

Nomination for

St. Paul's Roman Catholic Separate School Division No. 20

We the undersigned, being voters of St. Paul's Roman Catholic School Division No. 20, hereby

normate.		
First Name	Last Name	
Street address		Postal Code
o be a candidate at the elect	ion to be held on the 13th day of No	ovember 2024 for the office of
Board Member: St. Paul's F	Roman Catholic Separate School I	Division No. 20.
Signature (at least 10 signatures required)	First Name, Last Name (typed or printed clearly)	Street Address
at least 10 signatures required)	(typed of printed dearry)	

Notes to Candidate: In the case of a separate school division election, an eligible nominator must be an elector of the separate school division in accordance with subsection 36(2) of *The Local Government Election Act, 2015.*



Form J (Back) The Local Government Election Act, 2015 Clauses 67(3)(e) of the Act Subsection 37(2) of the Regulations

Candidate's Acceptance

I, _	(First Name), a candidate nominated for the office of:			
Board Member: St. Paul's Roman Catholic Separate School Division No. 20				
declare that:				
	 I am the full age of 18 years or will attain the full age of 18 years on or before election day; 			
	 I am a Canadian citizen and have resided in Saskatchewan for at least six consecutive months immediately preceding the date on which this nomination paper is submitted; 			
	I am not disqualified by <i>The Local Government Election Act</i> , 2015, the <i>Education Act</i> , 1995 or any other Act from holding the office for which I am a candidate;			
4.	I. If elected, I will accept the office for which I was nominated;			
 I have resided for at least three consecutive months immediately preceding the date on which this nomination paper is submitted in the St. Paul's Roman Catholic Separate School Division No. 20; 				
I am of the religious faith of the minority that established the separate school division.				
	Candidate's preferred contact information			
	(Candidates must provide at least one of the following)			
	Home Phone Number:			
	Cell Phone Number:			
	Email Address:			
	Other Contact Information:			
Dat	ed at, this day of, 2024.			
	Signature of Candidate Witness			

Witness