

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

WELLAND

Nominated for the Office of MAYOR	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 SPECK	Given Name(s) GRAHAM
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Nominee's full qualifying address

Suite/Unit Number	Street Number 925	Street Name LYONS CREEK ROAD
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Municipality WELLAND	Province ONTARIO	Postal Code L3B 5N4
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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	Telephone Number	Telephone Number 2
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Declaration of Qualification

I, GRAHAM SPECK, 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.

Graham Speck

Signature of Nominee

2026/05/01

Date (yyyy/mm/dd)

Date Received (yyyy/mm/dd) 2026/05/01	Time Received 1:00 PM	Initial of Nominee or Agent (if filed in person)	Signature of Clerk or Designate <i>Bless</i>
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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 <i>Bless (Designate)</i>	Date Certified (yyyy/mm/dd) 2026/05/01
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Save Form

Print Form

Clear Form

Instructions

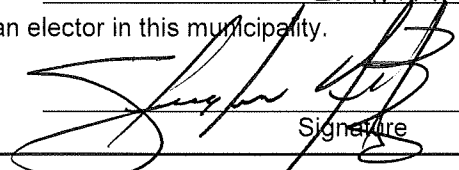
- Candidates must obtain a minimum of 25 original signatures.
- An individual providing an endorsement signature must be a Canadian citizen, aged 18 or older and have a qualifying address in the municipality. An individual may sign an endorsement for more than one person seeking nomination.
- The qualifying address provided must include the postal code.

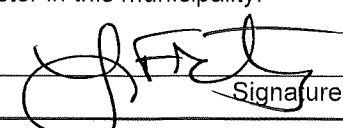
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Name of person seeking nomination

Last Name or Single Name <u>SPECK</u>	Given Name(s) <u>GRAHAM</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 ① ✓ <u>FRETZ</u>	Given Name(s) <u>Stephen</u>		
Qualifying Address			
Suite/Unit Number	Street Number <u>885</u>	Street Name <u>Yokom Road</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/27</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name ② ✓ <u>Fretz</u>	Given Name(s) <u>Joyce</u>		
Qualifying Address			
Suite/Unit Number	Street Number <u>885</u>	Street Name <u>Yokom Rd</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/27</u> Date (yyyy/mm/dd)	

Instructions

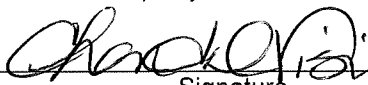
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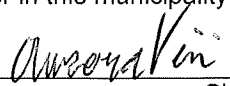
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Name of person seeking nomination

Last Name or Single Name <u>SPECK</u>	Given Name(s) <u>GRAHAM</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>Visi</u>		Given Name(s) <u>CHANTAL SUZANE</u>	
Qualifying Address			
Suite/Unit Number <u>20</u>	Street Number <u>20</u>	Street Name <u>Vanier Dr. Welland ON L3B1A2</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B1A2</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name ✓ <u>Visi</u>		Given Name(s) <u>Aurora</u>	
Qualifying Address			
Suite/Unit Number <u>20</u>	Street Number <u>20</u>	Street Name <u>Vanier Dr.</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B1A2</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	

Instructions

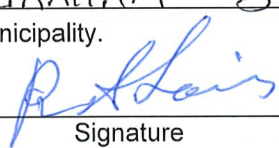
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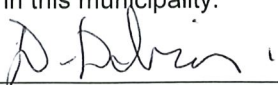
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Name of person seeking nomination


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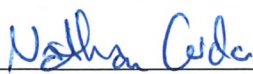
Endorsement signatures for the nomination of a person for an office in the municipality of
WELLAND in the year 2026

