5 - Notification of a sub-election agent			Office us	e only	
Combined authority mayoral election	Date received	Time received	Initials	No	
Combined authority name: מר מרנויו ל	Cambridgeshire and Peterborough				
Date of election:	01/05/2025				

The election agent may appoint one or more sub-agents to act within the combined authority area but each must have a separate area. Sub-agent areas must not overlap.

Candidate name:		Lorna Helen Dupre		
	Details and ex	ktent of sub-age	ent	
Name of sub-agent:		Yannifer	Mal:	nowski
Sub-agents address:		3 DIECH J	jear (COURT, 14:5h Street 8 0 A F Court, wandlow Row 8 PX
Office address (if different):		15 Ronald Y	Rolph C	sex wandless Rea
Extent of appointment (descouncil name):	cribe area, e.g.	South C	embridy	estire District
	Election a	gent signature		
l dec	lare the above nan	ned person to be a	sub-agen	t
Signature of election agent:	Siz		Date:	09/04/25
Confirmation	of acceptance	by sub-agent si	gnature	(optional)
I understand that I must carr		cording to law. I undustries according to I		hat there are penalties it
I confirm my a	acceptance as sub-	agent for the above	e named o	candidate
Signature of sub-agent:	7 ~		Date:	09/04/25
Sub-agent's other deta	ails in case of c	uery (optional	– will no	ot be published)
Home telephone:				
Work telephone:				
Mobile telephone:	07546	216 181		
Email address:	Ymelino wsl	216 181 x; 1794 @	3	el. com.

Deliver this form to the Combined Authority Returning Officer by the fifth working day before the poll.

5 – Notification of a sub-election agent			Office use	e only	
Combined authority mayoral election	Date received	Time received	Initials	No	
Combined authority name: PETER BURYUN + CAMBRIDLES WIN	Cambridgeshire and Peterborough				
Date of election: つしている / 2_5	01/05/2025			*******	

The **election agent** may appoint one or more sub-agents to act within the combined authority area but each must have a separate area. Sub-agent areas **must not overlap.**

Candidate name: Lorna Helen Dupre				
	Details and e	xtent of sub-age	ent	
Name of sub-agent: Josie RATCUFFE				
Sub-agents address: THE LOBGE, LYNN ROAD, STOW BARDOLPH, KING'S LYNN PER				
Office address (if different):				
Extent of appointment (describe area, e.g. council name):				SHIZE
	Election a	gent signature	Tuber 1	
I declar	e the above nar	med person to be a	sub-agen	t
Signature of election agent:	of election agent:			02/04/25
Confirmation of	acceptance	by sub-agent si	gnature	
I understand that I must carry o	out my duties ac fail to fulfil my c	cording to law. I und luties according to la	lerstand t	hat there are penalties if
I confirm my acc	ceptance as sub	-agent for the above	named o	candidate
Signature of sub-agent:			Date:	36 WESCH 9072

Sub-agent's other d	etails in case of query (optional – will not be published)
Home telephone:	01366 381565
Work telephone:	07808 829619
Mobile telephone:	07808 829619
Email address:	josie_ratcliffe @ hotmail.com

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5 - Notification of a	sub-election a	gent			Office us	se only	
Combined authority mayoral election			Date received	Time received	Initials	No	
Combined authority name:			Cambridgesh	ire and Peter	borough		
Date of election:			01/05/2025				
The election agent may apparea but each must have a s					authority		
Candidate name:	L	_orna He	len Dupre		V		
	Details and exte	ent of s	ub-agent				
Name of sub-agent:			JE MIC	HEI MUZEN			
			AINLER AV			Г	
			ald Rolph Court, Cambridge, CB5 8PX				
Extent of appointment (describe area, e.g.			INFOUNSFITAE DISTATIO				
	Election age						
l decl	are the above named	d person	to be a sub-ag	gent			
Signature of election agent:	2		Dat	e: 2/4	(25		
Confirmation of	of acceptance by	sub-a	gent signati				
I understand that I must carry	out my duties accor I fail to fulfil my duti			nd that there	are pena	Ities if	
I confirm my a	cceptance as sub-ag		ne above nam	ed candidate			
Signature of sub-agent:	DLMuch	elbugh	Dat	e: 2/4/	25		
Sub-agent's other deta	ils in case of que	ery (op	tional – will	not be pul	blished)	
Home telephone:							
Work telephone:		O'METANIS CO.					
Mobile telephone:	07956	\$ 52	_ ス	629			
Email address:	With tilbrook	CU	Combridge (Sales ory	,OR		

Deliver this form to the Combined Authority Returning Officer by the fifth working day before the poll.

debbie@middburgh. com

5 - Notification of a sub-election agent			Office us	e only
Combined authority mayoral election	Date received	Time received	Initials	No
Combined authority name:	Cambridgesh	ire and Peter	borough	-
Date of election:	01/05/2025			******

The **election agent** may appoint one or more sub-agents to act within the combined authority area but each must have a separate area. Sub-agent areas **must not overlap.**

Candidate name: Lorna Helen Dupre						
Deta	ails and e	extent of sul	o-agent			
Name of sub-agent:		WILLIM TILLBROOK				
Sub-agents address:				MANDUN, IP 27 DEE		
Office address (if different):		16 RINDUD CDS 9	NULPHI COU	in , (nabridale		
Extent of appointment (describe as council name):	rea, e.g.	CAMBRIDGE CITY				
E	Election	agent signa	ture			
I declare the	e above na	med person to	be a sub-agent			
Signature of election agent: §	ti Sprz			25/42/25		
Confirmation of acc	ceptance	by sub-age	nt signature	(optional)		
I understand that I must carry out m	WEST TO BE TO SERVICE TO THE SERVICE	ccording to law duties accordi		nat there are penalties if		
I confirm my accepta	ance as sul	b-agent for the	above named c	andidate		
Signature of sub-agent:	Iliam -	Thook	Date:	26/03/25		
Sub-agent's other details in	case of	query (option	onal – will no	t be published)		
Home telephone:			,			

Home telephone:

Work telephone:

Mobile telephone:

O7958 763 036

Email address:

Will. Eilbrook @ Contrage libdens.org. uh

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		Office use	e only
Date received	Time received	Initials	No
Cambridgesh	ire and Peter	borough	
01/05/2025			
	Cambridgesh	Cambridgeshire and Peter	Cambridgeshire and Peterborough

The **election agent** may appoint one or more sub-agents to act within the combined authority area but each must have a separate area. Sub-agent areas **must not overlap.**

Candidate name:		Lorna Helen Dupre				
	Details and e	xtent of su	b-agent			
Name of sub-agent:		DIANE CUTLER				
Sub-agents address:		51 DA	ch ROV	. ~	TURROW, PEIS 4	
Office address (if different):						
Extent of appointment (descouncil name):	cribe area, e.g.	FENLO	ino bi	570	PECT	
	Election a	igent signa	ture			
l decl	are the above nar	ned person to	be a sub-a	gen		
Signature of election agent:	nt: S Date: 2			28/3/25		
Confirmation	of acceptance	by sub-age	ent signat	ure	(optional)	
I understand that I must carry	out my duties ac	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		nd t	hat there are penalties if	
I confirm my a	cceptance as sub	-agent for the	above nam	ed o	candidate	
Signature of sub-agent:	DP But	ler	Dat	te:	28/03/25	
Sub-agent's other deta	ils in case of o	query (opti	onal – wil	l no	ot be published)	
Home telephone:						
Work telephone:						
Mobile telephone:	07875	403	068			
Email address:	67875 direca046	gad. co	س ر			

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