

Nomination Paper and Candidate's Acceptance

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

Education Act (Sections 4(4), 74)

Local Jurisdiction: HOLY SPIRIT ROMAN CATHOLIC SEPARATE SCHOOL DIVISION, Province of Alberta

We, the undersigned electors of the HOLY SPIRIT ROMAN CATHOLIC SEPARATE SCHOOL DIVISION, WARD 2, nominate

(Candidate's Surname)

(Given Names)

Of

(Complete Address and Postal Code)

as a candidate at the election about to be held for the office of TRUSTEE of the Holy Spirit Roman Catholic Separate School Division, Ward 2.

Table with 3 columns: PRINTED NAME OF ELECTOR, COMPLETE ADDRESS AND POSTAL CODE OF ELECTOR, SIGNATURE OF ELECTOR. Includes header text: 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.

CANDIDATE'S ACCEPTANCE:

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

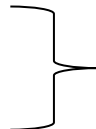
- THAT I am eligible under Sections 21 and 47 of the Local Authorities Election Act and sections 4(4) and 74 of the Education Act to be elected to the office;
• THAT I am not otherwise disqualified under Section 22 or 23 of the Local Authorities Election Act;
• THAT I will accept the office if elected;
• THAT I have read Sections 21, 22, 23, 27, 28, 47, 68.1, 151 and Part 5.1 of the Local Authorities Election Act and Sections 4(4) and 74 of the Education Act and understand their contents;
• THAT I am appointing [blank] as my official agent. (Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent) (if applicable)
• 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., Mrs., Dr.))

SWORN (AFFIRMED) before me at the CITY OF LETHBRIDGE, in the Province of Alberta, this \_\_\_ day of \_\_\_, 2025.



(Candidate's Signature)

(Signature of Returning Officer or Commissioner for Oaths)

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

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. The personal information will be managed in compliance with Section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact Bonnie Hilford, Deputy Returning Officer, Phone 403-320-4083 or visit the Office of the City Clerk in City Hall at 910 - 4th Avenue South, Lethbridge, Alberta, T1J 0P6.

