

**Appendix C**

**FORM I (FRONT)**

[Clauses 67(3)(a),(b),(c),(d),(g) & (h) and subsections 67(3), (4) & (5) of the Act]  
[Subsection 37(1) of the Regulations]

**Nomination**

We the undersigned, being voters of the:

**THE VILLAGE OF LEASK**

nominate \_\_\_\_\_ , \_\_\_\_\_  
*(Name)*

of \_\_\_\_\_ , to be a candidate at the By-Election  
*(Street/road address or legal description of land)*

to be held on the **12<sup>TH</sup>** day of **March** , **2025** \_\_\_\_ for the office of:

**Councillor:** **THE VILLAGE OF LEASK**

<i>Signature *</i>	<i>Name (printed)</i>	<i>Street/Road Address or Legal Description of Land</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* require at least  
• 25 signatures for a municipality with a population of 20,000 or more (except for Rural Municipalities);  
• 5 signatures for a municipality with a population of less than 20,000 (except for Rural Municipalities); or  
• 2 signatures for Rural Municipalities.

## Candidate's Acceptance

I, \_\_\_\_\_,  
(Name as it will appear on the ballot)

a(n) \_\_\_\_\_,  
(Occupation)\*

a candidate nominated for the office of:

**Councillor: THE VILLAGE OF LEASK**

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 If elected, I will accept the office for which I was nominated; and
- 4 I am not disqualified by *The Local Government Election Act, 2015* or any other Act from holding the office for which I am a candidate

**For municipalities – excluding rural municipalities and resort villages**

- 5 I have resided in Saskatchewan for at least six consecutive months immediately preceding the date on which this nomination paper is submitted; and
- 6 I have resided in the municipality, or on land now in the municipality, for at least three consecutive months immediately preceding the date on which this nomination paper is submitted.

Signature: \_\_\_\_\_

**VILLAGE OF LEASK  
PUBLIC DISCLOSURE STATEMENT  
Form 1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Disclosure of Employer, etc.:**

Pursuant to (subclause 116(2)(a)(i) of *The Cities Act* / subclause 142(2)(a)(i) of *The Municipalities Act* / subclause 160(2)(a)(i) of *The Northern Municipalities Act, 2010*), 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

**Disclosure of Corporate Interests:**

Pursuant to (subclause 116(2)(a)(ii) of *The Cities Act* / subclause 142(2)(a)(ii) of *The Municipalities Act* / subclause 160(2)(a)(ii) of *The Northern Municipalities Act, 2010*), 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 116(2)(a)(iii) of *The Cities Act* / subclause 142(2)(a)(iii) of *The Municipalities Act* / subclause 160(2)(a)(iii) of *The Northern Municipalities Act, 2010*), 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 116(2)(a)(iv) of *The Cities Act* / subclause 142(2)(a)(iv) of *The Municipalities Act* / subclause 160(2)(a)(iv) of *The Northern Municipalities Act, 2010*), 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 116(2)(b) of *The Cities Act* / clause 142(2)(b) of *The Municipalities Act* / clause 160(2)(b) of *The Northern Municipalities Act, 2010*), 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

**Disclosure of Contracts and Agreements:**

Pursuant to (clause 116(2)(c) of *The Cities Act* / clause 142(2)(c) of *The Municipalities Act* / clause 160(2)(c) of *The Northern Municipalities Act, 2010*), 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, \_\_\_\_\_, of the [FULL NAME OF MUNICIPALITY], 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. I make this declaration for the purpose of official registration in the full knowledge that it will be available for public examination.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Witness*

\_\_\_\_\_  
*Signature of Declarant*

Date Received:

**Village of Leask**  
Box 40, Leask, Saskatchewan S0J 1M0  
Phone: (306) 466-2229 Fax: (306) 466-2239  
Email: admin@leask.ca

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Date:

To Whom It May Concern,

\_\_\_\_\_ is obtaining their Criminal Record Check for the  
(Name)  
following reason: To become a candidate at the Village of Leask By-Election  
which will be held on Wednesday, March 12, 2025 .

\_\_\_\_\_ is aware they require two pieces of Government  
(Name)  
Identification, one must contain a picture.

\_\_\_\_\_ is aware if in the past have been criminally charged  
(Name)  
finger prints will be required, \$50.00 fee will be required, payable to Receiver  
General of Canada by bank draft or money order(cash or cheques not accepted).

Yours truly,

\_\_\_\_\_  
Yvette Hamel  
Village of Leask Administrator