

WHAPMAGOOSTUI FIRST NATION

414, Whapmakw Maskino P.O. Box 390 WHAPMAGOOSTUI, (QUE) JOM 1G0



I, the undersigned, an eligible elector of the Whapmagoostui First Nation, hereby nominate the following person for the office of: WHAPMAGOOSTUI FIRST NATION Representative as School Commissioner

σΑ, DN" LYσ"ĎΑ̈́̈̀Ρ, Ū Γ˙" ΏΓ"Δ˙Θİ̈́Ρ Ϥ ĆDΥσ"Δ˙ŪσϪι DN" ·ϤΛĹď¸Ͻ"ι ΔΑΑΡι, σϪ"ຝ˙° DU P LYGY OF THE CANTYPE S. HAVEY OF THE BLACK OF SHOPE SHOPE OF S 47L,Cbe.77 Name of Candidate: Νη Δυσ"βλάς Address **dUly**でによってい Profession: 4CVUY5c I, the undersigned proposed candidate, accept the nomination for the office indicated above. I also state that I have never been convicted of a criminal offence for which I have not be granted a pardon and to that effect consent to the disclosure and verification of this information to the returning officer of the Whapmagoostui First Nation. لَاعُرْلَاءٍ صَالَاتٍ هَا ظَلَّهُ حَالَا اللهِ عَالَمُ اللهِ عَلَيْلِ عَمِياً لَا أَنَّا كَالًا هَالًا هَا لَكِ Signature of witness Signature of candidate ظ ٢٠٥ اله ١٥٠ كا ١٦٠ كا ٢٠٥ الكان كا ٢٠٥ الكانكان Date: Date: ۵">۲۲ ک"-6 4"277"·676 Nomination proposed by: Signature of elector/d 「romboic de b andic Name/▷∩ Δℐσ"եժ'Δ°: __ Address/407àCh d'Cc: Profession/ベベハイトc:____ Nomination supported by: Signature of elector/ Trolibic de b \(\Delta \cap \) Name/⊳∩ △√σ"bià'∆° Address/407èc? 4"cc:_ Profession/ぐんへんとい: Signature of elector/ Tro-bric de b Ar-cc Name/⊳∩ △√σ"b¿'∆° Address/407&C> 4"Cc: Profession/ぐんへんとい

Name/▷∩ Δഗơ"bቭ∆° Address/◁∩ィ◛ć宀 ◁"ć˙: _ Profession/◁੯∧∩ィ宀:___



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Date and time form was handed out: らっつつ いっと マショ ら ムッヘシュ ら てとくづらる。 シ: