

Candidate Financial Information

Local Authorities Election Act (Section 27)



Business Title/ Organization _____

Business Phone #: _____

Address: _____
Unit/ PO Box # Street Municipality Postal Code

Candidate's Full Name: _____

Candidate's Address: _____
Unit/ PO Box # Street Municipality Postal Code

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.

This personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the Freedom of Information Protection Privacy Act. If you have any questions about the collection of this information, please contact us.

Wabasca Main Office

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