pat Chiocchia as a candidate and declare that I am qualified to be an elector in this municipality.

<u></u> Signature	<u>2026/04/16</u> Date (yyyy/mm/dd)
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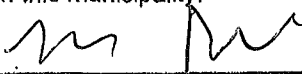
**Name of person providing endorsement – 2**

Last Name or Single Name <u>*VARGA</u>	Given Name(s) <u>LOUIS</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
<u>80</u>	<u>80</u>	<u>BALSAM</u>

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3C-7W2</u>
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I endorse Pat Chiocchia as a candidate and declare that I am qualified to be an elector in this municipality.

<u></u> Signature	<u>2026/04/16</u> Date (yyyy/mm/dd)
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**Name of person seeking nomination**

Last Name or Single Name <u>Chiacchio</u>	Given Name(s) <u>Pat</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of  
Welland in the year 2026

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**Name of person providing endorsement – 1**

Last Name or Single Name <u>Chiacchio</u>	Given Name(s) <u>Teresa</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
	<u>31</u>	<u>Golden Blvd. West.</u>
Municipality	Province	Postal Code
<u>Welland</u>	<u>Ontario</u>	<u>L3B-1H3</u>

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

Teresa Chiacchio Signature      2026/04/15 Date (yyyy/mm/dd)

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**Name of person providing endorsement – 2**

Last Name or Single Name <u>Dalce</u>	Given Name(s) <u>Diane</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
	<u>334</u>	<u>South Pelham Rd.</u>
Municipality	Province	Postal Code
<u>Welland</u>	<u>Ontario</u>	<u>L3C 3C6</u>

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

D Dalce Signature      2026/04/15 Date (yyyy/mm/dd)

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**Name of person seeking nomination**

Last Name or Single Name <u>Chioachis</u>	Given Name(s) <u>Pat</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of  
Welland in the year 2026

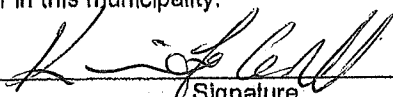
**Name of person providing endorsement – 1**

Last Name or Single Name <u>Gahl</u>	Given Name(s) <u>Kevin</u>
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Qualifying Address		
Suite/Unit Number	Street Number <u>236</u>	Street Name <u>Ringsway</u>

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3B 3N9</u>
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I endorse Pat Chioachis as a candidate and declare that I am qualified to be an elector in this municipality.

 Signature      2026/04/24 Date (yyyy/mm/dd)


**Name of person providing endorsement – 2**

Last Name or Single Name <u>Severin</u>	Given Name(s) <u>Julie Ann</u>
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Qualifying Address		
Suite/Unit Number <del>    </del>	Street Number <u>149</u>	Street Name <u>Creekside Drive</u>

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3C 0B4</u>
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I endorse Pat Chioachis as a candidate and declare that I am qualified to be an elector in this municipality.

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

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**Name of person seeking nomination**

Last Name or Single Name <u>Chiocchio</u>	Given Name(s) <u>Pat</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of  
Welland, in the year 2026.

**Name of person providing endorsement – 1**

Last Name or Single Name <u>Smith</u>	Given Name(s) <u>Pete</u>
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Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>354</u>	<u>Aqueduct St.</u>	
Municipality	Province	Postal Code	
<u>Welland</u>	<u>Ontario</u>	<u>L3C-1E1</u>	

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

  
Signature

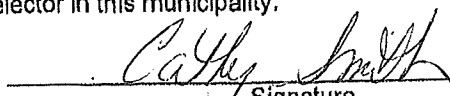
2026/04/21  
Date (yyyy/mm/dd)

**Name of person providing endorsement – 2**

Last Name or Single Name <u>Smith</u>	Given Name(s) <u>Cathy</u>
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Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>354</u>	<u>Aqueduct</u>	
Municipality	Province	Postal Code	
<u>Welland</u>	<u>Ontario</u>	<u>L3C-1E1</u>	

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

  
Signature

2026/04/21  
Date (yyyy/mm/dd)

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**Name of person seeking nomination**

Last Name or Single Name <u>Chiacchio</u>	Given Name(s) <u>Pat</u>
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Endorsement signatures for the nomination of a person for an office in the municipality of Welland in the year 2024.

