



# SPRUCE GROVE VOTES!

Notice of Intent to Run  
*Local Authorities Election Act (Section 147.22)*

**LOCAL JURISDICTION:** The City of Spruce Grove, Province of Alberta

**ELECTION DATE:** Monday, October 20, 2025

An individual intending to run for Mayor or Councillor must submit this form to the Election Office before accepting campaign contributions or incurring campaign expenses as set out in **Part 5.1 Election Finances and Contributions Disclosure** of the *Local Authorities Election Act*.

**INSTRUCTIONS**

1. Complete the form below.
2. File the completed form with the Election Office by mailing or dropping of: City Clerk’s Office, 315 Jespersen Avenue, Spruce Grove, AB T7X 3E8, or by emailing: [elections@sprucegrove.org](mailto:elections@sprucegrove.org).
3. When there are any changes to the information below, notify the Election Office in writing within 48 hours by submitting a revised Candidate Financial Information form.

I am intending to run for:  Mayor  Councillor

Candidate’s full name: \_\_\_\_\_

Candidate’s complete address and postal code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Address of place(s) where candidate records are maintained (records must be kept for a period of three years following election day):  
\_\_\_\_\_

Address of place(s) where communications may be sent:  
\_\_\_\_\_

Name(s) and address(es) of the financial institution where campaign contributions will be deposited. (List additional financial institutions on page 2, if any):

\_\_\_\_\_ (Name of financial institution)

\_\_\_\_\_ (Address of financial institution)

\_\_\_\_\_ (Name(s) of signing authorities for the above depository)

\_\_\_\_\_ Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

*By typing your name in the signature box above, this indicates that the information entered into this form is accurate.*

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*. The personal information will be managed in compliance with the privacy provisions of Part 2 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection and use of this personal information, please contact the FOIP Coordinator at 780-962-2611.



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Name and address of additional financial institutions where campaign contributions will be deposited (if any):

\_\_\_\_\_  
(Name of financial institution)

\_\_\_\_\_  
(Address of financial institution)

\_\_\_\_\_  
(Name(s) of signing authorities for the above depository)

\_\_\_\_\_  
(Name of financial institution)

\_\_\_\_\_  
(Address of financial institution)

\_\_\_\_\_  
(Name(s) of signing authorities for the above depository)

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