

## GENERAL INFORMATION:

This booklet is published as a service to prospective candidates and is not inclusive of all information related to election procedures, legislation, or each elected office. Each candidate is responsible to comply with all applicable acts, regulations, and bylaws.

Resources for candidates may be obtained from:

Alberta Municipal Affairs  
Municipal Services Branch  
17th Floor, Commerce Place  
10155-102 Street  
Edmonton, Alberta T5J 4L4  
Online: [www.alberta.ca/municipal-elections-overview](http://www.alberta.ca/municipal-elections-overview)  
Telephone: 780-427-2225  
Toll Free: 310-0000 (in Alberta only)

Alberta King's Printer  
Copies of the *Local Authorities Election Act*, R.S.A. 2000, c L-21  
and the *Municipal Government Act*, R.S.A. 2000, cM-26  
can be obtained from the Alberta King's Printer.  
Suite 700, Park Plaza  
10611-98 Ave  
Edmonton, AB T5K 2P7  
Online: [www.alberta.ca/alberta-kings-printer](http://www.alberta.ca/alberta-kings-printer)  
Telephone: 780-427-4952  
Toll Free: 310-0000 (in Alberta only)

**Smoky Lake County assumes no responsibility for any candidate's failure to comply with any requirement of election procedures or legislation.**

# Nomination Information Package

## NOMINATION DATES:

Nominations Open: Wednesday, January 1, 2025  
Nominations Close: Monday, September 22, 2025, 12:00 Noon  
Location: Smoky Lake County Main Office  
4612 McDougall Drive, Smoky Lake AB T0A 3C0  
Contact Email: [election@smokylakecounty.ab.ca](mailto:election@smokylakecounty.ab.ca)

## NOMINATION CHECKLIST:

	A <b>Notice of Intent to Run Form</b> is completed and submitted 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 <i>Local Authorities Election Act</i> ).
	<b>Form 4:</b> Nomination Paper and Candidate's Acceptance, is completed and submitted to the Returning Officer, that is: <ul style="list-style-type: none"><li>• signed by a Commissioner for Oaths or the Returning Officer, and is</li><li>• accompanied with a Nomination deposit in the amount of <b>\$100 cash</b>.</li></ul>
	<b>Form 5:</b> Candidate Financial Information, is completed and submitted to the Returning Officer.
	The <b>Candidate Information Disclosure Form</b> is completed and submitted to the Returning Officer

## FORMS:

Nominations must be completed on the prescribed Form 4 - Nomination Paper and Candidate's Acceptance and Form 5 - Candidate Financial Information. In accordance with section 27(2) of the *Local Authorities Election Act*, and nominations must include a cash only deposit of \$100.

### Notice of Intent to Run Form

You may accept contributions only after you have given written notice through submitting the completed Notice of Intent to Run Form to the Returning Officer in accordance with the *Local Authorities Election Act* section 147.22.

Contributions can only be accepted within the campaign period time frame for the election in which you intend to run. The campaign period for contributions begins on January 1 of the year immediately following an election to December 31 following the next election.

The Notice of Intent to Run Form requires you to provide the following information:

- Full name, address and contact information
- Address of where records are maintained and communications sent
- 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)

## Form 4: Nomination Paper and Candidate's Acceptance

Form 4 contains a candidate's written acceptance. In order to complete this candidate acceptance, you must be familiar with the following sections of the *Local Authorities Election Act*:

- Section 21 – Qualification of candidates
- Section 22 – Ineligibility
- Section 23 – Ineligibility for nomination
- Section 23.1 – Disqualification of candidate
- Section 27 – Form of nomination
- Section 47 – Eligibility to vote
- Section 68.1 – Option for Official agent
- Section 151 – Offence
- Part 5.1 – Election Finances and Contributions Disclosure

The written acceptance requires the completion of an affidavit that swears or affirms:

- That you are eligible to be elected under sections 21 and 47 of the *Local Authorities Election Act*;
- That you are not otherwise disqualified under sections 22 or 23 of the *Local Authorities Election Act*;
- That you will accept the office if elected;
- That you have read sections 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 you will provide name and contact information of your official agent (if applicable);
- That you will read and abide by the municipality's code of conduct if elected; and
- That the electors who have signed the nomination paper are eligible to vote in accordance with the *Local Authorities Election Act*.

This acceptance also requires you to provide your name as it should appear on the ballot. This name may include nicknames; however, titles are not permitted (Dr., Mrs., Mr. etc.) and the signature of the candidate must be witnessed by the Returning Officer or a Commissioner for Oaths.

