## Notice of Intention to Run

11/254 1

Local Authorities Election Act (section 147.22)

Page 1 of 2

**Election Office** 

Email elections@lrsd.ab.ca Phone 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.

entered into this form is accurate.

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

I are intending to mun in the 2025	Walu 1
I am intending to run in the 2025 general election for School Trustee	lect ward: Ward 2
	Ward 3
Full name:	
Full address and postal code:	
Phone number(s):	
Phone number(s):(Campaign office)	(Other)
Email address:	
Address of place(s) where candidate records are	•
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 wh	
be deposited (list additional financial institutions	s on page 2, if any):
(Name of financial institution)	Address of financial institution)
(Name of financial institution) (A	Address of financial institution)
(Name of financial institution) (Name(s) of signing authorities for the	·
	·
(Name(s) of signing authorities for th	·

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 – 20<sup>th</sup> Street, Fort Macleod, Alberta, TOL 0Z0.

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Page 2 of 2

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

(Name of financial institution)

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

(Name of financial institution)

(Address of financial institution)

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