Notice of Intent

Local Authorities Election Act (Section 147.22)

LOCAL JURISDICTION: Summer Village of Kapasiwin , PROVINCE OF ALBERTA

Election Date: August 23, 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

Gender	Telephone Number	Email Address

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

Commissioner for Oaths Stamp

_____
Signature of Candidate

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.

FORM 4

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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Emily House
Business Title/Organization

780-691-4465
Business Phone Number

PO Box 1075
Address

Onoway
City or Town

AB
Province

T0E 2V0
Postal Code

LOCAL JURISDICTION: Summer Village of Kapasiwin , 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 _____
Office Nominated for

of _____ .
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

FORM 5

Candidate Financial Information

Local Authorities Election Act
(Section 27)

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Emily House	780-691-4465
Business Title/Organization	Business Phone Number

PO Box 1075	Onoway	AB	T0E 1V0
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.

FORM 26

Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act
(Sections 147.3, 147.4)

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Business Title/Organization	Business Phone Number

PO Box 1075	Onoway	AB	T0E 1V0
Address	City or Town	Province	Postal Code

LOCAL JURISDICTION: Summer Village of Kapasiwin , PROVINCE OF ALBERTA

Calendar year of disclosure: _____

Full Name of Candidate: _____

Candidate's Mailing Address: _____

_____ , Alberta

Postal Code: _____

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

Campaign Revenue for Calendar Year

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

TOTAL REVENUE

10. Total campaign revenue for calendar year (add lines 4 and 9)	$0.00

Campaign Expenditures for Calendar Year

11. Total paid campaign expenses	
12. Total unpaid campaign expenses	
13. Total campaign expenses (add lines 11 and 12)	$0.00

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

Campaign Surplus (Deficit) for Calendar Year (deduct line 13 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

I 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 of Candidate

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