

An individual intending to run for Mayor or Councilor of the Town of Thorsby must submit this form to Legislative Services **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 this form below.
2. File the completed form with Legislative Services in person, or by emailing to elections@thorsby.ca.
3. Once received, your name will be added to the registry and will be advertised on our website.
4. When there are any changes to the information below, notify Legislative Services in writing.

CANDIDATE INFORMATION

I am intending to run for: Mayor Councilor

Full Name:

Full Address & Postal Code:

Phone Number(s):

Email Address:

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

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

The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 147.22 of the Local Authorities Election Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. The personal information will be managed in compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act. Should you have any questions or concerns regarding the content of the information collected, please feel free to contact the Town of Thorsby's FOIP Coordinator at dtona@thorsby.ca or call 780-918-7208.



NOTICE OF INTENT TO RUN
Local Authorities Election Act (Section 147.22)

FINANCIAL CONTRIBUTIONS INFORMATION

Name and Address of the financial institution where campaign contributions will be deposited:

(Name of Financial Institution)

(Address of Financial Institution)

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

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 authorities for the above depository)

DECLARATION

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.

Once the Notice of Intent has been filed, the Candidate name will appear on the Nomination Register list on the Town of Thorsby website.

Candidate Signature

Returning Officer Signature

Date

Date

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