



NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE CHIEF ELECTED OFFICIAL (MAYOR)

Local Authorities Election Act (sections 12, 21, 22, 23, 23.1, 27, 28, 47, 68.1, 151, 158.3, PART 5.1)

Note: The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. For any questions about the collection of personal information, contact the City's FOIP Coordinator at 780-459-1500 or email FOIP@stalbert.ca.

LOCAL JURISDICTION: CITY OF ST. ALBERT, PROVINCE OF ALBERTA

ELECTION DATE: Monday, October 20, 2025

We, the undersigned electors of the **City of St. Albert**, nominate (please print):

_____ (Candidate's Surname) _____ (Candidate's Given Names)

of _____ (Candidate's Residential Address or Legal Land Description) _____ (Candidate's Telephone Number)

as a candidate at the election about to be held for the office of **MAYOR** of the **CITY OF ST. ALBERT**, in the Province of Alberta.

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*):

Printed Name of Elector	Complete Residential Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		

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

CANDIDATE'S ACCEPTANCE

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

- I am eligible under sections 21 and 47 of the *Local Authorities Election Act* 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 understand their contents;
- I am appointing _____ as my official agent (if applicable);
(Name, Contact Information or Complete Address, Postal Code and Telephone Number of Official Agent)
- 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 resident in the City of St. Albert on the date of signing the nomination.

Print name as it should appear on the ballot:

(Candidate's Surname)

(Given Names - may include nicknames, but not titles i.e. Mr., Mrs., Dr.)

SWORN (AFFIRMED) before me at the _____ }
of _____, in the Province of Alberta, this _____ }
day of _____, 20____. }

(Candidate's Signature)

Signature of Returning Officer or
Commissioner for Oaths in and for Alberta
(also include printed or stamped name and expiry date)

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

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

Nomination Papers will be received between January 1, 2025 to 12 Noon on September 22, 2025 at City Hall (5 St. Anne Street, St. Albert, AB)



CANDIDATE FINANCIAL INFORMATION

Local Authorities Election Act (section 27)

NOTE: The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of this personal information, contact the City's FOIP Coordinator at 780-459-1500 or email FOIP@stalbert.ca.

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 City of St. Albert in writing within 48 hours of such changes by submitting a completed information form.



2025 Municipal Election Candidate Authorization Consent for Disclosure of Personal Information

I, _____, as a Candidate for _____, in the 2025 Municipal Election to be held in St. Albert, Alberta, hereby authorize the Returning Officer to release my campaign contact and social media information to the public and/or media, including on the City of St. Albert website, or to carry out other responsibilities in accordance with the *Local Authorities Election Act*, for the purposes related to the 2025 Municipal Election.

Candidate's Full Name:	
Candidate Campaign Phone/Cell:	
Campaign Email:	
Campaign Office Address:	

Social Media (Optional - complete any that apply)	
Website:	
Facebook:	
X (previously Twitter):	
LinkedIn:	
Other:	

Candidate's Signature:		Date:	
-------------------------------	--	--------------	--

IT IS AN OFFENCE TO MAKE OR SIGN A FALSE STATEMENT

Note: The purpose of this consent is for the collection and disclosure of personal information under the authority of the *Local Authorities Election Act* and sections 33(c) and 40(1)(d) of the *Freedom of Information and Protection of Privacy Act* to provide contact information about candidates to the public and the news media, or to carry out other responsibilities in accordance with the *Local Authorities Election Act*, for the purposes related and during the 2025 Municipal Election. If you have any questions regarding the collection or use of this information, can be directed to the City's FOIP Coordinator at 780-459-1500 or email FOIP@stalbert.ca.