

Appendix C

FORM CC

[Clause 139(1)(b) of the Act]

Declaration of Results

(Complete one)

Mayor/Reeve: Town of Indian Head
(Municipality)

Councillor: _____ of _____
(Municipality)

Ward/Division No. _____ *(If applicable)*

For the election held on the 26 day of October, 20 16.

Names of Candidates	Number of votes or Acclamation/Elected
Steven Cole	350
Sherry Karpa	303

Number of rejected ballots, except those on which no vote was made: 0

Number of ballots counted but objected to: 0

Spoiled: (e.g. Issued to a person who declined to vote) 3

Total number of voters who voted as indicated on each Form Z (or Form AA for voting machines) 656

I declare that this is an accurate statement of the votes cast for the office of Mayor for Indian Head
(Specify) *(Municipality or School Division)*

Dated this 27 day of October, 20 16.

[Signature]
(Returning Officer)

Note: A separate Declaration of Results must be completed for each office.