

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 section 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 personal information, please contact

Kathy Skwarchuk, FOIP Contact

780-924-3181

Title of the Responsible Official

Business Phone Number

Candidate's Full Name _____

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)

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

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.