## Form 5: Candidate Financial Information

Form 5 requires you to provide the following information:

- Your full name, address and contact information
- Address of where your candidate records are maintained
- Name(s) and address(es) of financial institutions where your campaign contributions will be deposited (if applicable)
- Name(s) of signing authorities for each depository listed above (if applicable)

If there is any change in the above-mentioned information, you must notify the Returning Officer in writing within 48 hours of such changes by submitting a completed information form.

# Nomination Information Package

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In accordance with section 147.3 of the *Local Authorities Election Act* you are required to open a campaign account at a financial institution. That account is to be in your name or your election campaign's name for the purposes of the election campaign at the time you provide a written notice under the *Local Authorities Election Act*, Section 147.22 or as soon as possible after the total amount of contributions you receive first exceeds \$1,000.

## Candidate Information Disclosure Form

The Candidate Information Disclosure Form provides permission to the Returning Officer to release your name and contact information to anyone for any purpose as set out in the *Local Authorities Election Act*.

## CANDIDATE WITHDRAWAL

You can withdraw your candidacy anytime during the nomination period. If, at the close of nominations, there are more candidates than are required to be elected for any particular office, you may withdraw within 24 hours of the close of the nomination period. The deadline for candidate withdrawal for the 2025 election is Tuesday, September 23, 2025 at 12 noon.

A notice of withdrawal must be submitted **in person, in writing**, to the Returning Officer at 4612 McDougall Drive, Smoky Lake, Alberta. Withdrawal notices received by any other way, will **NOT** be accepted. See *Local Authorities Election Act*, Sections 32 and 34 for more information.

## NOMINATION DEPOSITS

The County requires that your nomination be accompanied by a deposit of \$100. This deposit will be returned to you within two weeks of election day if you are elected, if your nomination is withdrawn in accordance with section 32 of the *Local Authorities Election Act*, or if you receive at least half the number of votes as the candidate elected in your race with the least number of votes. For complete information see section 30 of the *Local Authorities Election Act*.

## FILED NOMINATION PAPERS

The filed nomination papers including all attachments may be viewed by a person at any time after the commencement of the nomination period until the term of office to which the filed nomination papers relate has expired. The review of submitted nomination papers is done in the presence of the Returning Officer or Substitute Returning Officer and no copies or pictures may be taken.

## REJECTION OF NOMINATION PAPERS

The returning officer will not accept a nomination paper that is:

- not completed on the appropriate nomination forms;
- not signed by at least 25 electors;
- not sworn or affirmed by the person nominated; or
- not accompanied by the \$100 cash only deposit.

**LOCAL JURISDICTION:** Smoky Lake County, Province of Alberta

**ELECTION DATE:** Monday, October 20, 2025

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 by **one of three ways**:
  - drop off at Smoky Lake County’s Main Office at 4612 McDougall Drive, Smoky Lake, **or**
  - mail to Smoky Lake County Elections P.O. Box 310, Smoky Lake AB, T0A 3C0, **or**
  - email to [election@smokylakecounty.ab.ca](mailto:election@smokylakecounty.ab.ca)
1. If there are any changes to the information below, notify the Returning Officer in writing within 48 hours by submitting a revised Candidate Financial Information form.

I am intending to run for Councillor in Division: \_\_\_\_\_ (One, Two, Three, Four, or Five)

Candidate's full name: \_\_\_\_\_

Candidate's complete address and postal code: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Candidate’s Phone number(s): \_\_\_\_\_

Candidate’s Email address: \_\_\_\_\_

Address of place(s) where Candidate records are maintained (*records must be kept for a period of 3 years following election day*):

\_\_\_\_\_  
\_\_\_\_\_

Address of place(s) where communications may be sent:

\_\_\_\_\_

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Name(s) and address(es) of the financial institution(s) where campaign contributions will be deposited:

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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 financial depository above:

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**By entering your name on the signature line below, you are indicating that the information on this form is accurate.**

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*Candidate Name*

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*Candidate Signature*

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*Date*

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**OFFICE USE ONLY - Returning Officer's Acceptance**

Returning office signals receipt by signing this form:

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*Signature of Returning Officer*

**LOCAL JURISDICTION:** Smoky Lake County, Province of Alberta

**ELECTION DATE:** Monday, October 20, 2025

We, the undersigned electors of Smoky Lake County, Division \_\_\_\_\_, in the Province of Alberta  
Nominate:

\_\_\_\_\_ of \_\_\_\_\_,  
(Candidate’s Surname) (Candidate’s Given Names) (Complete Address, Legal Land Description, and Postal Code)

as a candidate at the election about to held for the office of Councillor of Smoky Lake County,  
Alberta.

