

FORM I (Councillor) Nomination for Councillor

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

	, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
election	et Address)	a candidate at the
Of Signature *	Councillor: Town of Ou Printed Name	Itlook Street Address or Legal Land Description
1 JEST	Christian Moulds	SOB UcGillionys
2 K- MM	Kevin Grotheim	508 Douglas St.
3	Rachel Sillers	2 Conter Crescent
4 Chad Amhalf	Charl Anhot	529 Douglass
500	Curt's MC/FOD	529 PARK Ave
6		
7	·	,

^{*} Minimum of 5 Required

Forms of Bylaw 04 (2024) To	own of Outlook
Candidate's Acceptance	
1, Donna Smith	
(Name as it will appear on the ballot)	
A(n) Seef tomposyon . (Occupation as it will appear on the ballot)	,
A candidate nominated for the office of: Councillor, Towr	n 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 A	A <i>ct, 2015</i> or
any other Act from holding the office for which I am a cand	
4. I have resided in Saskatchewan for at least six consecutive	
immediately preceding the date on which this nomination p	paper is
submitted;	
5. If elected, I will accept the office for which I was nominated	
6. I have resided for at least three consecutive months imme	
preceding the date on which this nomination paper is subn	nitted in the
Town of Outlook;	()
7. My preferred contact information is as follows (choo	se at least
one):	
a. Home Phone Number:	
b. Cell Phone Number: (306) 867- 3254	
c. Email Address:	

(Signature of Candidate)

(Witness)

(Witness)





Name: Donna Sm	ith	
Disclosure of Employer, etc.: Pursuant to subclause 142(2)(a)(i) every employer, person, corporation or someone in my family receives director, manager, operator, contra	on, organization, assoc remuneration for servic	iation, or other body from which I
My Name or Name of Family Member	Payer	Nature of Relationship
SOLF	ason INSURANCE B	ON EMPLOYEE
Disclosure of Corporate Interests: Pursuant to subclause 142(2)(a)(i) of each corporation in which I or which I or someone in my family is My Name or Name of Family	someone in my family	has a controlling interest, or of officer:
Member		

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:

- (a) transacts business with the municipality;
- (b) the council considers appropriate or necessary to disclose; or
- (c) is prescribed:



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 Suit	308 MCKenzie	Town of Ostland

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

Date Received: October 9, 2024

Signature of Declarant

CAO/Assistant CAO Signature



Important Notices



Protected B once completed

PIB CMP PPU 030

PIB CMP PPU 005

Reference Number

Release of Results of Criminal Record Check

• This information does not constitute a Certified Criminal Record by the RCMP.

A Certified Criminal Record can only be issued based on the s	ubmission of fingerprints to the RCM	MP National Repository of C	riminal Records.
This information may not contain all criminal record convictions Youth Criminal Justice Act.	s, or convictions and records related	d to "young persons" pursual	nt to the
Motor vehicle records not checked; consult provincial/territorial	ministries for driver's abstract.		
Applicant Information	Charles of the		
Current Legal Surname (required)	Current Legal Given Name	s (required)	THE ALLEY WAS ALLEY OF THE
SMITH	DONNA EILEEN		
Gender	Date of Birth (yyyy-mm-dd;	required)	
Male Female	1952-09-07		
Current Address (required)	City (required)	Province	Postal Code (A9A 9A9; required
308 MCKENZIE ST S	OUTLOOK	SK	SOL 2NO
Criminal Record Check Results			
Note: This is not an affirmation of good character			
Negative: Based solely on the name and date of birth provide identify any records with the name and date of birth of the ap were also searched. Positive identification that a criminal reconfirmed by fingerprint comparison. Delays do exist between Repository of Criminal Records. Not all offences are reported	plicant. All available police records i ord does or does not exist at the RC n a conviction being rendered in cou I to the RCMP National Repository of	management systems and c CMP National Repository of urt, and the details being acc of Criminal Records.	court records, where applicable Criminal Records can only be cessible on the RCMP National
Incomplete: Based solely on the name and date of birth provide completed. All available police records management system criminal record does or does not exist requires the applicant to police service or accredited private fingerprinting company. Duthe RCMP National Repository of Criminal Records. Not all o	ems and court records, where applic to submit fingerprints to the RCMP N Delays do exist between a conviction	cable were also searched. P National Repository of Crimi n being rendered in court, ar	ositive identification that a nal Records by an authorized ad the details being accessible on
Possible Match: Based solely on the name and date of birth resulted in a possible match to a registered criminal record. A searched. Positive identification that a criminal record does o fingerprint comparison. As such, the criminal record informati Delays do exist between a conviction being rendered in court offences are reported to the RCMP National Repository of Cr	All available police records managen or does not exist at the RCMP Nation on declared by the applicant does not, and the details being accessible o	ment systems and court reconal Repository of Criminal Rout constitute a Certified Crir	ords, where applicable were also ecords can only be confirmed by ninal Record by the RCMP.
Local Conviction not Added to National Repository of Cr information declared by the applicant, there was a criminal consuspension (Pardon) was granted. Delays do exist between of Criminal Records.	onviction registered on the date belo	ow, but not a sex offender re	ecord where a Record
If "Local Conviction not Added to National Repository of Criminal (yyyy-mm-dd)	Records" was selected, please prov	vide the date the criminal co	nviction was registered on.
Additional Comments (this field expands)			
Received by	Avid & L. W. Staff Line B	PERSONAL PROPERTY.	
Employee Name	HRMIS No.	Detachment Stamp or Sea	ıl
M STALWICK	000149793	P.O. Box 326	PDETACHMENT
Signature A I G1 I F	Date (yyyy-mm-dd)	OUTLOOK, Sask	atchewan
MHalwick	2014.10.09	SUL ZINU	SN10079