

## 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

MOUNTAIN VIEW COUNTY

403-335-3311

Business Title/Organization

Business Phone Number

10-1408 TWP RD 320, P.O. BAG 100

DIDSBURY

AB

TOM 0W0

Address

City or Town

Province

Postal Code

LOCAL JURISDICTION: MOUNTAIN VIEW COUNTY, PROVINCE OF ALBERTA

We, the undersigned electors of

MOUNTAIN VIEW COUNTY DIVISION 4

Name of Local Jurisdiction and Ward (if applicable)

nominate

Tiffany Nixon

of

Candidate's Surname and Given Names

Complete Address and Postal Code

as a candidate at the election about to be held for the office of

COUNCILLOR

Office Nominated for

of

MOUNTAIN 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
Jason Nixon		
Austin Nixon		
Chyanne Nixon		
Jim Bowhay		
Nela Bowhay		

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LOCAL JURISDICTION: MOUNTAIN VIEW COUNTY, PROVINCE OF ALBERTA

We, the undersigned electors of MOUNTAIN VIEW COUNTY DIVISION 4,  
Name of Local Jurisdiction and Ward (if applicable)

nominate Tiffany Nixon of  
Candidate's Surname and Given Names

Complete Address and Postal Code

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

of MOUNTAIN 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
Bonnie Bales		Bonnie Bales
Robert Bales		Robert Bales
A.J. Bales		A.J. Bales
Sini Bales		Sini Bales
Shawn Marshall		Shawn Marshall
Susan Marshall		Susan Marshall

## 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 **Heidi Overguard**

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.)

**Nixon**

Candidate's Surname

**Tiffany**

Candidate's Given Names

(may include nicknames, but not titles, i.e. Mr., Ms, Dr.)


SWORN (AFFIRMED) before me

at the office of Mountain View County

in the Province of Alberta,

this 1 day of May, 2025.

  
Signature of Candidate

  
Signature of Returning Officer or  
Commissioner for Oaths

**LAURA MCMILLAN**  
A Commissioner for Oaths  
in and for Alberta

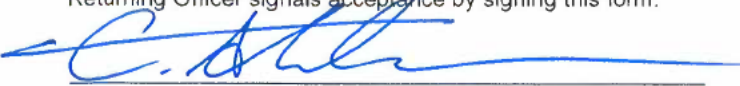
My Commission Expires May 30, 2025

Commissioner for Oaths Stamp

**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 of Returning Officer