

Nomination Paper and Candidate's Acceptance

Local Authorities Election Act
 (Sections 12, 21, 22, 23, 23.1, 27, 28,
 47, 68.1, 151, 158.3, Part 5.1)
Education Act (Sections 4(4), 74)



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, contact

ROCKY VIEW COUNTY 403-230-1401
 Business Title/Organization Business Phone Number

262075 ROCKY VIEW POINT ROCKY VIEW COUNTY AB T2A 0K2
 Address City or Town Province Postal Code

LOCAL JURISDICTION: ROCKY VIEW COUNTY, PROVINCE OF ALBERTA

We, the undersigned electors of ROCKY VIEW COUNTY DIVISION 3
 Name of Local Jurisdiction and Ward (if applicable)

nominate WHITING, ALISON of
 Candidate's Surname and Given Names

[REDACTED]
 Complete Address and Postal Code

as a candidate at the election about to be held for the office of COUNCILLOR, DIVISION 3
 Office Nominated for

of ROCKY VIEW COUNTY
 Name of Local Jurisdiction

The candidate's local political party or slate is _____ (if applicable).

Provide signatures of at least 5 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	Complete Address and Postal Code of Elector	Signature of Elector
Stephanie Michaud	[REDACTED]	
DONALD MITCHELL JACQUES	[REDACTED]	
Chloée Jacques	[REDACTED]	
Sylvie Chiasson	[REDACTED]	
LUC SAVOIE	[REDACTED]	
Melanie Johnston-Dore	[REDACTED]	

CANDIDATE'S 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,

I am not otherwise disqualified under section 22, 23 or 23.1 of the *Local Authorities Election Act*,

I will accept the office if elected,

I have read sections 12, 21, 22, 23, 23.1, 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,

I am appointing _____
Name, Contact Information or Complete Address and Postal Code, and Telephone Number of Official Agent
as my official agent (if applicable),

I have provided a criminal record check with my nomination package (if applicable),

I will read and abide by the municipality's code of conduct if elected (if applicable), and

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.)

WHITING
Candidate's Surname

ALISON
Candidate's Given Names
(may include nicknames, but not titles, i.e. Mr., Ms, Dr.)

SWORN (AFFIRMED) before me

at the County of Rocky View,

in the Province of Alberta,

this 20 day of August, 2025.

[Signature]
Signature of Candidate

[Signature]
Signature of Returning Officer or
Commissioner for Oaths

Commissioner for Oaths Stamp

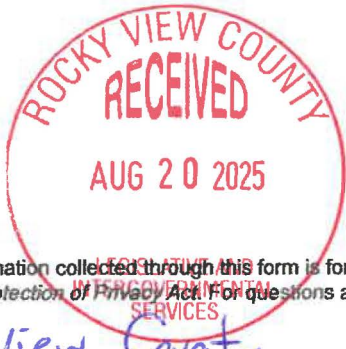
TYLER ANDREASEN
A Commissioner for Oaths
In and for Alberta
My Commission Expires April 11, 2026

**IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT
OR A FORM THAT CONTAINS A FALSE STATEMENT**

RETURNING OFFICER'S ACCEPTANCE

Returning Officer signals acceptance by signing this form:

[Signature]
Signature of Returning Officer



Candidate Financial Information

Local Authorities Election Act (Section 27)

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Rocky View County Business Title/Organization (403) 230-1401 Business Phone Number
262075 Rocky view Point Rocky view County Address City or Town AB T2A 0X2 Province Postal Code

Candidate's Full Name ALISON WHITING

Candidate's Address and Postal Code [Redacted]

Address(es) of Place(s) where Candidate Records are Maintained [Redacted]

Name(s) and Address(es) of Financial Institutions where Campaign Contributions will be Deposited (if applicable) TANGERINE BANK - ONLINE

Name(s) of Signing Authorities for each Depository Listed Above (if applicable) ALISON WHITING

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.

Notice of Intent

Local Authorities Election Act (Section 147.22)

LOCAL JURISDICTION: Rocky View County, PROVINCE OF ALBERTA

Election Date: October 20 2025
date

I, Alison Whiting, of _____, of _____
complete address and postal code

intend to be nominated, or have been nominated, to run for election as a candidate in the
Rocky View County, Division 3
name of local jurisdiction and ward, if applicable

I understand that by completing this form, I am declaring my intent to become a candidate as defined in the *Local Authorities Election Act*, which carries with it certain obligations and responsibilities.

