

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 5**, 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 5.

Signatures of at least 5 ELECTORS ELIGIBLE TO VOTE in this election in accordance with Sections 27 and 47 of the <i>Local Authorities Election Act</i> and Sections 4(4) and 74 of the <i>Education Act</i> .		
PRINTED NAME OF ELECTOR	COMPLETE ADDRESS AND POSTAL CODE OF ELECTOR	SIGNATURE OF ELECTOR

CANDIDATE'S ACCEPTANCE:

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

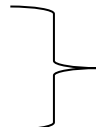
- THAT I am eligible under Sections 21 and 47 of the *Local Authorities Election Act* and sections 4(4) and 74 of the *Education Act* to be elected to the office;
- THAT I am not otherwise disqualified under Section 22 or 23 of the *Local Authorities Election Act*;
- THAT I will accept the office if 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 _____ 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.

