

Notice of Intent

Local Authorities Election Act (Section 147.22)

LOCAL JURISDICTION: Summer Village of South View, PROVINCE OF ALBERTA

Election Date: July 26, 2025
date

I, _____, of

complete address and postal code

intend to be nominated, or have been nominated, to run for election as a candidate in the

name of local jurisdiction and ward, if applicable

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.

Candidate Information

Title	Candidate Last Name	Candidate First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Telephone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 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):

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

Signature of Returning Officer or Commissioner for Oaths or Notary Public in
and for Alberta

Signature of Candidate

Commissioner for Oaths Stamp

RETURNING OFFICER'S ACCEPTANCE

Returning office 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

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 personal information, contact your local municipal office.

NOMINATION PAPER AND CANDIDATE’S ACCEPTANCE

Local Authorities Election Act
(Sections 12, 21, 22, 23, 23.1, 27, 28,
47, 68.1, 151, 158.3, Part 5.1)
Education Act (Sections 4(4), 74)

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Angela Duncan		780-967-0271	
Business Title/Organization		Business Phone Number	
Box 8	Alberta Beach	AB	T0E 0A0
Address	City or Town	Province	Postal Code

LOCAL JURISDICTION: Summer Village of South View , PROVINCE OF ALBERTA

We, the undersigned electors of _____ ,
Name of Local Jurisdiction and Ward (if applicable)

nominate _____ of
Candidate's Surname and Given Names

_____ Complete Address and Postal Code

as a candidate at the election about to be held for the office of Councillor
Office Nominated for

of Summer Village of South View
Name of Local Jurisdiction

The candidate's local political party or slate is _____ (if applicable).

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* and sections 4(4) and 74 of the *Education Act* (if applicable). If a city or a board of trustees under the *Education Act* passes a bylaw under section 27(2) of the *Local Authorities Election Act*, then the signatures of up to 100 electors eligible to vote may be required.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector

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,

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 sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents,

I am appointing _____

Name, Contact Information or Complete Address and Postal Code, and Telephone Number of Official Agent

as my official agent (if applicable),

I have provided a criminal record check with my nomination package (if applicable),

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 the *Education Act* and resident in the local jurisdiction on the date of signing the nomination.

(Print name as it should appear on the ballot.)

Candidate's Surname

Candidate's Given Names
(may include nicknames, but not titles, i.e. Mr., Ms, Dr.)

SWORN (AFFIRMED) before me

at the _____ of _____,

in the Province of Alberta,

this _____ day of _____, 20____.



Signature of Candidate

Signature of Returning Officer or
Commissioner for Oaths

Commissioner for Oaths Stamp

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

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

Signature of Returning Officer

Candidate Financial Information

Local Authorities Election Act
(Section 27)

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Business Title/Organization		Business Phone Number	
Box 8	Alberta Beach	AB	T0E 0A0
Address	City or Town	Province	Postal Code

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 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

Angela Duncan

780-967-0271

Title of the Responsible Official

Business Phone Number

LOCAL JURISDICTION Summer Village of South View, PROVINCE OF ALBERTA

Full Name of Candidate _____

Candidate's Mailing Address _____

_____, Alberta

Postal Code _____

This form, including any contributor information from line 2, is a public document.

Pre-Campaign Period Report

1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year) _____

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 greater, together with the contributor's name and address (attach listing and amount) _____

NOTE: For lines 1 and 2, include all money and valued personal property, real property or service contributions.

3. Deduct total amount of contributions returned _____

4. NET CONTRIBUTIONS (line 1 + 2 - 3) _____

\$0.00

OTHER SOURCES:

5. Total amount contributed out of candidate's own funds _____

6. Total net amount received from fund-raising functions _____

7. Transfer of any surplus or deficit from a candidate's previous election campaign _____

8. Total amount of other revenue _____

9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8) _____

\$0.00

10. Total Campaign Period Revenue (add lines 4 and 9) _____

\$0.00

Campaign Period Expenditures

11. Total Campaign Period Expenses Paid _____ Unpaid _____ TOTAL _____ \$0.00

The Candidate must attach an itemized expense report to this form.

Campaign Period Surplus (Deficit) (deduct line 11 from line 10) _____ \$0.00

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

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