Candidate Information

Title	Candidate Last Name	Candidate First Name
<u>Ms</u>	<u>Whiting</u>	<u>Alison</u>
Gender	Telephone Number	Email Address
[Redacted]	[Redacted]	[Redacted]

Address of place(s) where candidate records are maintained:

[Redacted]

Name(s) and address(es) of financial institutions where campaign contributions will be deposited (if applicable):

Tangerine - online

Name(s) of signing authorities for each depository listed above (if applicable):

Alison Whiting

SWORN (AFFIRMED) before me at the County
of Rocky View, in the Province of Alberta, this 30
day of July, 20 25

[Signature]
Signature of Returning Officer or Commissioner for Oaths or Notary Public in and for Alberta

[Signature]
Signature of Candidate

Commissioner for Oaths Stamp

TYLER ANDREASEN
A Commissioner for Oaths
In and for Alberta
My Commission Expires April 11, 2026

RETURNING OFFICER'S ACCEPTANCE
Returning office signals acceptance by signing this form

[Signature]
Signature of Returning Officer

IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT OR A FORM THAT CONTAINS A FALSE STATEMENT

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Release of Results of Criminal Record Check

Reference Number

Important Notices

- This information does not constitute a Certified Criminal Record by the RCMP.
- A Certified Criminal Record can only be issued based on the submission of fingerprints to the RCMP National Repository of Criminal Records.
- This information may not contain all criminal record convictions, or convictions and records related to "young persons" pursuant to the *Youth Criminal Justice Act*.
- Motor vehicle records not checked; consult provincial/territorial ministries for driver's abstract.

Applicant Information

Current Legal Surname (required) WHITING		Current Legal Given Names (required) ALISON CLAIRE	
Gender [REDACTED]	Date of Birth (yyyy-mm-dd; required) [REDACTED]		
Current Address (required) [REDACTED]	City (required) [REDACTED]	Province AB	Postal Code (A9A 9A9; required) [REDACTED]

Criminal Record Check Results



Note: This is not an affirmation of good character

- Negative:** Based solely on the name and date of birth provided by the applicant, a search of the RCMP National Repository of Criminal Records did not identify any records with the name and date of birth of the applicant. All available police records management systems and court records, where applicable were also searched. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by fingerprint comparison. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
- Incomplete:** Based solely on the name and date of birth provided by the applicant, a search of the RCMP National Repository of Criminal Records could not be completed. All available police records management systems and court records, where applicable were also searched. Positive identification that a criminal record does or does not exist requires the applicant to submit fingerprints to the RCMP National Repository of Criminal Records by an authorized police service or accredited private fingerprinting company. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
- Possible Match:** Based solely on the name and date of birth provided by the applicant, a search of the RCMP National Repository of Criminal Records has resulted in a possible match to a registered criminal record. All available police records management systems and court records, where applicable were also searched. Positive identification that a criminal record does or does not exist at the RCMP National Repository of Criminal Records can only be confirmed by fingerprint comparison. As such, the criminal record information declared by the applicant does not constitute a Certified Criminal Record by the RCMP. Delays do exist between a conviction being rendered in court, and the details being accessible on the RCMP National Repository of Criminal Records. Not all offences are reported to the RCMP National Repository of Criminal Records.
- Local Conviction not Added to National Repository of Criminal Records:** Based solely on the name and date of birth provided and the criminal record information declared by the applicant, there was a criminal conviction registered on the date **below**, but not a sex offender record where a Record Suspension (Pardon) was granted. Delays do exist between a conviction rendered in court and the details being accessible on the RCMP National Repository of Criminal Records.

If "Local Conviction not Added to National Repository of Criminal Records" was selected, please provide the date the criminal conviction was registered on. (yyyy-mm-dd)

Additional Comments (this field expands)

Received by

Employee Name S. THOMPSON HRMIS 000146962	HRMIS No.	Detachment Stamp or Seal  Cochrane RCMP Oi/c 12 Clydesdale Avenue Cochrane, AB T4C 2Y6
Signature 	Date (yyyy-mm-dd) JUL 24 2025	