

**Nomination**  
**RURAL MUNICIPALITY OF LAKE LENORE NO.399**

We the undersigned, being voters of the:

The Rural Municipality of Lake Lenore No. 399
Division No. <u>Reeve</u>

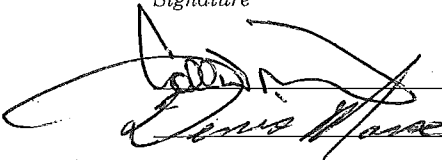
nominate Shawn Blandin,  
(Name)

of Parcel T ex 1583 NW 18-42-20 W 2, to be a candidate at the election  
(Street/road address or legal description of land)

to be held on the 13th day of November , 2024 for the office of:

Reeve: <u>RURAL MUNICIPALITY</u> of <u>LAKE LENORE</u> <small>(Municipality)</small>
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Councillor: _____ of _____ <small>(Municipality)</small>
Division No. _____

<small>Signature *</small>	<small>Name (printed)</small>	<small>Street/Road Address or Legal Description of Land</small>
	<u>COLLEEN MARTIN</u>	<u>NW 21-42-20 W 2</u>
<u>Dennis Masse</u>	<u>DENNIS MASSE</u>	<u>NE 09-42 - 21 W 2</u>
_____	_____	_____
_____	_____	_____

<u>Witnessed signatures above</u>		
<u>Kimberly Martin</u>	<u>Kimberly Martin</u>	<u>NW 21-42-20 W 2</u>
_____	_____	_____
_____	_____	_____

- \* 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  
RURAL MUNICIPALITY OF LAKE LENORE NO.399

I, Shawn Blandin,  
(Name as it will appear on the ballot)

a candidate nominated for the office of:

(X)

**Reeve:** The Rural Municipality of Lake Lenore No. 399

**Councillor:** The Rural Municipality of Lake Lenore No. 399  
Division No. \_\_\_\_\_

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 rural municipalities**

- 5 I am eligible to vote in the municipality;
- 6 I am a resident of Saskatchewan;

**Candidate's preferred contact information**  
(Candidates must provide at least one of the following)

Home Phone Number: 306 921 6457

Cell Phone Number: 306 921 6457

Email Address: msblandin@sasktel.net

Other Contact Information: \_\_\_\_\_

Dated at St. Brigid, this 4 day of Oct., 20 24.

[Signature]  
(Signature of Candidate)

[Signature]  
(Witness)

[Signature]  
(Witness)