

# Notice of Intent

Local Authorities Election Act (section 147.22)

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Email [election@lethbridge.ca](mailto:election@lethbridge.ca) Phone 403-320-3030

An individual intending to run for Mayor, Councillor or School 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 by emailing to [election@lethbridge.ca](mailto:election@lethbridge.ca).
3. Notify the Election Office in writing if the information below changes.

I am intending to run in the 2025 general municipal election for:	<input type="checkbox"/>	Mayor	For Separate School Trustee, please select ward:	<input type="checkbox"/>	Ward 1
	<input type="checkbox"/>	Councillor		<input type="checkbox"/>	Ward 2
	<input type="checkbox"/>	Public School Trustee		<input type="checkbox"/>	Ward 3
	<input type="checkbox"/>	Separate School Trustee		<input type="checkbox"/>	Ward 4
				<input type="checkbox"/>	Ward 5

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 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 Returning Officer, Phone 403-320-4083 or visit the Office of the City Clerk in City Hall at 910 – 4<sup>th</sup> Avenue South, Lethbridge, Alberta, T1J 0P6.

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

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(Name of financial institution) (Address of financial institution)

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

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(Name of financial institution) (Address of financial institution)

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