



## NOMINATION PAPER & CANDIDATE'S ACCEPTANCE

*Local Authorities Election Act*  
Sections 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1

**Local Jurisdiction:** County of St. Paul No. 19, Province of Alberta

**Election Date:** October 20, 2025

We, the undersigned electors of the **County of St. Paul No. 19**, Province of Alberta, in

Division \_\_\_\_\_ (if applicable) **nominate:**

\_\_\_\_\_  
(Candidate Surname) (Candidate Given Name) of

\_\_\_\_\_  
(Complete Address incl. Postal Code)

as a candidate at the election to be held for the office of:

(Select One)

- ☐ Councillor in Division \_\_\_\_\_ of the County of St. Paul  
☐ Reeve of the County of St. Paul

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 Address & Postal Code of Elector | Signature of Elector |
|-------------------------|-------------------------------------------|----------------------|
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Additional signatures may be collected on the supplementary sheet attached.

## 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 that 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 section 12, 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and understand their contents;
- THAT I am appointing as my official agent (if applicable)

\_\_\_\_\_  
(Name, Contact Information, or Complete Address and Postal Code and Phone Number of Official Agent, if applicable)

- THAT I will read and abide by the municipality's Code of Conduct if elected; and
- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and are residents in the local jurisdiction on the date of signing the nomination.

## Print Name As It Should Appear On The Ballot

\_\_\_\_\_  
Candidate Surname

\_\_\_\_\_  
Candidate Given Name (may include nicknames but not titles, ie. Mr., Mrs., Dr.)

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

SWORN (AFFIRMED) before me

at the \_\_\_\_\_ of \_\_\_\_\_,

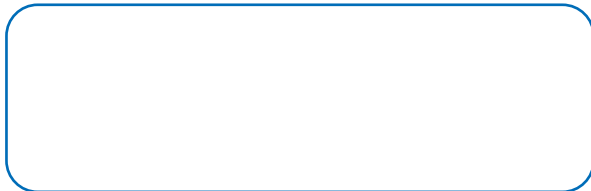
in the Province of Alberta,

this \_\_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Returning Officer or Commissioner for Oaths or Notary Public in and for Alberta)

Commissioner of Oaths Stamp



Returning Officer's Acceptance

Returning officer signals acceptance by signing this form

\_\_\_\_\_  
(Signature of Returning Officer)

## Supplementary Signatures (optional)

\_\_\_\_\_  
(Candidate Surname)

\_\_\_\_\_  
(Candidate Given Name)

| Printed Name of Elector | Complete Address & Postal Code of Elector | Signature of Elector |
|-------------------------|-------------------------------------------|----------------------|
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