

#### TOWN OF MUNDARE

Telephone: (780) 764-3929 Fax: (780) 764-2003

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P.O. Box 348, Mundare, Alberta T0B 3H0

May 17, 2023

To: Whom It May Concern

Re: 2023 By-Election - will be held on Wednesday, July 5, 2023

Attached you will find the following documents:

- -nomination and candidates acceptance form
- -candidate information form
- -campaign Disclosure statement

#### **Nominations**

- -nominations must be filed with the returning officer at the Town office (5128-50 Street) By 12:00 noon on Wednesday, June 7, 2023.
- -you do not have to file the form in person, however, you must sign the form in front of the returning officer or a commissioner of oaths
- -a deposit of \$100 (cash, certified cheque, or money order) must be included with the nomination form. The deposit is refunded if you are elected, withdraw within 24 hours of nomination day, or receive votes equal to at least ½ of number of votes of the candidate elected.
- -regulations regarding election contributions and expenses are in the candidate guide
- -all candidates must file a campaign disclosure form by Thursday, November 2, 2023.
- -attached is a Candidate Guide: Running for Municipal Office

If you have any questions regarding the election process, please do not hesitate to contact me.

Yours truly,

Lisa Euchuk Returning Officer

## **Nomination Paper and Candidate's Acceptance**

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

Note: 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 21 and 27 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*. If you have any questions concerning the collection of this personal information, please contact

Colin Zyla	780-764-3929	
Title of the Responsible Official	Business Phone Number	
LOCAL JURISDICTION:	Mundare	, PROVINCE OF ALBERTA
We, the undersigned electors of _	Name of Local Jurisdiction and Ward	, nominate
	of	(
Candidate Surname	Given Names	
Cample	te Address and postal code	as a candidate at the election
Comple	te Address and postal code	
about to be held for the office of _	Office Nominated for	
of		
Name o	f Local Jurisdiction	
of the Local Authorities Election Act	RS ELIGIBLE TO VOTE in this election in the and sections 4(4) and 74 of the Education As passes a bylaw under section 27(2) of the Lipible to vote may be required.	Act (if applicable). If a city or a board
Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector

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### 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; THAT I am not otherwise disqualified under section 22 or 23 of the Local Authorities Election Act;
- THAT I will accept the office if elected;
- THAT I have read sections 12, 21, 22, 23, 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;
- THAT I am appointing

Print name as it should appear on the ballot

Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable) as my official agent.

- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); and
- THAT 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.

Candidate's Surname	Given Names (may include n	icknames, but not titles, i.e., Mr., Ms., Dr.)
SWORN (AFFIRMED) before me	•	
at the of		
in the Province of Alberta,	( -	Candidate's Signature
this day of	, 20	
		Commissioner for Oaths Stamp
Signature of Returning Officer or Commi or Notary Public in and for A (Also include printed or stamped name	lberta	
RETURNING OFFICER'S ACCE	PTANCE	
	e by signing this form:	

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

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## **Candidate Financial Information**

Local Authorities Election Act (Section 27)

Note: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 27 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*. If you have any questions concerning the collection of this personal information, please contact

Colin Zyla	780-764-3929	
Title of the Responsible Official	Business Phone Number	
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 In	stitutions where Campaign Contr	ributions will be Deposited (if applicable)
Name(s) of Signing Authorities for each [	Depository Listed Above (if applic	cable)

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.

# Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act (Sections 147.3, 147.4)

NOTE: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 147.4 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. If you have any questions concerning the collection of this personal information, please contact

Colin Zyla	780-764-3929	
Title of the Responsible Official	Business Phone Number	
LOCAL JURISDICTION	Town of Mundare	, PROVINCE OF ALBERTA
Full Name of Candidate		
Candidate's Mailing Address		
		, Alberta
Postal Code_		
This form, including any contributor inform	mation from line 2, is a public document	•
	Pre-Campaign Period Report	
1. Pre-Campaign Period Contributions (up to candidate's own funds per year)	a limit of \$5,000 per year or \$10,000 from	
2. Pre-Campaign Period Expenses		
	Campaign Period Revenue	
CAMPAIGN CONTRIBUTIONS:		
1. Total amount of contributions of \$50.00 or	less	
2. Total amount of all contributions of \$50.01 and address (attach listing and amount)	and greater, together with the contributor's	name
NOTE: For lines 1 and 2, include all money a	nd valued personal property, real property o	or service contributions.
3. Deduct total amount of contributions return	ed	
4. NET CONTRIBUTIONS (line 1 + 2 - 3)		
OTHER SOURCES:		
5. Total amount contributed out of candidate's	s own funds	
6. Total net amount received from fund-raising	g functions	
7. Transfer of any surplus or deficit from a car	ndidate's previous election campaign	
8. Total amount of other revenue		
9. TOTAL OTHER SOURCES (add lines 5, 6,	, 7 and 8)	
10. Total Campaign Period Revenue (add li	nes 4 and 9)	
Campaign Period Expenditures		
11. Total Campaign Period Expenses P	aidUnpaid	TOTAL
The Candidate must attach an itemized Campaign Period Surplus (Deficit) (de	-	

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

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#### ATTESTATION OF CANDIDATE

This is to 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.	

Date yyyy-mm-dd	Signature

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

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