



FORM I (Councillor) Nomination for Councillor

WE, the undersigned, being voters of the Town of Outlook
nominate:

Donna Smith, SELF EMPLOYED
(Name) (Occupation)

Of 308 McKenzie Street S., to be a candidate at the
election (Street Address)

Of Councillor: Town of Outlook

Signature *	Printed Name	Street Address or Legal Land Description
<u>[Signature]</u>	<u>Christian Mouldy</u>	<u>503 McGillivray St.</u>
<u>[Signature]</u>	<u>Kevin Grotheim</u>	<u>508 Douglas St.</u>
<u>[Signature]</u>	<u>Rachel Sillers</u>	<u>2 Carter Crescent</u>
<u>Chad Ambatt</u>	<u>Chad Ambatt</u>	<u>529 Douglass</u>
<u>[Signature]</u>	<u>Curtis McLeod</u>	<u>529 Park Ave</u>
<u>6</u>	<u>_____</u>	<u>_____</u>
<u>7</u>	<u>_____</u>	<u>_____</u>

* Minimum of 5 Required



Candidate's Acceptance

I, Donna Smith,
(Name as it will appear on the ballot)

A(n) SELF EMPLOYED,
(Occupation as it will appear on the ballot)

A candidate nominated for the office of: **Councillor, Town of Outlook**
Declare that:

1. I am the full age of 18 years or will attain the full age of 18 years on or before election day;
2. I am a Canadian Citizen;
3. I am not disqualified by *The Local Government Elections Act, 2015* or any other Act from holding the office for which I am a candidate;
4. I have resided in Saskatchewan for at least six consecutive months immediately preceding the date on which this nomination paper is submitted;
5. If elected, I will accept the office for which I was nominated; and
6. I have resided for at least three consecutive months immediately preceding the date on which this nomination paper is submitted in the Town of Outlook;
7. My preferred contact information is as follows (choose at least one):

a. Home Phone Number: _____

b. Cell Phone Number: (306) 867-3254

c. Email Address: _____

d. Other _____

Dated at the Town of Outlook, this 9th day of OCTOBER, 2024

(Signature of Candidate)

(Witness)

(Witness)



Must Accompany Nomination Forms

TOWN OF OUTLOOK PUBLIC DISCLOSURE STATEMENT

Name: Donna Smith

Disclosure of Employer, etc.:

Pursuant to subclause 142(2)(a)(i) of *The Municipalities Act*, I hereby disclose the name of every employer, person, corporation, organization, association, or other body from which I or someone in my family receives remuneration for services performed as an employee, director, manager, operator, contractor, or agent:

My Name or Name of Family Member	Payer	Nature of Relationship
SELF	ALSA INSURANCE GROUP	EMPLOYEE

Disclosure of Corporate Interests:

Pursuant to subclause 142(2)(a)(ii) of *The Municipalities Act*, I hereby disclose the name of each corporation in which I or someone in my family has a controlling interest, or of which I or someone in my family is a director or a senior officer:

My Name or Name of Family Member	Name of Corporation

Disclosure of Partnerships:

Pursuant to subclause 142(2)(a)(iii) of *The Municipalities Act*, I hereby disclose the name of each partnership or firm of which I or someone in my family is a member:

My Name or Name of Family Member	Name of Partnership or Firm

Disclosure of Other Involvements:

Pursuant to subclause 142(2)(a)(iv) of *The Municipalities Act*, I hereby disclose the name of any corporation, enterprise, firm, partnership, organization, association, or body that I or someone in my family directs, manages, operates or is otherwise involved in that:

- transacts business with the municipality;
- the council considers appropriate or necessary to disclose; or
- is prescribed:



Must Accompany Nomination Forms

My Name or Name of Family Member	Name of Corporation, Enterprise, Firm, Partnership, Organization, Association, or Body

Disclosure of Property Holdings:

Pursuant to clause 142(2)(b) of *The Municipalities Act*, I hereby disclose the municipal address or legal description of any property located in the municipality or an adjoining municipality that is owned by:

- (a) me or someone in my family; or
- (b) a corporation, incorporated or continued pursuant to *The Business Corporations Act* or the *Canada Corporations Act*, of which I or someone in my family is a director or senior officer or in which I or someone in my family has a controlling interest:

Owner(s)	Municipal Address or Legal Description	Municipality
Donna Smith	308 McKenzie	Town of Outlook

Disclosure of Contracts and Agreements:

Pursuant to clause 142(2)(c) of *The Municipalities Act*, I hereby disclose the general nature and any material details of any contract or agreement involving me or someone in my family that could reasonably be perceived to be affected by a decision, recommendation or action of the council and to affect my impartiality in the exercise of my office:

My Name or Name of Family Member	General Nature and Any Material Details of Any Contract or Agreement


DECLARATION

I, Donna Smith, of the Town of Outlook, in the Province of Saskatchewan, do hereby declare that to the best of my knowledge, information and belief, the statements and allegations contained and made in this form are true and complete, and I make this declaration for the purpose of official registration, in the full knowledge that it will be available for public examination.

Dated this 9th day of October, 20 24.

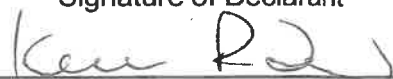


Witness



Signature of Declarant

Date Received: October 9, 2024



CAO/Assistant CAO Signature