

Returning Officer: Phone 780-307-0527

An individual intending to run for Councillor must submit this form to the Returning Officer 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.
2. File the completed form with the Returning Officer in person.
3. Notify the Returning Officer in writing if the information below changes.

I am intending to run in the 2025 general municipal election for Councillor.	Select division:	Division 1	Division 2	Division 3
		Division 4	Division 5	Division 6
		Division 7		

Full name: \_\_\_\_\_

Full address and postal code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_  
(Campaign office) (Other)

Email address: \_\_\_\_\_

Address of place(s) where candidate records are maintained (records must be 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 where campaign contributions will be deposited (list additional financial institutions on page 2, if any):

\_\_\_\_\_  
(Name of financial institution) (Address of financial institution)

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

\_\_\_\_\_  
Name Signature Date

It is an offence to sign a false affidavit or a form that contains a false statement.

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 municipal 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 FOIP Coordinator at 780-349-3346, or [ea@westlockcounty.com](mailto:ea@westlockcounty.com)

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

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(Name of financial institution)

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(Address of financial institution)

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

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(Name of financial institution)

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(Address of financial institution)

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