Notice of Intention to Run

Local Authorities Election Act (section 147.22)

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Election OfficeEmail elections@lrsd.ab.caPhone 403-625-3356

An individual intending to run for School Trustee must submit this form to the Election Office before accepting campaign contributions or incurring campaign expenses as set out in **Part 5.1 Election Finances and Contributions Disclosure** of the *Local Authorities Election Act*.

Instructions

- 1. Complete the form below.
- 2. File the completed form with the Election Office in person, or by emailing to <u>elections@lrsd.ab.ca</u>
- 3. Notify the Election Office in writing if the information below changes.

I am intending to run in the 2025		Ward 1
I am intending to run in the 2025 general election for School Trustee	please select ward:	Ward 2
5		Ward 3

Full name:		

Full address and postal code:	
•	

Phone number	(s):	
	(3).	

(Campaign office)

(Other)

Email address:

Address of place(s) where candidate records are maintained (records must be kept for period of three years following election day):

Address of place(s) where communications may be sent:

Name and address of the financial institution where campaign contributions will be deposited (list additional financial institutions on page 2, if any):

(Name of financial institution)

(Address of financial institution)

(Name(s) of signing authorities for the above depository)

Name Signature Date By typing your name in the signature box above, this indicates that the information entered into this form is accurate.

Personal information is collected under the authority of s. 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act* and will be used in the management and administration of the local election. This form may be disclosed as allowed or required by law. If you have any questions about the collection, use or disclosure of this information, please contact the Returning Officer, Phone 403-625-3356 or visit the GR Davis Administration Building in the Town of Fort Macleod at 410 – 20th Street, Fort Macleod, Alberta, TOL 0Z0.

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Name and address of additional financial institutions where campaign contributions will be deposited (if any):

(Name of financial institution)	(Address of financial institution)
(Name(s) of signing authori	ties for the above depository)
(Name of financial institution)	(Address of financial institution)
(Name(s) of signing authori	ties for the above depository)