

# Nomination Paper and Candidate's Acceptance

*Local Authorities Election Act*  
 (Sections 12, 21, 22, 23, 23.1, 27, 28,  
 47, 68.1, 151, 158.3, Part 5.1)  
*Education Act* (Sections 4(4), 74)

The personal information collected through this form is for administering the election. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact

<b>Town of Redcliff ATI Coordinator</b>		<b>403-548-3618</b>	
<small>Business Title/Organization</small>		<small>Business Phone Number</small>	
<b>#1 3rd Street NE</b>	<b>Redcliff</b>	<b>AB</b>	<b>T0J 2P0</b>
<small>Address</small>	<small>City or Town</small>	<small>Province</small>	<small>Postal Code</small>

LOCAL JURISDICTION: Town of Redcliff , PROVINCE OF ALBERTA

We, the undersigned electors of Town of Redcliff ,  
Name of Local Jurisdiction and Ward (if applicable)

nominate \_\_\_\_\_ of  
Candidate's Surname and Given Names

\_\_\_\_\_  
Complete Address and Postal Code

as a candidate at the election about to be held for the office of \_\_\_\_\_  
Office Nominated for

of \_\_\_\_\_ .  
Name of Local Jurisdiction

The candidate's local political party or slate is \_\_\_\_\_ (if applicable).

Provide signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable). If a city or a board of trustees under the *Education Act* passes a bylaw under section 27(2) of the *Local Authorities Election Act*, then the signatures of up to 100 electors eligible to vote may be required.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector

**CANDIDATE'S ACCEPTANCE**

I, the above-named candidate, solemnly swear (affirm) that

I am eligible under sections 21 and 47 (and section 12, in the case of summer villages) of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) to be elected to the office,

I am not otherwise disqualified under section 22, 23 or 23.1 of the *Local Authorities Election Act*,

I will accept the office if elected,

I have read sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1 and 151 and Part 5.1 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents,

I am appointing \_\_\_\_\_  
Name, Contact Information or Complete Address and Postal Code, and Telephone Number of Official Agent  
as my official agent (if applicable),

I have provided a criminal record check with my nomination package (if applicable),

I will read and abide by the municipality's code of conduct if elected (if applicable), and

The electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and the *Education Act* and resident in the local jurisdiction on the date of signing the nomination.

(Print name as it should appear on the ballot.)

\_\_\_\_\_  
Candidate's Surname  
\_\_\_\_\_  
Candidate's Given Names  
(may include nicknames, but not titles, i.e. Mr., Ms, Dr.)

SWORN (AFFIRMED) before me  
at the \_\_\_\_\_ of \_\_\_\_\_,  
in the Province of Alberta,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.



\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Signature of Returning Officer or  
Commissioner for Oaths

\_\_\_\_\_  
Commissioner for Oaths Stamp

**IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT  
OR A FORM THAT CONTAINS A FALSE STATEMENT**

**RETURNING OFFICER'S ACCEPTANCE**

Returning Officer signals acceptance by signing this form:

\_\_\_\_\_  
Signature of Returning Officer

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Town of Redcliff ATI Coordinator

403-548-3618

Business Title/Organization

Business Phone Number

#1 3rd St NE

Redcliff

AB

T0J 2P0

Address

City or Town

Province

Postal Code

Candidate's Full Name

Candidate's Address and Postal Code

Address(es) of Place(s) where Candidate Records are Maintained

Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be Deposited (if applicable)

Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

Where there is any change in the above mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.

# Notice of Intent

*Local Authorities Election Act* (Section 147.22)

LOCAL JURISDICTION: \_\_\_\_\_, PROVINCE OF ALBERTA

Election Date: \_\_\_\_\_  
date

I, \_\_\_\_\_, of

\_\_\_\_\_ complete address and postal code

intend to be nominated, or have been nominated, to run for election as a candidate in the

\_\_\_\_\_ name of local jurisdiction and ward, if applicable

I understand that by completing this form, I am declaring my intent to become a candidate as defined in the *Local Authorities Election Act*, which carries with it certain obligations and responsibilities.

