

## 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 leaservices@camrose.ca.

authorized under the <i>Protection of Procellection of personal information, commose, AB, T4V-0S8 or legservices</i>	ontact ATI Coordinator, City of Camr	ation Act. For questions about the cose, 780-678-3440, 5204 50 Avenue,	
_ Retining of	facer 780	. 672, 4426	
Returns Of Title of the Responsible C	Official B	usiness Phone Number	
LOCAL JURISDICTION:	ty of Campose	, PROVINCE OF ALBERTA	
We, the undersigned elections o	ya Camrose	, nominate	
ILG	m'e of Local Jurisdiction and Ward (if	fapplicable) of	
Candidate Surname	Giver	n Names	
Complete Addre	ess and Postal Code	as a candidate at the election	
about to be held for the office of	Councilor		
	Office Nominated for		
City of County			
of City of Campost	diction .		
( Name of Local John	alcilon		
Signatures of at least <b>5 ELECTORS ELIG</b> Local Authorities Election Act and sec of trustees under the Education Act p then the signatures of up to 100 elect	ctions 4(4) and 74 of the Education A casses a bylaw under section 27(2) of	f the Local Authorities Election Act,	
Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector	
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Tanya Bahrey		Alogo,	
Lang Fla		Lina Is	
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IT IS AN OFFENCE TO SIGN A FALSE
AFFIDAVIT OR A FORM THAT CONTAINS A

**FALSE STATEMENT** 

#### 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;

gnature of Returning Officer

- 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

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

Candidate's Surname

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

SWORN (AFFIRMED) before me

at the City of Camrosc

in the Province of Alberta,

this day of Sectuber, 2023

Commissioner for Oaths Stamp

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, signals acceptance by signing this form:



### Notice of Intent to Run

Local Authorities Election Act (Section 147.22) E: <u>elections@camrose.ca</u> 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 <a href="mailto:elections@camrose.ca">elections@camrose.ca</a>
- 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:	Daniel Jerry (DJ) Ilg			
Title:	Dr. ☐ Mr. ☐ Mrs. ☐ MS. ☐ ND (prefer not to disclose) ☐			
Gender:	Male Female X ND (prefer not to disclose)			
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 a period of three years following election day):				
Address of place(s) where communications may be sent:				



### Notice of Intent to Run

Local Authorities Election Act (Section 147.22) E: elections@camrose.ca P: 780.672.4426

Name and address of the financial institution where campaig (list additional financial institutions, if any):	
ATB Financial institution) #700, 73  (Name of financial institution)	$600  ext{ 48}^{4}$ are Camasta. The ress of financial institution.
(Name of financial institution) (Addr	ess of financial institution)
(Name(s) of signing authorities for the above	ve depository)
Name and address of any additional financial institutions whe be deposited (if any):	re campaign contributions will
(Name of financial institution)	(Address of financial institution)
(Name(s) of signing authorities for the above	ve depository)
(Name of financial institution)	(Address of financial institution)
(Name(s) of signing authorities for the above	ve depository)
Daniel Ils  Name Signature	Aug 19, 2025

Form must be printed to sign.

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# Camrose

## **Candidate Financial Information**

Local Authorities Election Act (Section 27)

FORM 5

Returns Officer Title of the Responsible Official	780.672 4426  Business Phone Number		
Candidate's Full Name	Z/q		
Candidate's Address and Postal Code			
Address/ss) of Places/s) where Condidate Persons were			
Address(es) of Place(s) where Candidate Records are N	naimainea		
Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be Deposited (if applicable)  ATA Financial			
4700, 7300 48th Ne Camrose, AB			
Name(s) of Signing Authorities for each Depository Listed Above (if applicable)			
Lang Ila			

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.

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