



Notice of Intent to Run
Local Authorities Election Act (Section 147.22)

LOCAL JURISDICTION: The Town of Edson, Province of Alberta
ELECTION DATE: Monday, October 20, 2025

An individual intending to run for Mayor or 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 dropping off at the Civic Centre or mailing to:
Town of Edson
Attn: Adrienne Tait, Returning Officer
605-50 Street
PO Box 6300
Edson, AB T7E 1T7

or by emailing: elections@edson.ca
3. When 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: Mayor Councillor

Candidate's full name: _____

Candidate's complete address and postal code: _____

Phone number(s): _____

Email address: _____

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 780.728.5233 or foip@edson.ca.



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

<hr/>	<hr/>
Name of financial institution	Address of financial institution

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

<hr/>	<hr/>	<hr/>
Candidate Name	Candidate Signature	Date

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

RETURNING OFFICER'S ACCEPTANCE

Returning office signals receipt by signing this form:

Signature of Returning Officer

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ADDITIONAL FINANCIAL INSTITUTIONS IF NEEDED

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 depository above (if applicable):

Name of financial institution

Address of financial institution

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

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