FORM I (BACK)

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

Candidate's Acceptance

LORI MASSON	
(Name as it will appear on the ballot)	,
a(n) <u>Supervisor</u> , Government of Si (Occupation)*	ask.,
a candidate nominated for the office of:	
Councillor: Town of Balgonie	_ 2 - 12 - 1
declare that:	
 I am the full age of 18 years or will attain the full age of 18 years on or be I am a Canadian citizen; If elected, I will accept the office for which I was nominated; and I am not disqualified by The Local Government Election Act, 2015 or any holding the office for which I am a candidate; 	
For municipalities – excluding rural municipalities and resort villages	
I have resided in Saskatchewan for at least six consecutive months immediate on which this nomination paper is submitted; and I have resided in the municipality, or on land now in the municipality, for consecutive months immediately preceding the date on which this nominated.	r at least three
Dated at Balgonie, this 1 5t day of November, 2023.	
(Signature of Candidate) (Witness)	
(Witness)	2//-

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:

TOWN OF BALGONIE

Nominate	LORI MASSON	
	(Name)	ter conferent had been comed and the
of 256 Que	en St.	, to be a candidate at the
(Street/road address	or legal description of land)	
By-Election to be held on th	e 6 th day of December, 2023 for t	he office of:
	Councillor: Town o	f Balgonie
Signature *	Name (printed)	Street/Road Address or Legal Description of Land
Coula Yuebel	Carla Giebel	2 Assiniboia Bay
	Tyler Gilbert	2 Assini boia Bay.
Juli Kl	Julie Konkel	250 Queen St.
	Jordan Konkel	250 Queen st
Alf.	Kelsey Thomson	38 Assiniboia Ban

^{*} require at least 5 signatures for a municipality with a population of less than 20,000

TOWN OF BALGONIE

Name: Lawel (Lori) Masson

PUBLIC DISCLOSURE STATEMENT – Candidate for Municipal Office Form 1

Disclosure of Employer, etc.:		
Pursuant to subclause 142(2)(a)(i) of	The Municipalities Act. I I	hereby disclose the name of every
employer, person, corporation, orga		
in my family receives remuneration		
operator, contractor, or agent:	ioi services periorifica as	an employee, director, manager,
operator, contractor, or agent.		
My Name or Name of Family Member	Payer	Nature of Relationship
LORI MASSON	Gov't of Sasi	¿ Employee
Jim MASSON	Deticed.	By Hushand
J111 1111 33010	NCMCO	Husbang
Disclosure of Corporate Interests:		
Experience of the state of the		of the formating of degree
Pursuant to subclause 142(2)(a)(ii) o	of The Municipalities Act,	I hereby disclose the name of each
corporation in which I or someone in	my family has a controlling	
	my family has a controlling	
corporation in which I or someone in	my family has a controlling	
corporation in which I or someone in in my family is a director or a senior	my family has a controllir officer:	
corporation in which I or someone in	my family has a controlling	
corporation in which I or someone in in my family is a director or a senior	my family has a controllir officer:	
corporation in which I or someone in in my family is a director or a senior	my family has a controllir officer:	
corporation in which I or someone in in my family is a director or a senior	my family has a controllir officer:	
corporation in which I or someone in in my family is a director or a senior	my family has a controllir officer:	
corporation in which I or someone in in my family is a director or a senior	my family has a controllir officer:	
corporation in which I or someone in in my family is a director or a senior	my family has a controllir officer:	
corporation in which I or someone in in my family is a director or a senior My Name or Name of Family Member Disclosure of Partnerships:	my family has a controlling officer: Name of Corporation	ng interest, or of which I or someone
corporation in which I or someone in in my family is a director or a senior My Name or Name of Family Member Disclosure of Partnerships: Pursuant to subclause 142(2)(a)(iii)	my family has a controlling officer: Name of Corporation of The Municipalities Act,	ng interest, or of which I or someone
corporation in which I or someone in in my family is a director or a senior My Name or Name of Family Member Disclosure of Partnerships:	my family has a controlling officer: Name of Corporation of The Municipalities Act,	ng interest, or of which I or someone
corporation in which I or someone in in my family is a director or a senior My Name or Name of Family Member Disclosure of Partnerships: Pursuant to subclause 142(2)(a)(iii)	my family has a controlling officer: Name of Corporation of The Municipalities Act,	ng interest, or of which I or someone
corporation in which I or someone in in my family is a director or a senior My Name or Name of Family Member Disclosure of Partnerships: Pursuant to subclause 142(2)(a)(iii)	my family has a controlling officer: Name of Corporation of The Municipalities Act,	ng interest, or of which I or someone I hereby disclose the name of each ember:
corporation in which I or someone in in my family is a director or a senior My Name or Name of Family Member Disclosure of Partnerships: Pursuant to subclause 142(2)(a)(iii) partnership or firm of which I or som	my family has a controlling officer: Name of Corporation of The Municipalities Act, neone in my family is a me	ng interest, or of which I or someone I hereby disclose the name of each ember:
corporation in which I or someone in in my family is a director or a senior My Name or Name of Family Member Disclosure of Partnerships: Pursuant to subclause 142(2)(a)(iii) partnership or firm of which I or som	my family has a controlling officer: Name of Corporation of The Municipalities Act, neone in my family is a me	ng interest, or of which I or someone I hereby disclose the name of each ember:

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		
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	za isto, con unida fastina acua conde dun se asculada.		
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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
LORI & J	M MASSON	256 Wheen St	Balgonie
		Plan 61950	
		FIUN 61730	