Signature of at least **25 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections  
27 and 47 of the *Local Authorities Election Act*.

<b>Printed Name of Elector</b>	<b>Elector’s Complete Address (Legal Land Description) and Postal Code</b>	<b>Signature of Elector</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

The personal information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the administration of the municipal election. This form or parts thereof may be disclosed as permitted or required by law. If you have any questions concerning the collection and use of this personal information, please contact the FOIP Coordinator at 780-656-3730.

\_\_\_\_\_  
(Candidate’s Surname)

\_\_\_\_\_  
(Candidate’s Given Names)

Printed Name of Elector	Elector’s Complete Address (Legal Land Description) and Postal Code	Signature of Elector
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Supplementary signatures may be collected and documented on the supplementary sheet provided.



\_\_\_\_\_  
(Candidate’s Surname)

\_\_\_\_\_  
(Candidate’s Given Names)

**Candidate’s Acceptance**

I, the above name candidate, solemnly swear (affirm)

- THAT I am eligible under sections 21 and 47 of the *Local Authorities Election Act* to be elected to the 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 sections 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 my official agent (if applicable) as:

\_\_\_\_\_  
(Name, Contact Information or Complete Address, Postal Code, & Telephone 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 resident in the local jurisdiction on the date of signing the nomination.

**PRINT NAME AS IT SHOULD APPEAR ON THE BALLOT:**

\_\_\_\_\_  
Candidate’s Surname

\_\_\_\_\_  
Given Names (may include nicknames, but not titles, i.e. Mr. Mrs., Dr.)

SWORN (AFFIRMED) BEFORE ME at the \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta this \_\_\_ day of \_\_\_\_\_ 2025.

\_\_\_\_\_  
(Candidate’s Signature)

\_\_\_\_\_  
(Signature of Returning Officer or Commissioner for Oaths)

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

\_\_\_\_\_  
(Candidate’s Surname)

\_\_\_\_\_  
(Candidate’s Given Names)

**RETURNING OFFICER’S ACCEPTANCE**

Returning Officer signals acceptance by signing this form:

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

**Supplementary Signatures**

\_\_\_\_\_, \_\_\_\_\_  
(Candidate’s Surname) (Candidate’s Given Names)

<b>Printed Name of Elector</b>	<b>Elector’s Complete Address (Legal Land Description) and Postal Code</b>	<b>Signature of Elector</b>
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		

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

The personal information on this form is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the administration of the municipal election. This form or parts thereof may be disclosed as permitted or required by law. If you have any questions concerning the collection and use of this personal information, please contact the FOIP Coordinator at 780-656-3730.

**LOCAL JURISDICTION:** Smoky Lake County, Province of Alberta

**ELECTION DATE:** Monday, October 20, 2025

An individual intending to run for Councillor must submit this form to the Returning Officer as set out in the *Local Authorities Election Act*, Section 27.

**INSTRUCTIONS**

- Complete the form below and file the completed form with the Returning Officer by drop off at Smoky Lake County's Main Office at 4612 McDougall Drive, Smoky Lake, Alberta.
- If there are any changes to the information below, notify the Returning Officer in writing within 48 hours by submitting a revised Candidate Financial Information form.

Candidate's full name: \_\_\_\_\_

Candidate's complete address and postal code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of place(s) where Candidate records are maintained (*records must be kept for a period of 3 years following election day*):

\_\_\_\_\_

Name(s) and address(es) of the financial institution(s) where campaign contributions will be deposited:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**By entering your name on the signature line below, you are indicating that the information on this form is accurate.**

\_\_\_\_\_

Candidate Name

\_\_\_\_\_

Candidate Signature

\_\_\_\_\_

Date

**LOCAL JURISDICTION:** Smoky Lake County, Province of Alberta

**ELECTION DATE:** Monday, October 20, 2025

I, \_\_\_\_\_, give permission to the Returning Officer of Smoky Lake County to release any or all of the following information to the media, the general public, any legislated authority, and for any purpose as set out in the *Local Authorities Election Act*.

\_\_\_\_\_  
(Candidate's Signature)

\_\_\_\_\_  
(Date)

Please ensure that the information provided on this form is accurate, as Smoky Lake County will not assume any responsibility for any errors or omissions.

Candidate Information	
Name	
Email Address	
Phone Number	
Mailing Address	
Campaign Website URL	