

FORM K

{Section 75 of the Act}

Receipt of Nomination and Candidate's Acceptance

I acknowledge that I have received a completed nom	ination paper and candidate's acceptance form
from <u>Cameron Brown</u>	
	(Name)
of 9019 6th Street	, a candidate for the office of:
(street/road address or legal description of land)	
(complete as applicable)	
Mayor: Town of Rosthern	
Councillor: Town of Rosthern	
Dated at Rosthern, SK this7 th _ day of <u>Octob</u>	<u>CC</u> , 2024.
_Me	(Returning Officer or Nomination Officer)



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

	HOMINATION	
We the undersigned, being	voters of the Town of Rosthern	
nominate CAMERO	DROWN, TECH	HNICAL SALAS REP. SOPREM
of 90196th S	oad address or legal description of land)	,
	ction to be held on the 13 th day of No	ovember 2024, for the office of
(complete one)		, and office of.
	_ Mayor: Town of Rosthern	
	or	
<u> </u>	Councillor: Town of Rosthern	
Signature	Name (printed	Street/Road Address or Legal Description of Land
Kolf	- Kimberly Brown	
Sherman	Shaya Brown	9019 6th st
anne Marie In	nth ANNE-MARIE SI	1174 8013 6th ST
1/1/1	Horon KADENG	406 9th Ave, Katlery &
Haching	Kate Kading	406 9th Ave Rostkern. SK



FORM I (BACK)
(Clauses 67(3)(a)(b)(c)(d)(g) & (h) of the Act)
{Subsection 37(1) of the Regulations}

CANDIDATE'S ACCEPTANCE
I, CAMERON BROWN (Name as it will appear on the ballot) a(n) TECHNICAL SALES REP. SOPREMA CANADA, (Occupation) a candidate nominated for the office of: (complete as applicable)
(Name as it will appear on the ballot)
a(n) TECHNICAL SALES PEP SOPREMA CANADA
(Occupation)
a candidate nominated for the office of: (complete as applicable)
Mayor: Town of Rosthern
or
Councillor: Town of Rosthern
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; 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; 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 Town of Rosthern, or on land now in the Town of Rosthern, for at least three consecutive months immediately preceding the date on which this nomination paper is submitted. Dated at Rosthern, SK this
Signature of Candidate) day of Step Hem 1842, 2024.
(witness)

(Witness)



Royal Canadian Gendarmerie royale Mounted Police du Canada

Protected B once completed

PIB CMP PPU 030

PIB CMP PPU 005

Release of Results of Criminal Record Check

Reference Number

Important Notices			
This information does not constitute a Certified Criminal Reco	ord by the RCMP.		Odminal Records
A Certified Criminal Record can only be issued based on the	submission of fingerprints to the Re	CMP National Repository of	Criminal Records.
This information may not contain all criminal record conviction Youth Criminal Justice Act.	ns, or convictions and records relate	ed to "young persons" pursu	ant to the
Motor vehicle records not checked; consult provincial/territorial	al ministries for driver's abstract.		
Applicant Information	数据其上于"不特征"		
Current Legal Surname (required)	Current Legal Given Nam	es (required)	
BROWN	Cameron	1	
Gender	Date of Birth (yyyy-mm-do	; required)	
Male Female		Province	Postal Code (A9A 9A9; required)
Current Address (required)	City (required)	sk	SOK 3RO
	ROSCHEIN		
Criminal Record Check Results			
Note: This is not an affirmation of good character Negative: Based solely on the name and date of birth provided the solely of the all the solely of the so	ted by the applicant, a search of the	RCMP National Repository	of Criminal Records did not
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.	cord does or does not exist at the RO en a conviction being rendered in cold d to the RCMP National Repository	CMP National Repository of Curt, and the details being accord Criminal Records.	essible on the RCMP National
be completed. All available police records management syst criminal record does or does not exist requires the applicant police service or accredited private fingerprinting company. I the RCMP National Repository of Criminal Records. Not all of	to submit fingerprints to the RCMP Delays do exist between a conviction offences are reported to the RCMP N	National Repository of Crimin being rendered in court, and lational Repository of Crimin	al Records by an authorized of the details being accessible on al Records.
resulted in a possible match to a registered criminal record. A searched. Positive identification that a criminal record informat fingerprint comparison. As such, the criminal record informat Delays do exist between a conviction being rendered in cour	or does not exist at the RCMP Nation ion declared by the applicant does not, and the details being accessible or impal Records	nal Repository of Criminal Re ot constitute a Certified Crim in the RCMP National Reposi	cords can only be confirmed by inal Record by the RCMP. tory of Criminal Records. Not all
Local Conviction not Added to National Repository of Cr information declared by the applicant, there was a criminal of Suspension (Pardon) was granted. Delays do exist between	iminal Records: Based solely on tronviction registered on the date below a conviction rendered in court and the co	ne details being accessible of	n the RCMP National Repository
of Criminal Records. If "Local Conviction not Added to National Repository of Criminal (yyyy-mm-dd)	Records: was selected, please prov	nde the date the chimie.	3
Additional Comments (this field expands) Vulnerable Sector checks can only be co	ompleted on individua	ls 18yrs of age a	nd older.
Received by			
Employee Name C.HUNTER	HRMIS No.	Detachment Stamp or Seal	
COLLEGE HUNTER ROSTHERN RCMP	000189676	D00=	
Signature CM I MAY	Date (yyyy-mm-dd) AU 109 124	ROSTHE P.O. BO: ROSTHE SOK 3RO	RN, SK



