



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 personal information, please contact our FOIP Coordinator at Yellowhead County, 2716-1 Avenue, Edson, AB T7E 1N9 Ph: 780 723 4800

Candidate's Full Name: _____

Candidate's Address and Postal Code: _____

Address 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 local jurisdiction in writing within 48 hours of such changes by submitting a completed information form.