

**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*