



CANDIDATE FINANCIAL INFORMATION

FORM 5

Local Authorities Election Act (section 27)

NOTE: The personal information collected through this form is for administering the election. This collection is authorized by section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of this personal information, contact the City's FOIP Coordinator at 780-459-1500 or email FOIP@stalbert.ca, or St. Albert Public Schools' FOIP Coordinator at 780-460-3712.

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 City of St. Albert in writing within 48 hours of such changes by submitting a completed information form.