## Candidate Information

Title Candidate Last Name Candidate First Name  
\_\_\_\_\_  
\_\_\_\_\_

Gender Telephone Number Email Address  
\_\_\_\_\_  
\_\_\_\_\_

Address of place(s) where candidate records are maintained:

Name(s) and address(es) of financial institutions where campaign contributions will be deposited (if applicable):

Name(s) of signing authorities for each depository listed above (if applicable):

SWORN (AFFIRMED) before me at the \_\_\_\_\_

of \_\_\_\_\_, in the Province of Alberta, this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of Returning Officer or Commissioner for Oaths or Notary Public in  
and for Alberta

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Commissioner for Oaths Stamp

## RETURNING OFFICER'S ACCEPTANCE

Returning office signals acceptance by signing this form

\_\_\_\_\_  
Signature of Returning Officer

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## 2025 Municipal Election

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### RELEASE OF CANDIDATE INFORMATION

I \_\_\_\_\_, hereby grant consent to the Town of Redcliff and the Returning  
(Candidate Name)

Officer for the 2025 Municipal Election to release the following personal information about me to the Province of Alberta, any interested person, organization, media source, or through posting on the Town's website, from the date the Release is signed until the completion of the 2025 municipal election.

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Campaign Office Address:

\_\_\_\_\_

Phone Numbers: Home:

Office:

Cell:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Website:

\_\_\_\_\_

\_\_\_\_\_  
Candidate Signature

The personal information is being collected under the authority of Section 27 of the *Local Authorities Election Act*, and Section 4 (c) of the *Protection of Privacy Act* and will be used for the purpose of compiling and making Candidates contact information publicly available in relation to the 2025 Municipal Election. This information is protected in accordance with the Act. If you have questions about the collection of information, please contact the Town of Redcliff ATI Coordinator at 403-548-3618.

# Campaign Disclosure Statement and Financial Statement

*Local Authorities Election Act  
(Sections 147.3, 147.4)*

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For questions about the collection of personal information, contact

Business Title/Organization \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

LOCAL JURISDICTION: \_\_\_\_\_, PROVINCE OF ALBERTA

Calendar year of disclosure: \_\_\_\_\_

Full Name of Candidate: \_\_\_\_\_

Candidate's Mailing Address: \_\_\_\_\_

\_\_\_\_\_, Alberta

Postal Code: \_\_\_\_\_

**This form, including any contributor information from line 2, is a public document.**

### Campaign Revenue for Calendar Year

#### CAMPAIGN CONTRIBUTIONS:

1. Total amount of contributions of \$50.00 or less \_\_\_\_\_

2. Total amount of all contributions of \$50.01 and greater, together with the contributor's name and address (attach listing and amount) \_\_\_\_\_

**NOTE:** For lines 1 and 2, include all money and valued personal property, real property or service contributions.

3. Deduct total amount of contributions returned \_\_\_\_\_

4. NET CONTRIBUTIONS (line 1 + 2 - 3) \_\_\_\_\_

#### OTHER SOURCES:

5. Total amount contributed out of candidate's own funds \_\_\_\_\_

6. Total net amount received from fund-raising functions \_\_\_\_\_

7. Transfer of any surplus or deficit from a candidate's previous election campaign \_\_\_\_\_

8. Total amount of other revenue \_\_\_\_\_

9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8) \_\_\_\_\_

#### TOTAL REVENUE

10. Total campaign revenue for calendar year (add lines 4 and 9) \_\_\_\_\_

### Campaign Expenditures for Calendar Year

11. Total paid campaign expenses \_\_\_\_\_

12. Total unpaid campaign expenses \_\_\_\_\_

13. Total campaign expenses (add lines 11 and 12) \_\_\_\_\_

**The candidate must attach an itemized expense report to this form.**

**Campaign Surplus (Deficit) for Calendar Year (deduct line 13 from line 10)** \_\_\_\_\_

**A candidate who has incurred campaign expenses or received contributions of \$50 000 or more must attach a review engagement statement to this form.**

**ATTESTATION OF CANDIDATE**

I certify that to the best of my knowledge this document and all attachments accurately reflect the information required under section 147.4 of the *Local Authorities Election Act*.

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Date yyyy-mm-dd

Signature of Candidate

Forward the signed original of this document to the address of the local jurisdiction in which the candidate was nominated for election.

**IT IS AN OFFENCE TO FILE A FALSE STATEMENT**