FORM K
[*Section 75 of the Act*]

Receipt of Nomination and Candidate's Acceptance

I acknowledge that I have received a completed nomination paper and candidate's acceptance form from Draedon Hozempa
(Name)

of SW 34-16-20-W2, a candidate for the office of:
(Street/road address or legal description of land)

(Complete as applicable)

Councillor: Rural Municipality of Sherwood No. 159
(Municipality)

Division No. 2. *(If applicable)*

Dated at Regina, SK, this 7th day of October, 20 26.

Christine Trithardt
(Returning Officer or Nomination Officer)

RECEIVED
OCT 07 2026
R.M. OF SHERWOOD
No. 159

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:

Rural Municipality (*Municipality*) of Sherwood No. 159

Division No. 2 (*If applicable*)

nominate Draedon Hozempa (*Name*), Student (*Occupation*),

of SW 34-16-20 W2 (*Street/Road address or legal description of land*), to be a candidate at the election

to be held on the 9th day of November, 20 26 for the office of: (*Complete one*)

Councillor: Rural Municipality (*Municipality*) of Sherwood No. 159

Division No. 2 (*If applicable*)

*Signature **	*Name (printed)*	*Street/Road Address or Legal Description of Land*
	Roberta Hozempa	SW-34-16-20 W2
	Dan Poissant	SE¼-06-17-20 W2

** require at least*

- *2 signatures for Rural Municipalities.*

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, Draedon Hozempa,
(Name as it will appear on the ballot)

a(n) Student,
(Occupation)

a candidate nominated for the office of: *(complete as applicable)*

Councillor: Rural Municipality of Sherwood No. 159
(Municipality)

Division No. 2 *(If applicable)*

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;
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:
Cell Phone Number: [redacted]
Email Address: [redacted]
Other Contact Information:

Dated at Regina, this 7 day of October, 20 26.

(Signature of Candidate)

(Witness)

(Witness)

RURAL MUNICIPALITY OF SHERWOOD NO. 159
PUBLIC DISCLOSURE STATEMENT
Form 1

Name: Draedon Hozempa

Address: PO Box 228 Stn main Regina SK
S4P2Z6

Disclosure of Employer, etc.:

Pursuant to subclause 142(2)(a)(i) of *The Municipalities Act*, 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
Draedon Hozempa	Home Depot	Employee

Disclosure of Corporate Interests:

Pursuant to subclause 142(2)(a)(ii) of *The Municipalities Act*, 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 142(2)(a)(iii) of *The Municipalities Act*, 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

Note:

1. *This form must be completed and attached to nomination papers [Local Government Election Act, 2015, clause 67(6)(d)], and, within 30 days of being elected [The Municipalities Act, section 142].*
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.*
4. *The administrator will note the date on which this statement is amended.*

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

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:

(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

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

I, Draedon Hozempa, of the Rural Municipality of Sherwood No. 159, 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 7 day of October, 20 26.

Roberta Hozempa
Witness

Draedon Hozempa
Signature of Declarant

Date Received: October 7th 2026

Administrator Signature: Christine Turnbaudt