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

	1, Lori Masson, of the	e <u>Town of Balgonie</u> , in the			
	Province of Saskatchewan, do hereby declare				
	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 $\frac{31}{}$ day of $\cancel{\cancel{000000000000000000000000000000000$				
<u>On</u>	rasion.	- Amesson			
Witness		Signature of Declarant			
Date Received:	November 1, 2023				
Returning Office	er/Nomination Officer: Kari Prevost				

FORM B.1 [Clause 6.1(1)(a)]

[0:0000 0.1(1)(0)]
RESULTS OF CRIMINAL RECORD CHECK FOR CANDIDATE FOR ELECTION
NAME OF CANDIDATE: Masson Laurel Joan Last Name Given Name Middle Name
PREVIOUS NAME and/or ANY OTHER NAMES USED:
Apt.# Street/Avenue Bolgonie Sask 5060ED (306)771-2848 City/Town Province/Postal Code Telephone Number DATE OF BIRTH: 60/10/11 PLACE OF BIRTH: Region
GENDER: Male Female MUNICIPALITY:
NAME OF LOCAL POLICE SERVICE THAT CONDUCTED CHECK: White Butte
CRIMINAL RECORD CHECK ATTACHED: (Yes) No
Note: The criminal record check from the local police service must be attached to this form to be acceptable for submission with the nomination paper and must have been completed not more than 30 days before the date of submission.
STATEMENT OF CONSENT: I consented to a search of all records available at the time the search was conducted, including charges before the courts (including active alternative measures, stays of proceedings entered within one year of this request and findings of unfit to stand trial), findings of guilt or convictions (including youth records accessible under subsection 119(2) of the Youth Criminal Justice Act) and court orders (including peace bonds, restraining orders and recognizances under sections 810.01, 810.1 or 810.2 of the Criminal Code) registered in my name if the National Repository and local records available to the police service. I understand that if a possible recort existed, it would not be disclosed until identification was confirmed by either myself or by fingerprints. I also understand that apprehensions, orders or other records relating to The Mental Health Services Act or The Youth Drug Detoxification and Stabilization Act were not disclosed.
I understand criminal record checks submitted pursuant to section 89.1 of The Municipalities Act: • are not considered to be for a volunteer position; • are not considered to be for a position with the vulnerable sector; • do not require fingerprint verification for the sake of submission with the nomination paper and it was moption to submit a fingerprint verification to confirm my identity and record or lack of a record; • do not require a release of information to a third party because I received the results personally; and • are not required to include copies of the records themselves.

Protected B once completed

PIB CMP PPU 030

CMP PPU 005

Release of Results of Criminal Record Check

Reference Number 1518-2023/09

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						10.00

- This information does not constitute a Certified Criminal Record by the RCMP.
- A Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Records.
- This information may not contain all criminal record convictions, or convictions and records related to "young persons" pursuant to the Youth Criminal Justice Act.
- Motor vehicle records not checked; consult provincial/territorial ministries for driver's abstract.

Applicant Information					
Current Legal Surname (required)	Current Legal Given Names (required)				
MASSON	Lori				
Gender	Date of Birth (yyyy-mm-dd;	Date of Birth (yyyy-mm-dd; required)			
◯ Male ● Female	1962-10-11	1962-10-11			
Current Address (required)	City (required)	Provi	nce Postal Code (A9A 9A9; required)		
256 Queen Street	Balgonie SK SOG 0E0				
Criminal Record Check Results					
Note: This is not an affirmation of good character					
Negative: Based solely on the name and date of birth provided identify any records with the name and date of birth of the appli were also searched. Positive identification that a criminal record confirmed by fingerprint comparison. Delays do exist between a Repository of Criminal Records. Not all offences are reported to	icant. All available police records r d does or does not exist at the RC a conviction being rendered in cou o the RCMP National Repository o	management systems ar MP National Repository urt, and the details being of Criminal Records.	nd court records, where applicable of Criminal Records can only be accessible on the RCMP National		
Incomplete: Based solely on the name and date of birth provide be 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. Detented the RCMP National Repository of Criminal Records. Not all offer	ns and court records, where applic submit fingerprints to the RCMP N lays do exist between a conviction	cable were also searched National Repository of Control in court To being rendered in court	Positive identification that a riminal Records by an authorized , and the details being accessible on		
Possible Match: Based solely on the name and date of birth p resulted in a possible match to a registered criminal record. All searched. Positive identification that a criminal record does or a fingerprint comparison. As such, the criminal record information Delays do exist between a conviction being rendered in court, a offences are reported to the RCMP National Repository of Crim	available police records managen does not exist at the RCMP Nation n declared by the applicant does n and the details being accessible on ninal Records.	nent systems and court on the Repository of Crimina of constitute a Certified on the RCMP National Re	records, where applicable were also all Records can only be confirmed by Criminal Record by the RCMP. epository of Criminal Records. Not all		
Local Conviction not Added to National Repository of Crim information declared by the applicant, there was a criminal con Suspension (Pardon) was granted. Delays do exist between a of Criminal Records.	viction registered on the date below	ow, but not a sex offende	er record where a Record		
If "Local Conviction not Added to National Repository of Criminal R (yyyy-mm-dd)	ecords" was selected, please prov	vide the date the crimina	l conviction was registered on.		
Additional Comments (this field expands)					
Received by					
Employee Name	HRMIS No.	Detachment Stamp or	Seal		
ri Loker 000250195 RCMP White Butte Detachi					
Signature	Date (yyyy-mm-dd)	The second secon	at Plains Road		
K. Kokev	NOV 1 2023		ark, SK S4L 1C3		