

# Nomination Paper and Candidate's Acceptance

Local Authorities Election Act  
(Sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)  
Education Act (Sections 4(4), 74)

## FORM 4

The personal information collected through this form is for administering the election. This collection is authorized by section 4 of the *Protection of Privacy Act*, specifically section 4(c) that information relates directly to and is necessary for an operating program or activity. The information is used solely for the purpose of conducting the election. The information may be included in public records or otherwise disclosed as authorized under the *Protection of Privacy Act* and the *Access to Information Act*. For questions about the collection of personal information, contact ATI Coordinator, City of Camrose, 780-678-3440, 5204 50 Avenue, Camrose, AB, T4V-0S8 or [legservices@camrose.ca](mailto:legservices@camrose.ca).

Returning Officer

Title of the Responsible Official

780. 672. 4426.

Business Phone Number

LOCAL JURISDICTION: Camrose, Alberta, PROVINCE OF ALBERTA

We, the undersigned elections of Camrose, Alberta, nominate  
Name of Local Jurisdiction and Ward (if applicable)

Chrabaszcz

Candidate Surname

Shauna Lee

Given Names

of

[Redacted] as a candidate at the election  
Complete Address and Postal Code

about to be held for the office of Mayor

Office Nominated for

of Camrose, Alberta

Name of Local Jurisdiction

Signatures of at least **5 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable. If a city or a board of trustees under the *Education Act* passes a bylaw under section 27(2) of the *Local Authorities Election Act*, then the signatures of up to 100 electors eligible to vote may be required.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
<u>Matthew K. Carlson</u>	<u>[Redacted]</u>	<u>[Signature]</u>
<u>Amanda Sawyer</u>		<u>[Signature]</u>
<u>micheal Elliott</u>		<u>[Signature]</u>
<u>Crystal Wilson</u>		<u>[Signature]</u>
<u>PHIL HALL</u>		<u>[Signature]</u>

# Nomination Paper and Candidate's Acceptance

*Local Authorities Election Act*  
(Sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)  
*Education Act* (Sections 4(4), 74)

## Candidate's Acceptance

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

- THAT I am eligible under sections 21 and 47 (and section 12, in the case of summer villages) of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) 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 12, 21, 22, 23, 27, 28, 47, 68.1, and 151 and Part 5.1 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* (if applicable) and understand their contents;
- THAT I am appointing

Gregory Chrabaszcz

Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent (if applicable)  
as my official agent.

- THAT the electors who have signed this nomination paper are eligible to vote in accordance with the *Local Authorities Election Act* and the *Education Act* and resident in the local jurisdiction on the date of signing the nomination.

Print Name as it should appear on the ballot

Chrabaszcz

Candidate's Surname

Shauna Lee

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

SWORN (AFFIRMED) before me

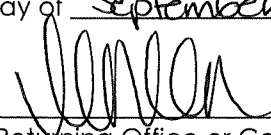
at the City of Camrose

in the Province of Alberta,

this 22 day of September, 2025.



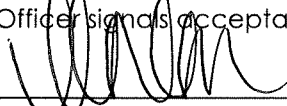
Gregory Chrabaszcz  
Candidate's Signature

  
Signature of Returning Officer or Commissioner  
for Oaths or Notary Public in and for Alberta  
(Also include printed or stamped name and  
expiry date).

Commissioner for Oaths Stamp

## RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:



Signature of Returning Officer

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

## Notice of Intent to Run

Local Authorities Election Act (Section 147.22)

E: [elections@camrose.ca](mailto:elections@camrose.ca) P: 780.672.4426

An individual intending to run for Mayor or Council 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 to City Hall, Corporate Services, 5204 – 50 Avenue, Camrose, AB, or by emailing it to [elections@camrose.ca](mailto:elections@camrose.ca)
3. When there are any changes to the information below, notify the Election Office in writing.

I am intending to run for:

☒

Mayor

or

☐

Council

Full Name:

Shauna L Chrabaszcz

Title:

Dr. ☐

Mr. ☐

Mrs. ☒

Ms. ☐

ND (prefer not to disclose) ☐

Gender:

Male ☐

Female ☒

X ☐

ND (prefer not to disclose) ☐

Full address and postal code:

[REDACTED]

Phone Number(s):

780-679-7927

(Campaign Office)

(Other)

Email Address:

[REDACTED]

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

[REDACTED]

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

[REDACTED]



## Notice of Intent to Run

Local Authorities Election Act (Section 147.22)

E: [elections@camrose.ca](mailto:elections@camrose.ca) P: 780.672.4426

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

TD Canada Trust

(Name of financial institution)

4888 50 Street, Camrose, AB T4V 1P7

(Address of financial institution)

Shauna Chrabaszcz

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

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

N/A

(Name of financial institution)

N/A

(Address of financial institution)

N/A

(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)

Shauna Lee Chrabaszcz

Name



Signature

09/21/2025

Date

Form must be printed to sign.

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**FORM 5**

Returning officer

Title of the Responsible Official

780. 672. 4426.

Business Phone Number

Candidate's Full Name Shauna Lee Chrabaszcz

Candidate's Address and Postal Code [REDACTED]

Address(es) of Place(s) where Candidate Records are Maintained [REDACTED]

Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be Deposited (if applicable)

TD Canada Trust - 4888 50 Street, Camrose, Alberta T4V 2S8

Name(s) of Signing Authorities for each Depository Listed Above (if applicable)

Shauna Chrabaszcz

Where there is any change in the above mentioned information, the candidate shall notify the local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.

**Note:** The personal information collected through this form is for administering the election. This collection is authorized by section 4 of the *Protection of Privacy Act*, specifically section 4(c) that information relates directly to and is necessary for an operating program or activity. The information is used solely for the purpose of conducting the election. The information may be included in public records or otherwise disclosed as authorized under the *Protection of Privacy Act* and the *Access to Information Act*. For questions about the collection of personal information, contact ATI Coordinator, City of Camrose, 780-678-3440, 5204 50 Avenue, Camrose, AB, T4V-0S8 or [legservices@camrose.ca](mailto:legservices@camrose.ca).