

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.

Returning Officer

Title of the Responsible Official

780 672 4426.

Business Phone Number

LOCAL JURISDICTION: City of Camrose, PROVINCE OF ALBERTA

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

Lesmeister

Candidate Surname

Iran

Given Names

of

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

about to be held for the office of Councillors
Office Nominated for

of City of Camrose
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
Nestor Nychka	[Redacted Address]	[Signature]
John Williams	[Redacted Address]	[Signature]
Glen Creasy	[Redacted Address]	[Signature]
Rob Beck	[Redacted Address]	[Signature]
Rick Myers	[Redacted Address]	[Signature]

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

N/A

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

Lesmeister

Candidate's Surname

Iran

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 19 day of September, 20 25.



[Signature]

Candidate's Signature

Commissioner for Oaths Stamp

[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).

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

[Signature]

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:

Ivan Lesmeister

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):

[Redacted]

(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 P: 780.672.4426

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

N/A

(Name of financial institution)

(Address of financial institution)

(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)

(Address of financial institution)

(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)

Ivan Lesmeister

Name



Signature

Sept. 19 2015

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 Ivan Lesmeister

Candidate's Address and Postal Code

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

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

N/A

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

N/A

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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