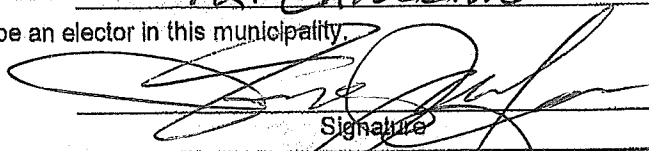
**Name of person providing endorsement – 1**

Last Name or Single Name <u>ALKIERI</u>	Given Name(s) <u>TIMOTHY</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name
	<u>261</u>	<u>CREEKSIDE</u>

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3C 0B6</u>
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I endorse Pat Chiacchio as a candidate and declare that I am qualified to be an elector in this municipality.

  
Signature

2026 04 23  
Date (yyyy/mm/dd)

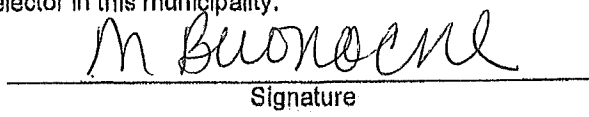
**Name of person providing endorsement – 2**

Last Name or Single Name <u>285 Creekside Dr</u>	Given Name(s) <u>Mary Buonocore</u>
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Qualifying Address		
Suite/Unit Number	Street Number	Street Name

Municipality <u>Welland</u>	Province <u>Ontario</u>	Postal Code <u>L3C 0B6</u>
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I endorse Pat Chiacchio as a candidate and declare that I am qualified to be an elector in this municipality.

  
Signature

2026/04/23  
Date (yyyy/mm/dd)

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<b>Name of person providing endorsement – 3</b>			
Last Name or Single Name <u>Demers</u>		Given Name(s) <u>Kathy</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>177</u>	Street Name <u>Creekside Drive</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C 0B6</u>
I endorse <u>Pat Chiocchia</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>K Demers</u> Signature		<u>April 23, 2026</u> Date (yyyy/mm/dd)	

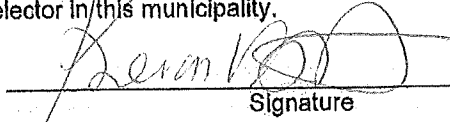
<b>Name of person providing endorsement – 4</b>			
Last Name or Single Name <u>Perreault</u>		Given Name(s) <u>Nicole</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>205</u>	Street Name <u>Creekside St.</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C 0B6</u>
I endorse <u>Pat Chiocchia</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Nicole Perreault</u> Signature		<u>2026/04/23</u> Date (yyyy/mm/dd)	

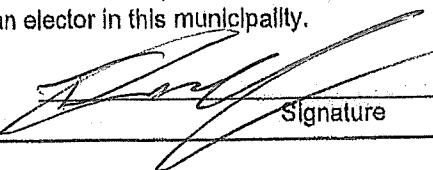
<b>Name of person providing endorsement – 5</b>			
Last Name or Single Name <u>Perreault</u>		Given Name(s) <u>Henri</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>205</u>	Street Name <u>Creekside Drive</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C 0B6</u>
I endorse <u>Pat Chiocchia</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>H Perreault</u> Signature		<u>April 23, 2026</u> Date (yyyy/mm/dd)	

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<b>Name of person providing endorsement – 3</b>			
Last Name or Single Name <u>Sumblers</u>		Given Name(s) <u>Tim</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>29</u>	Street Name <u>First Ave</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C-1K7</u>
I endorse <u>Pat Chiocchia</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		<u>2026/04/21</u> Date (yyyy/mm/dd)	

<b>Name of person providing endorsement – 4</b>			
Last Name or Single Name <u>Scott</u>		Given Name(s) <u>Kieran Victoria</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>108</u>	Street Name <u>Maureen Avenue</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C 4H6</u>
I endorse <u>Pat Chiocchia</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)	

