

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

Note: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 21 and 27 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection of this person information, please contact

City of Camrose Returning Officer

780 672 4426

Title of the Responsible Official

Business Phone Number

LOCAL JURISDICTION: Camrose, PROVINCE OF ALBERTA

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

Rosland

Donald, Walter

of

Candidate Surname

Given Names

as a candidate at the election

Complete Address and Postal Code

about to be held for the office of City Councillor

Office Nominated for

of Camrose AB

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

Shauna Rosland

Dennis Lindroth

Richard Hopwood

Heather Hopwood

JOHN T. ROCKE

Heather Hopwood

John T. Rocke

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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

Rick Hopwood [REDACTED]

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

- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); and
- 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

Rosland

Candidate's Surname

Don

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

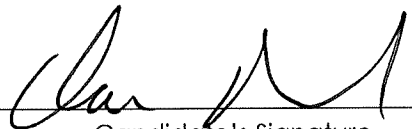
SWORN (AFFIRMED) before me

at the City of Camrose

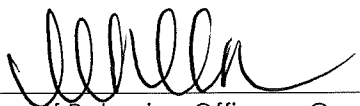
in the Province of Alberta,

this 16th day of June, 2025.




Candidate's Signature

Commissioner for Oaths Stamp


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

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signs 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**

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
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:

Donald Walter Rosland

Full address and postal code:

[REDACTED]

Phone Number(s):

780 781 0572

(Campaign Office)

[REDACTED]

(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]

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

Vision Credit Union

(Name of financial institution)

5030 51 St Camrose T4V 1S5

(Address of financial institution)

Don Rosland

Shauna Rosland

(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):

NA

(Name of financial institution)

NA

(Address of financial institution)

NA

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

NA

(Name of financial institution)

NA

(Address of financial institution)

NA

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

Donald Walter Rosland

Name

Signature

4/4/25

Date

By typing your name in the signature box above, this indicates that the information entered this form is accurate.

FORM 5

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Returning Officer

780-672-4426

Title of the Responsible Official

Business Phone Number

Candidate's Full Name Donald Walter Rosland

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)

Vision Credit Union 5030 51 St Camrose AB T4V 1S5

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

Donald Rosland

Shauna Rosland

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.