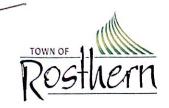
M-36.1 REG 1

MUNICIPALITIES

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

RESULTS OF CRIMINAL RECORD CHECK FOR CANDIDATE FOR ELECTION
NAME OF CANDIDATE: BROWN CAMERON MORLEOD Last Name Given Name Middle Name
ADDRESS: 90/9 6+k ST Apt.# Street/Avenue Sort 300 Apr. Sort 300
City/Town Province/Postal Code Telephone Number DATE OF BIRTH: PLACE OF BIRTH: Kear/Month/Day
MUNICIPALITY:
NAME OF LOCAL POLICE SERVICE THAT CONDUCTED CHECK: KOSTHERN RCM
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 day of submission.
STATEMENT OF CONSENT: I consented to a search of all records available at the time the search was conducted, including charges befor 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 \$10.01, \$10.1 or \$10.2 of the Criminal Code) registered in my name in the National Repository and local records available to the police service. I understand that if a possible record 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.
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 m option 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.
ated this 28 day of SEPT 20 24. Signature

17 Dec 2010 SR 121/2010 s8.



Name: Address:

PUBLIC DISCLOSURE STATEMENT Form 1

CAMERON BROWN 9019 6th ST, ROSTHERN SK, SOK 3RO

Act / subclause 160(2)(a)(i) of Th	ne Northern Municipalities	lause 142(2)(a)(i) of <i>The Municipalit Act. 2010</i>), I hereby disclose the nar
every employer person corporat	ion, organization, associati	ion, or other body from Which I of
someone in my family receives re	emuneration for services pe	erformed as an employee, director,
manager, operator, contractor, or	agent:	
		5 Deletionship
My Name or Name of Family	Payer	Nature of Relationship
Member	0.000	Can Or mill
CAMERON BROWN	SOPREMA	EMPLEYEE
KIMBERLY BROWN SHAYD BROWN	SELF	SOLE PROPRIET
SHAYA BROWN	TIM HORTON	s employme
CASH BROWN	TIM HORTON	s employer
of each corporation in which I or someone in my family is a director	someone in my family has or or a senior officer:	Act, 2010), I hereby disclose the nar a controlling interest, or of which I on
of each corporation in which I or someone in my family is a director My Name or Name of Family	someone in my family has	a controlling interest, of of which is
of each corporation in which I or someone in my family is a director	someone in my family has or or a senior officer:	a controlling interest, of of which is
of each corporation in which I or someone in my family is a director My Name or Name of Family	someone in my family has or or a senior officer:	a controlling interest, of of which is
of each corporation in which I or someone in my family is a director. My Name or Name of Family Member Disclosure of Partnerships:	someone in my family has or or a senior officer: Name of Corporation	on
of each corporation in which I or someone in my family is a director. My Name or Name of Family Member Disclosure of Partnerships: Pursuant to (subclause 116(2)(a)(i	someone in my family has or or a senior officer: Name of Corporation	lause 142(2)(a)(iii) of <i>The</i>
of each corporation in which I or someone in my family is a director. My Name or Name of Family Member Disclosure of Partnerships: Pursuant to (subclause 116(2)(a)(i Almicinalities Act / subclause 160	ii) of <i>The Cities Act</i> / subc	on
of each corporation in which I or someone in my family is a director. My Name or Name of Family Member Disclosure of Partnerships: Pursuant to (subclause 116(2)(a)(i Almicinalities Act / subclause 160	ii) of <i>The Cities Act</i> / subc	lause 142(2)(a)(iii) of <i>The</i> a Municipalities Act, 2010), I hereby omeone in my family is a member:
of each corporation in which I or someone in my family is a director of My Name or Name of Family Member Disclosure of Partnerships: Pursuant to (subclause 116(2)(a)(i Municipalities Act / subclause 160 disclose the name of each partners My Name or Name of Family	ii) of <i>The Cities Act</i> / subcomposed from the cities of the Northern hip or firm of which I or some some one of the Northern hip or firm of which I or some of the Northern of the No	lause 142(2)(a)(iii) of <i>The</i> a Municipalities Act, 2010), I hereby omeone in my family is a member:
of each corporation in which I or someone in my family is a director of My Name or Name of Family Member Disclosure of Partnerships: Pursuant to (subclause 116(2)(a)(i Municipalities Act / subclause 160 disclose the name of each partners My Name or Name of Family	ii) of <i>The Cities Act</i> / subcomposed from the cities of the Northern hip or firm of which I or some some one of the Northern hip or firm of which I or some of the Northern of the No	lause 142(2)(a)(iii) of <i>The</i> a Municipalities Act, 2010), I hereby omeone in my family is a member:

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:

- (i) me or someone in my family; or
- (ii) 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
CAMERON/KIMBERLY BROWN	9019 6HST	ROSTHERN

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	General Nature and Any Material Details of Any
Member	Contract or Agreement

Note:

- 1. This form must be completed within 30 days of election
- 2 This form, when completed, is a public document
- 3 The administrator will make amendments to this disclosure in accordance with subsequent declarations filed by the member
- The administrator will note the date on which this statement was amended.

 The administrator will note the date on which this statement was amended.

DECLARATION

I. <u>CAMBRON</u> BROWN, of the [TOWN OF ROSTHERN], 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 **28** day of **SEPT**, 20 **24**.

Signature of Declarant

Date Received: October 7, 2024