

Election Office

Email [elections@parklandcounty.com](mailto:elections@parklandcounty.com) Phone 825-963-5170

An individual intending to run for Mayor, Councillor or School Board Trustee 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 [elections@parklandcounty.com](mailto:elections@parklandcounty.com)
3. Once received, your name will be added to the registry.
4. 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"/> Councillor: <input type="checkbox"/> Div. 1 <input type="checkbox"/> Div. 2 <input type="checkbox"/> Div. 3 <input type="checkbox"/> Div. 4 <input type="checkbox"/> Div. 5 <input type="checkbox"/> Div. 6
<input type="checkbox"/> School Board Trustee: <input type="checkbox"/> Ward 1 <input type="checkbox"/> Ward 2 <input type="checkbox"/> Ward 3 <input type="checkbox"/> Ward 4 <input type="checkbox"/> Ward5 (Parkland School Division)

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

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

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

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

Address of place(s) where candidate records are maintained:

\_\_\_\_\_

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 and address of 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)	

_____	_____	_____
Name	Signature	Date

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

**I acknowledge that submission of this form does not exempt me from completing the required nomination forms with the required number of nominations(five) and the prescribed \$100.00 nomination fee which will be accepted beginning January 1, 2025, through to Nomination Day on September 22, 2025**

**Eva Beyer**  
**Returning Officer**  
**Parkland County/Parkland School Division**

**Protection of Privacy** - Personal information provided is collected in accordance with Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the management of the local election. Should you require further information about collection, use and disclosure of personal information, please contact: Parkland County's Legal Services Coordinator, 53109A HWY 779, Parkland County, Alberta, T7Z 1R1, and (780) 968-3229.