

The personal information on this form is being collected to record information pertaining to each candidate nomination 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 the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection of this personal information, please contact Capacity Building at 780-427-2225 or by writing to the Director, Capacity Building, 17<sup>th</sup> Floor, Commerce Place, Edmonton, Alberta T5J 4L4. (Outside of Edmonton call 310-0000 to be connected toll free.)

Name of Municipality  
Town of Killam

Election Type  General  By-election

Election Date (yyyy-mm-dd)  
2017-10-16

### Candidate Information

(Section 28(6) of the *Local Authorities Election Act* and Section 577 of the *Municipal Government Act*)

Division / Ward Number	Female (X)	Male (X)	First Name	Last Name	Mailing Address of Candidate (e.g. Box No/Street/RR, City/Town)	Postal Code	Acclaimed	Incumbent	Nominated Position
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRENDA	GROVE	4923 - 57 ST , BOX 38 KILLAM	T0B 2L0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COUNCILOR
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RICHARD	KRYS	5609 - 49 AVE, BOX 444 KILLAM	T0B 2L0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COUNCILOR
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BRENDA	MCDERMOTT	4717-49 AVE #4, BOX 255 KILLAM	T0B 2L0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COUNCILOR
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEIDI	PIERCE	4926 - 53 ST, BOX 448 KILLAM	T0B 2L0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COUNCILOR

			Name of Candidates for the Chief Elected Official (If applicable)						
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RUBIN (BEN)	KELLERT	4710-47A AVE, BOX 595 KILLAM	T0B 2L0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MAYOR
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

Is your Chief Elected Official elected at large?  Yes  No  
 Is your municipality providing for voting by special ballot?  Yes  No

Is your municipality providing for a vote on a question or bylaw?  Yes  No

### Returning Officer Information

Title MRS	Name (First, Last) KIMBERLY, BORGEL	Telephone Number 780-385-3977	Fax Number 780-385-2120	Email CAO@TOWN.KILLAM.AB.CA
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2017/09/20  
Date (yyyy-mm-dd)

Kim Borgel  
Signature of Returning Officer