

Appendix C

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

Declaration of Results

(Complete one)

Mayor/Reeve: TOWN of HAFFORD
(Municipality)

Councillor: _____ of _____
(Municipality)
Ward/Division No. _____ (If applicable)

for the election held on the 13th day of November, 2024.

Names of Candidates	Number of Votes or Acclamation/Elected
R. Denise Porter	40
Victoria Moses	137

Number of rejected ballots, except those on which no vote was made:	<u>0</u>
*Number of ballots counted but objected to:.....	<u>0</u>
Spoiled: (e.g. Issued to a person who declined to vote)	<u>1</u>
Total number of voters who voted as indicated on each Form Z (or Form AA for voting machines)	<u>178</u>

I declare that this is an accurate statement of the votes cast for the office of Mayor for Town of Hafford

Dated this 14th day of November 2024.

D. Sharrock
(Returning Officer)

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

*Not applicable when using a voting machine