



FORM I (Councillor) Nomination for Councillor

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

MAUREEN APPLIN, SEMI-RETIRED E.D.O.
(Name) (Occupation)

Of 219 THOMSON ST OUTLOOK 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>LEO Whyte</u> | <u>310 THOMSON</u> |
| <u>[Signature]</u> | <u>DAVID Simonson</u> | <u>#6 Tufts Cres.</u> |
| <u>[Signature]</u> | <u>Anna Simonson</u> | <u>#6 Tufts Crescent</u> |
| <u>[Signature]</u> | <u>Marion Lemon</u> | <u>415 Thomson St.</u> |
| <u>[Signature]</u> | <u>RAY Lemon</u> | <u>415 THOMSON ST</u> |
| <u>[Signature]</u> | <u>Ed Applin</u> | <u>219 Thomson ST</u> |
| <u>[Signature]</u> | <u>ONA SOLNICKA</u> | <u>215 Thomson St.</u> |

* Minimum of 5 Required



Candidate's Acceptance

I, MAUREEN APPLIN,
(Name as it will appear on the ballot)

A(n) SEMI-RETIRED E.D.O.,
(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: 306-860-7400

c. Email Address: emapplin@hotmail.com

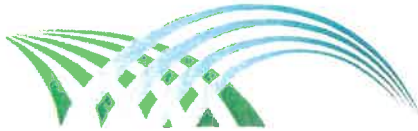
d. Other _____

Dated at the Town of Outlook, this 8th day of OCTOBER, 2024

Maureen L. Applin
(Signature of Candidate)

Anna V. Simaisa
(Witness)

David Simison
(Witness)



Must Accompany Nomination Forms

TOWN OF OUTLOOK PUBLIC DISCLOSURE STATEMENT

Name: MAUREEN APPLIN

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 |
|----------------------------------|-------------------|------------------------|
| EDWARD APPLIN | R.M. OF RUDY #284 | 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 |
|----------------------------------|---------------------|
| N/A | |
| | |

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 |
|----------------------------------|-----------------------------|
| N/A | |
| | |

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:



Must Accompany Nomination Forms

| My Name or Name of Family Member | Name of Corporation, Enterprise, Firm, Partnership, Organization, Association, or Body |
|----------------------------------|--|
| N/A | |

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 |
|-------------------------|--|-----------------|
| EDWARD & MAUREEN APPLIN | 219 THOMSON ST. | 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 |
|----------------------------------|--|
| N/A | |

DECLARATION

I, MAUREEN APPLIN, 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 8th day of OCTOBER 2024.

James V. Simois
Witness

Maureen L. Applin
Signature of Declarant

Date Received: October 9, 2024

Kevin P. J.
CAO/Assistant CAO Signature