<b>Name of person providing endorsement – 5</b>			
Last Name or Single Name <u>KEVIN TOOO</u>		Given Name(s) <u>DOWGALL</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>149</u>	Street Name <u>CREEKSIDE</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3L 0B4</u>
I endorse <u>Pat Chiocchia</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)	

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**Name of person seeking nomination**

Last Name or Single Name: Chioachio      Given Name(s): Pat

Endorsement signatures for the nomination of a person for an office in the municipality of: Welland in the year 2026

**Name of person providing endorsement – 1**

Last Name or Single Name: FORSTER      Given Name(s): CINDY (CYNTHIA)

Qualifying Address  
Suite/Unit Number:      Street Number: 236      Street Name: Kingsway

Municipality: Welland      Province: Ontario      Postal Code: L3B-3N9

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

C. Forster      2026/04/  
Signature      Date (yyyy/mm/dd)

**Name of person providing endorsement – 2**

Last Name or Single Name: FORSTER      Given Name(s): BRIAN

Qualifying Address  
Suite/Unit Number:      Street Number: 236      Street Name: Kingsway

Municipality: Welland      Province: Ontario      Postal Code: L3B-3N9

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

B. Forster      2026/04/  
Signature      Date (yyyy/mm/dd)

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**Name of person providing endorsement – 3**

Last Name or Single Name ✓ <u>Dolce</u>		Given Name(s) <u>Greg</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>534</u>	Street Name <u>South Pelham Rd.</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C 3L6</u>
I endorse <u>Pat Chioecchia</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 15</u>	

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**Name of person providing endorsement – 4**

Last Name or Single Name ✓ <u>Goupil</u>		Given Name(s) <u>Charles</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>25</u>	Street Name <u>Golden Blvd. West</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3B-1K3</u>
I endorse <u>Pat Chioecchia</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>2026/04/15</u>	

24

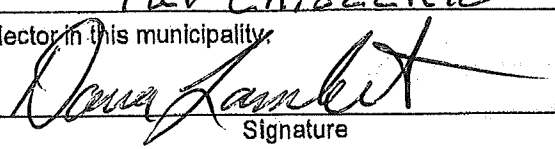
**Name of person providing endorsement – 5**

Last Name or Single Name ✓ <u>JOAN LOWRY</u>		Given Name(s) <u>JOAN</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>253</u>	Street Name <u>Creekside Dr</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C-0B6</u>
I endorse <u>Pat Chioecchia</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>2026/04/19</u>	

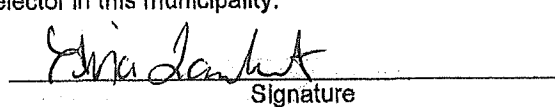
**Instructions**

- Candidates must obtain 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.


**Name of person providing endorsement – 3**

Last Name or Single Name <u>Lambert</u>		Given Name(s) <u>Dana</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>405</u>	<u>Riverside Dr.</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3L-5E9</u>
I endorse <u>Pat Chiacchio</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) <u>2026/04/16</u>	

**Name of person providing endorsement – 4**

Last Name or Single Name <u>Lambert</u>		Given Name(s) <u>Tina</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
	<u>405</u>	<u>Riverside Dr.</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3L-5E9</u>
I endorse <u>Pat Chiacchio</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) <u>April 16 2026</u>	

**Name of person providing endorsement – 5**

Last Name or Single Name <u>Miller</u>		Given Name(s) <u>Bill</u>	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
<u>601</u>	<u>210</u>	<u>Dennistown st.</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3L-4E6</u>
I endorse <u>Pat Chiacchio</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature 		Date (yyyy/mm/dd) <u>2026/04/17</u>	

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**Name of person providing endorsement – 3**

Last Name or Single Name 12 ✓ <u>Blain</u>		Given Name(s) <u>Julia</u>	
Qualifying Address			
Suite/Unit Number <u>159</u>	Street Number <u>159</u>	Street Name <u>Gaiser Road</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C 0B5</u>
I endorse <u>Pat Chiocchio</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Blain</u> Signature		<u>2026/04/16</u> Date (yyyy/mm/dd)	

