

FORM I

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

NOMINATION - RM COUNCILLOR

We the undersigned, being voters of the Rural Municipality of Lumsden No. 189, Division No. 2, 4, (6) nominate:
(circle one)

NAME: Cody Todd Jordison

OCCUPATION: Paramedic

ADDRESS (legal land description): SW5-20-22 W2

to be a candidate at the election to be held on the 9th day of November, 2022, for the office of
COUNCILLOR - DIVISION NO. 2, 4, (6)
(circle one)

Signature

Name (printed)

Legal Land Description

[Signature of Dean Schwartz]

DEAN SCHWARTZ SW4 20 21 W2

[Signature of Dixie Kistner]

DIXIE KISTNER SW6-20-22-W2

NOTE: In the case of nomination for COUNCILLOR, this form must be signed by 2 voters from that division.

CANDIDATE'S ACCEPTANCE

I, Cody Jordison
(Name as it will appear on the ballot)

a(n) Paramedic
(Occupation as it will appear on the ballot)

a candidate nominated for the office of Councillor - Division No. 2, 4, (6) Rural Municipality of Lumsden No. 189,
declare that:
(circle one)

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

Dated at Sept 28 Lumsden, SK this 28 day of September, 2022.

[Signature of Candidate]
(Signature of Candidate)

[Signature of Witness]
(Witness)

[Signature of Witness]
(Witness)

Nomination Only Valid If Criminal Record Check Attached (CRC must be dated within the last 6 months)
as well as a Public Disclosure Statement

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**RM OF LUMSDEN NO. 189
PUBLIC DISCLOSURE STATEMENT
Form 1 (Attach to Nomination Form)**

Name: Cody Jonkison

Address: Box 915 Lumsden SK 506300

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
Cody Jonkison	sask health authority	Employee
Cody Jonkison	SARM	committee member
Krystal Jonkison	Town of Lumsden	Employee - manager

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

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Disclosure of Business Arrangements:

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 disclose²; 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
Cody / Krystal Jordan	545-20-2242	RM 189

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

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DECLARATION

I, Cady Jackson, of the Rural Municipality of Lumsden No. 189, 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 28 day of September 20 22.

Witness



Signature of Declarant (Candidate)

Date Received by Election Official: September 28/22

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

RESULTS OF CRIMINAL RECORD CHECK FOR CANDIDATE FOR ELECTION		
NAME OF CANDIDATE:	<u>Jordison</u> Last Name	<u>Coely</u> Given Name
MIDDLE NAME: <u>Todd</u>		
PREVIOUS NAME and/or ANY OTHER NAMES USED: _____		
ADDRESS: <u>Box 915</u>		
Apt.#	Street/Avenue	
<u>Lumsden</u> City/Town	<u>SK 50630</u> Province/Postal Code	<u>533-8121</u> Telephone Number
DATE OF BIRTH: <u>1983/06/13</u> Year/Month/Day	PLACE OF BIRTH: <u>Maxxow</u>	
GENDER: <input checked="" type="radio"/> Male / Female		
MUNICIPALITY: <u>Lumsden</u> of <u>Lumsden 189</u> (town, northern village, northern hamlet) (name of municipality)		
NAME OF LOCAL POLICE SERVICE THAT CONDUCTED CHECK: <u>Commissionaires</u>		
CRIMINAL RECORD CHECK ATTACHED: <input checked="" type="radio"/> Yes / No		
<p><i>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.</i></p>		
<p>STATEMENT OF CONSENT:</p> <p><i>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 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.</i></p> <p><i>I understand criminal record checks submitted pursuant to section 89.1 of The Municipalities Act:</i></p> <ul style="list-style-type: none"> • 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 my 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. 		
<p>Dated this <u>23</u> day of <u>Sept</u> 20<u>22</u>. Signature: <u>[Signature]</u></p>		



COMMISSIONAIRES

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Criminal Record Check/ Vérification du Casier Judiciaire	
Date:	2022-09-23
Request #:	5605242
Applicant	Cody Todd Jordison
Date of Birth:	1983-06-13
Response	CLEARED
<p>Based solely on the name(s) and date of birth provided, a search of the National Criminal Records repository maintained by the RCMP did not identify any records for a person with the name(s) and date of birth of the applicant. Positive identification that a criminal record may or may not exist at the National Criminal Records repository can only be confirmed by fingerprint comparison. Not all offences are reported to the National Criminal Records repository. A local indices check may or may not reveal criminal record convictions that have not been reported to the National Criminal Records repository.</p> <p>Please note: this information is provided based on the identification information provided by the applicant. If there is any dispute between the information provided by the applicant, fingerprint comparison may be required, as previously consented in writing by the applicant.</p>	

If you have any questions regarding this request or any other Commissionaires service please contact our customer service department at 1-855-768-7330.

Yours Truly,

Commissionaires Customer Service
RecordChecks@commissionaires-ottawa.on.ca

COMMISSIONAIRES
122 ALBERT ST.
REGINA, SK
S4R 2N2

To validate the authenticity of this document, visit <https://www.mypolicecheck.com/Validate> and enter this information:
Confirmation Id: 14894906, Request Id: R12001067

This report has been generated by Commissionaires.
RecordChecks@commissionaires-ottawa.on.ca or 1-855-768-7330.

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