

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE  
(CATHOLIC SCHOOL DIVISION TRUSTEE)***Local Authorities Election Act* (sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151, Part 5.1)  
*Education Act* (sections 4(4), 74)

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* 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 the Director of Elections (16304-114 Ave NW, Edmonton, AB, T5M 3R8 | 780 442 8683 | [elections@edmonton.ca](mailto:elections@edmonton.ca))

**LOCAL JURISDICTION: EDMONTON CATHOLIC SEPARATE SCHOOL DIVISION,  
PROVINCE OF ALBERTA****ELECTION DATE: Monday, October 18, 2021**

We, the undersigned electors of Ward \_\_\_\_\_ of the Edmonton Catholic Separate School Division, Province of Alberta, **NOMINATE:**

\_\_\_\_\_, \_\_\_\_\_ of  
(Candidate's Surname) (Candidate's Given Names)

\_\_\_\_\_, \_\_\_\_\_  
(Candidate's Residential Address) (Postal Code)

Edmonton, Province of Alberta, as a candidate at the election about to be held for the office of TRUSTEE of Ward \_\_\_\_\_, in the Edmonton Catholic Separate School Division, Province of Alberta.

Signatures of **at least 25 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act*, sections 4(4) and 74 of the *Education Act*, and Edmonton Catholic Separate School Division Bylaw #2004-1.

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.		
2.		
3.		
4.		
5.		
6.		
7.		

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE  
(CATHOLIC SEPARATE SCHOOL DIVISION TRUSTEE)**

We, the undersigned electors of Ward \_\_\_\_\_ of the Edmonton Catholic Separate School Division, Province of Alberta, **NOMINATE**:

\_\_\_\_\_, \_\_\_\_\_  
 (Candidate's Surname) (Candidate's Given Names)

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
8.		
9.		
10.		
11.		
12.		
13.		
14.		
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19.		
20.		
21.		

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE  
(CATHOLIC SEPARATE SCHOOL DIVISION TRUSTEE)**

We, the undersigned electors of Ward \_\_\_\_\_ of the Edmonton Catholic Separate School Division, Province of Alberta, **NOMINATE**:

\_\_\_\_\_, \_\_\_\_\_  
 (Candidate's Surname) (Candidate's Given Names)

Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
22.		
23.		
24.		
25.		
26.		
27.		
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35.		

**NOMINATION PAPER AND CANDIDATE'S ACCEPTANCE  
(CATHOLIC SEPARATE SCHOOL DIVISION TRUSTEE)****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 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* and understand their contents; and

THAT I am appointing as my official agent (if applicable):

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(Name, Email Address and/or Complete Address and Postal Code; and Telephone Number of Official Agent)

THAT I will read and abide by the Trustee code of conduct if elected; 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 City of Edmonton on the date of signing the nomination.

**PRINT NAME AS IT SHOULD APPEAR ON THE BALLOT:**

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(Candidate's Surname)

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

SWORN (AFFIRMED) before me at the \_\_\_\_\_ )

of \_\_\_\_\_, in the Province of \_\_\_\_\_ )

Alberta this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. )

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Candidate's Signature

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Signature of Returning Officer or Commissioner for Oaths  
or Notary Public in and for Alberta

(Also include printed or stamped name and expiry date)

Commissioner for Oaths Stamp

**RETURNING OFFICER'S ACCEPTANCE**

Returning Officer signals acceptance by signing this form:

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Signature of Returning Officer

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