Name of person providing endorsement – 1			
Last Name or Single Name <u>ST. LOUIS</u>		Given Name(s) <u>RONALD JOHN</u>	
Qualifying Address			
Suite/Unit Number <u>58</u>	Street Number <u>58</u>	Street Name <u>COZY ST</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 4H7</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name <u>Dobias</u>		Given Name(s) <u>DOUGLAS</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>161</u>	Street Name <u>HELLEMS AVE</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 3B5</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u></u> Signature		<u>2026/04/26</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 3			
Last Name or Single Name PANTON		Given Name(s) JAMES TAKEO	
Qualifying Address			
Suite/Unit Number C	Street Number 266	Street Name Scholfield Avenue	
Municipality WELLAND		Province ONTARIO	Postal Code L3B 1N7
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 4			
Last Name or Single Name ROWE		Given Name(s) CHERYL LYNN	
Qualifying Address			
Suite/Unit Number	Street Number 274	Street Name Roach Ave	
Municipality WELLAND		Province ONTARIO	Postal Code L3B 2W4
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/25.</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 5			
Last Name or Single Name CUDA		Given Name(s) NATHAN	
Qualifying Address			
Suite/Unit Number	Street Number 11	Street Name ROSE AVE	
Municipality WELLAND		Province ONTARIO	Postal Code L3C 0W8
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/25</u> Date (yyyy/mm/dd)	

16 ✓ **Name of person providing endorsement – 3**

Last Name or Single Name BRYAN Given Name(s) PETER

Qualifying Address
 Suite/Unit Number | Street Number | Street Name
 | 27 | FAIRLAWN CRES

Municipality WELLAND Province ONTARIO Postal Code L3C5E2

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

[Signature] Signature Date 2026/04/25 (yyyy/mm/dd)

17 ✓ **Name of person providing endorsement – 4**

Last Name or Single Name De Agazio Given Name(s) Therese

Qualifying Address
 Suite/Unit Number | Street Number | Street Name
611 | 160 | Lancaster Drive

Municipality WELLAND Province ONTARIO Postal Code L3C 0J3

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

[Signature] Signature Date 2026/04/25 (yyyy/mm/dd)

18 ✓ **Name of person providing endorsement – 5**

Last Name or Single Name VISI Given Name(s) RICHARD

Qualifying Address
 Suite/Unit Number | Street Number | Street Name
— | 20 | VANIER DRIVE

Municipality WELLAND Province ONTARIO Postal Code L3B 1A2

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

[Signature] Signature Date 2026/04/25 (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.
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Name of person seeking nomination

Last Name or Single Name <u>SPECK</u>	Given Name(s) <u>GRAHAM</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>SPECK</u>		Given Name(s) <u>SHANNON</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>925</u>	Street Name <u>LYONS CREEK ROAD</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Shannon Speck</u> Signature		<u>2026/05/01</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name <u>SPECK</u>		Given Name(s) <u>CHLOE</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>925</u>	Street Name <u>LYONS CREEK ROAD</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>	
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Chloe Speck</u> Signature		<u>2026/05/01</u> Date (yyyy/mm/dd)	

Instructions

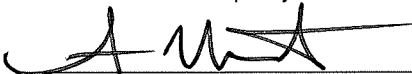
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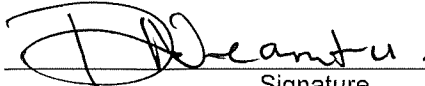
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Name of person seeking nomination

Last Name or Single Name <u>SPECK</u>	Given Name(s) <u>GRAHAM</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>NEANTU</u>		Given Name(s) <u>SEAN</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>559</u>	Street Name <u>LYONS CREEK</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>		Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/30</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name <u>Neantu</u>		Given Name(s) <u>Deanna</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>559</u>	Street Name <u>Lyons Creek Rd.</u>	
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>		Postal Code
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/30</u> Date (yyyy/mm/dd)	

Instructions

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Name of person seeking nomination

Last Name or Single Name <u>SPECK</u>	Given Name(s) <u>GRAHAM</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>McQUIGGIN</u>		Given Name(s) <u>NANCY DOREEN</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>114</u>	Street Name <u>PEARSON RD</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Nancy McQuiggin</u> Signature		<u>2026/04/30</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Signature		<u>2026/</u> Date (yyyy/mm/dd)	

