
Email: election@beaumont.ab.ca **Phone:** 780-929-8782

An individual intending to run for Mayor or Council must submit this form to the Election Office 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 Election Office in person, or by emailing to election@beaumont.ab.ca
3. When there are any changes to the information below, notify the Election Office in writing.

I am intending to run for:	<input type="checkbox"/> Mayor	<input type="checkbox"/> Council
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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 a 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

By typing your name in the signature box above, this indicates that the information entered into this form is accurate.

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 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 Manager of Legislative Services at 780-929-8782.

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

(Name of financial institution)

(Address of financial institution)

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

(Name of financial institution)

(Address of financial institution)

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