

**FORM 4
NOMINATION PAPER AND
CANDIDATE'S ACCEPTANCE**

*Local Authorities Election Act (Sections 12, 21, 22, 23, 27, 28, 47, 68.1, 151 and Part 5.1))
Education Act (Sections 4(4) and 74)*

LOCAL JURISDICTION: THE CITY OF LEDUC, BLACK GOLD SCHOOL DIVISION AND ST. THOMAS AQUINAS ROMAN CATHOLIC SEPARATE SCHOOL DIVISION, PROVINCE OF ALBERTA

ELECTION DATE: Monday, October 20, 2025

We, the undersigned electors of the City of Leduc, Alberta, nominate _____ of
 _____ of
 _____ as a candidate at the election

about to be held for the office of **COUNCILLOR** for the City of Leduc, 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* 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	Completed Address and Postal Code of Elector	Signature of Elector
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CANDIDATES 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 _____
(name, contact information or complete address and postal code, and telephone number of official agent) (if applicable)

_____ as my official agent.

THAT I will read and abide by the municipality’s code of conduct if elected (if applicable); 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 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 _____ of _____
 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* and section 33 (c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the *Freedom of Information and Protection of Privacy Act*. If you have questions concerning the collection of this personal information, please contact the Privacy Officer at 780-980-7173 or by email at foip@leduc.ca.

RETURNING OFFICER’S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

 Signature of Returning Officer