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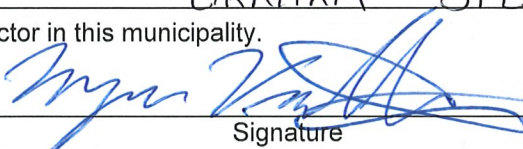
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Name of person seeking nomination

Last Name or Single Name <u>SPECK</u>	Given Name(s) <u>GRAHAM</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>Valenta</u>		Given Name(s) <u>Myron</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>896</u>	Street Name <u>Lyons Creek Road.</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/22</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name <u>MILLIGAN</u>		Given Name(s) <u>MARY VIVIEN</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>896</u>	Street Name <u>LYONS CREEK RD.</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/22</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 3			
Last Name or Single Name <u>Zavarella</u>		Given Name(s) <u>Emily</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>848</u>	Street Name <u>Broadway Ave.</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3C-5M8</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>E Zavarella</u> Signature		<u>2026/04/28</u> Date (yyyy/mm/dd)	

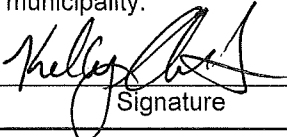
Name of person providing endorsement – 4			
Last Name or Single Name <u>Skye</u>		Given Name(s) <u>Raven</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>60</u>	Street Name <u>Brant Ave.</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3C 6C8</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Raven Skye</u> Signature		<u>2026/04/28</u> Date (yyyy/mm/dd)	


Name of person providing endorsement – 5			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Signature		<u>2026 /</u> Date (yyyy/mm/dd)	

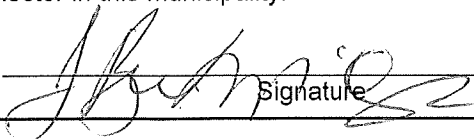
Name of person providing endorsement – 3			
Last Name or Single Name <u>DISHER</u>		Given Name(s) <u>DOUG</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>590</u>	Street Name <u>BUCHNER RD</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3B5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
<u>Doug Disher</u> Signature		<u>2026/05/01</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 4			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Signature		<u>2026/</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 5			
Last Name or Single Name		Given Name(s)	
Qualifying Address			
Suite/Unit Number	Street Number	Street Name	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
_____ Signature		<u>2026/</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 3			
Last Name or Single Name <u>Aston</u>		Given Name(s) <u>Kelly</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>534</u>	Street Name <u>Lyons Creek Rd</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3R5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/30</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 4			
Last Name or Single Name <u>Robertson</u>		Given Name(s) <u>Reid</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>534</u>	Street Name <u>Lyons Creek Rd</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3R5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/30</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 5			
Last Name or Single Name <u>McQuiggin</u>		Given Name(s) <u>J. Bruce</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>114</u>	Street Name <u>Pearson Rd</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3R5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
 Signature		<u>2026/04/30</u> Date (yyyy/mm/dd)	

22 ✓ Name of person providing endorsement - 3

Last Name or Single Name

Given Name(s)

Zavarella Kaitlyn

Kaitlyn

Qualifying Address

Suite/Unit Number

Street Number

Street Name

848

Broadway

Municipality

WELLAND

Province

ONTARIO

Postal Code

L3C-5M8

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

Kaitlyn 3
Signature

2026/04/20
Date (yyyy/mm/dd)

23 ✓ Name of person providing endorsement - 4

Last Name or Single Name

Given Name(s)

Zavarella

Kurtis

Qualifying Address

Suite/Unit Number

Street Number

Street Name

60

Brant Ave.