**Name of person providing endorsement – 4**

Last Name or Single Name 13 ✓ <u>MCINTOSH</u>		Given Name(s) <u>BRETT</u>	
Qualifying Address			
Suite/Unit Number <u>169</u>	Street Number <u>169</u>	Street Name <u>GAISER RD</u>	
Municipality <u>WELLAND</u>		Province <u>ON</u>	Postal Code <u>L3C 0B5</u>
I endorse <u>Pat Chiocchio</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Brett McIntosh</u> Signature		<u>2026/04/16</u> Date (yyyy/mm/dd)	

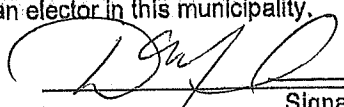
**Name of person providing endorsement – 5**

Last Name or Single Name 14 ✓ <u>CARLIN</u>		Given Name(s) <u>HEATHER</u>	
Qualifying Address			
Suite/Unit Number <u>169</u>	Street Number <u>169</u>	Street Name <u>GAISER RD</u>	
Municipality <u>WELLAND</u>		Province <u>ON</u>	Postal Code <u>L3C 0B5</u>
I endorse _____		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u>Heather Carlin</u> Signature		<u>2026/04/16</u> Date (yyyy/mm/dd)	

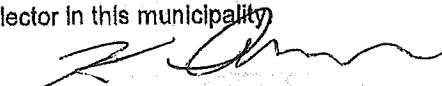
**Instructions**

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

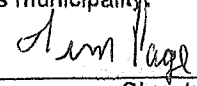
⑦

<b>Name of person providing endorsement – 3</b>			
Last Name or Single Name <u>Michener</u>		Given Name(s) <u>Darren</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>82</u>	Street Name <u>Maccomb</u>	
Municipality <u>Welland</u>	Province <u>Ontario</u>		Postal Code <u>L3C-5T9</u>
I endorse <u>Pat Chiocchio</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		<u>2026/04/20</u> Date (yyyy/mm/dd)	

⑧

<b>Name of person providing endorsement – 4</b>			
Last Name or Single Name <u>Michener</u>		Given Name(s) <u>Kevin</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>333</u>	Street Name <u>First Ave.</u>	
Municipality <u>Welland</u>	Province <u>Ontario</u>		Postal Code <u>L3C-1Z1</u>
I endorse <u>Pat Chiocchio</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		<u>2026/04/20</u> Date (yyyy/mm/dd)	

⑨

<b>Name of person providing endorsement – 5</b>			
Last Name or Single Name <u>Page</u>		Given Name(s) <u>Tim</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>149</u>	Street Name <u>Fitch St.</u>	
Municipality <u>Welland</u>	Province <u>Ontario</u>		Postal Code <u>L3C-4V4</u>
I endorse <u>Pat Chiocchio</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
 Signature		<u>2026/04/24</u> Date (yyyy/mm/dd)	

**Instructions**

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3

**Name of person providing endorsement – 3**

Last Name or Single Name <u>BURKE</u>		Given Name(s) <u>ROBERTA</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>170</u>	Street Name <u>CREEKSIDE DR</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C-0B4</u>

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

*Roberta Burke* Signature      2026/04/16 Date (yyyy/mm/dd)

4

**Name of person providing endorsement – 4**

Last Name or Single Name <u>NEADLES</u>		Given Name(s) <u>JAMES</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>170</u>	Street Name <u>Creekside Dr.</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3C-0B4</u>

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

*James Neadles* Signature      2026/04/16 Date (yyyy/mm/dd)

5

**Name of person providing endorsement – 5**

Last Name or Single Name <u>Lang</u>		Given Name(s) <u>John</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>74</u>	Street Name <u>Golden Blvd East.</u>	
Municipality <u>Welland</u>		Province <u>Ontario</u>	Postal Code <u>L3B-1H6</u>

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

*John Lang* Signature      2026/04/17 Date (yyyy/mm/dd)