Municipality

WELLAND

Province

ONTARIO

Postal Code

L3G-6C8

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

Kurtis
Signature

2026/04/20
Date (yyyy/mm/dd)

24 ✓ Name of person providing endorsement - 5

Last Name or Single Name

Given Name(s)

Kindy

Wendy

Qualifying Address

Suite/Unit Number

Street Number

Street Name

A

160

Riverside dr

Municipality

WELLAND

Province

ONTARIO

Postal Code

L3C5E2

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

wkindy
Signature

2026/04/20
Date (yyyy/mm/dd)

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 <u>SPECK</u>	Given Name(s) <u>GRAHAM</u>
--	--------------------------------

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>VABANAC</u>		Given Name(s) <u>VI (VIOLET)</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>123</u>	Street Name <u>FORKS RD E</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3B5K6</u>
I endorse <u>GRAHAM SPECK</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>2026/04/25</u>	

Name of person providing endorsement – 2			
Last Name or Single Name <u>REID</u>		Given Name(s) <u>NORA</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>19</u>	Street Name <u>ROSEMOUNT DRIVE</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3C 2H4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.			
Signature <u>Nora Reid</u>		Date (yyyy/mm/dd) <u>2026/04/25</u>	

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.

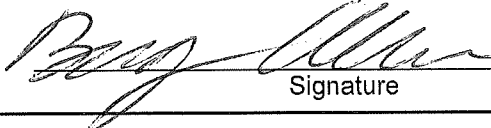
Personal information collected on this form is obtained under the authority of sections 33 and 95 of the *Municipal Elections Act, 1996*. Under section 88 of the *Municipal Elections Act, 1996* (and despite anything in the *Municipal Freedom of Information and Protection of Privacy Act*) documents and 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

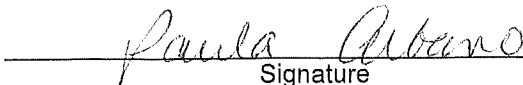
Last Name or Single Name <u>SPECK</u>	Given Name(s) <u>GRAHAM</u>
--	--------------------------------

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>ALBANO</u>	Given Name(s) <u>BARRY</u>	
Qualifying Address		
Suite/Unit Number	Street Number <u>52</u>	Street Name <u>PEARSON ROAD</u>
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature 		Date (yyyy/mm/dd) <u>2026/04/22</u>

Name of person providing endorsement – 2

Last Name or Single Name <u>ALBANO</u>	Given Name(s) <u>PAULA</u>	
Qualifying Address		
Suite/Unit Number	Street Number <u>52</u>	Street Name <u>PEARSON RD.</u>
Municipality <u>WELLAND</u>	Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u> as a candidate and declare that I am qualified to be an elector in this municipality.		
Signature 		Date (yyyy/mm/dd) <u>2026/04/22</u>

Name of person providing endorsement – 3

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

46
GEORGE MARSHALL
Rolling Acres

Municipality

WELLAND

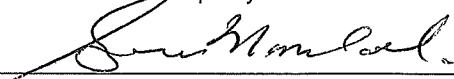
Province

ONTARIO

Postal Code

L3C 3N3

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


Signature

2026/04/25
Date (yyyy/mm/dd)

Name of person providing endorsement – 4

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

WELLAND

Province

ONTARIO

Postal Code

L3C 4Y2

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


Signature

2026/04/25
Date (yyyy/mm/dd)

Name of person providing endorsement – 5

Last Name or Single Name

Given Name(s)

Qualifying Address

Suite/Unit Number

Street Number

Street Name

Municipality

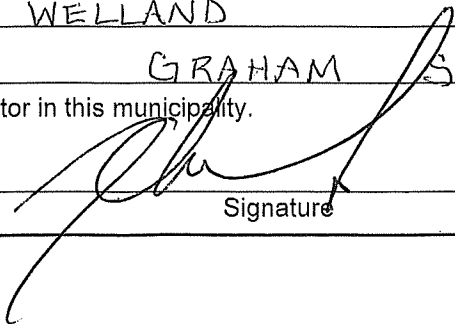
WELLAND

Province

ONTARIO

Postal Code

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


Signature

2026/04/25
Date (yyyy/mm/dd)

Name of person providing endorsement – 3

Last Name or Single Name PACHKOWSKI Given Name(s) TREVOR

Qualifying Address
 Suite/Unit Number | Street Number | Street Name
 | 636 | COPE ROAD

Municipality WELLAND Province ONTARIO Postal Code L3B5N7

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/25

Name of person providing endorsement – 4

Last Name or Single Name THIESSEN Given Name(s) TRACY

Qualifying Address
 Suite/Unit Number | Street Number | Street Name
 | 876 | LYONS CREEK RD

Municipality WELLAND Province ONTARIO Postal Code L3B5N4

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/27

Name of person providing endorsement – 5

Last Name or Single Name Wilson Given Name(s) John

Qualifying Address
 Suite/Unit Number | Street Number | Street Name
 | 876 | LYONS CREEK RD

Municipality WELLAND Province ONTARIO Postal Code L3B5N4

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

[Signature] Signature Date (yyyy/mm/dd) 2026/04/27

Name of person providing endorsement - 3

Last Name or Single Name

Given Name(s)

VALERIO

TONY

Qualifying Address

Suite/Unit Number

Street Number

Street Name

792

792

RIDGE RD

Municipality

WELLAND

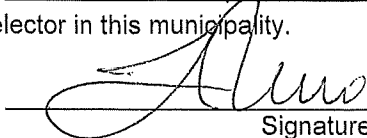
Province

ONTARIO

Postal Code

L3B5N7

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


Signature

2026/04/30

Date (yyyy/mm/dd)

Name of person providing endorsement - 4

Last Name or Single Name

Given Name(s)

McCutcheon

Connie

Qualifying Address

Suite/Unit Number

Street Number

Street Name

478

Doan's Ridge Rd

Municipality

WELLAND

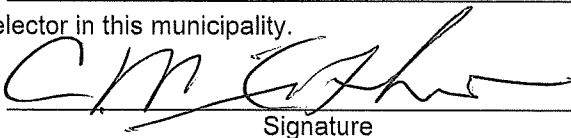
Province

ONTARIO

Postal Code

L3B5N7

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


Signature

2026/04/30

Date (yyyy/mm/dd)

Name of person providing endorsement - 5

Last Name or Single Name

Given Name(s)

Kelly

Roger

Qualifying Address

Suite/Unit Number

Street Number

Street Name

478

Doan's Ridge Rd

Municipality

WELLAND

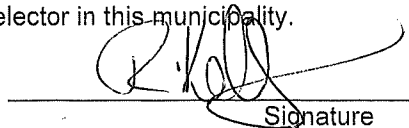
Province

ONTARIO

Postal Code

L3B5N7

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


Signature

2026/04/30

Date (yyyy/mm/dd)

Instructions

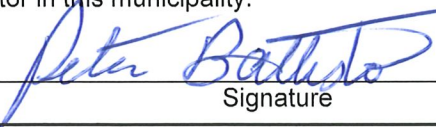
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Name of person seeking nomination

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 <u>BATTISTA</u>		Given Name(s) <u>PETER</u>	
Qualifying Address			
Suite/Unit Number <u>8</u>	Street Number <u>865</u>	Street Name <u>YOKOM RD</u>	
Municipality <u>WELLAND</u>		Province <u>ON</u>	Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u></u> Signature		<u>2026-04-22</u> Date (yyyy/mm/dd)	

Name of person providing endorsement – 2			
Last Name or Single Name <u>FYFE</u>		Given Name(s) <u>HEATHER</u>	
Qualifying Address			
Suite/Unit Number	Street Number <u>590</u>	Street Name <u>BUCHNER RD</u>	
Municipality <u>WELLAND</u>		Province <u>ONTARIO</u>	Postal Code <u>L3B 5N4</u>
I endorse <u>GRAHAM SPECK</u>		as a candidate and declare that I am qualified to be an elector in this municipality.	
<u></u> Signature		<u>20260501</u> Date (yyyy/mm/dd)	