



# MEDICINE HAT CIVIC ELECTION

# Mayoral Candidate Nomination Package (1 Position)

All terms are four years: October 2025 to October 2029

# **Nomination Information**

Thank you for your consideration and interest to be a candidate in the 2025 Municipal Election. This package will provide you with the necessary forms to become an official candidate in the 2025 Municipal Election. This guide is a compliment to the Candidate Information Guide found on our website. Both documents may be updated throughout the election cycle. It is advised that you check the Election - City of Medicine Hat website often to receive the most up-to-date information.

It is every candidate's responsibility to ensure that they comply with all regulations of the election process. The Returning Officer and Chief Electoral Officer are not responsible for any errors or omissions.

Should you have any questions please contact the Returning Officer or the Chief Electoral Officer at:

Tarolyn Aaserud, City Clerk and Returning Officer, phone: 403-529-8221, email: election@medicinehat.ca

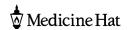
Andres Cardona Arias, Chief Electoral Officer (CEO) and Substitute Returning Officer, phone: 403-529-8348, email: andcar@medicinehat.ca

3rd Floor City Hall 580 1st St SE, Medicine Hat, Alberta, T1A 8E6

This package refers to the following provincial laws: the Local Authorities Election Act and Municipal Government Act. These laws can be found online from the Alberta King's Printer:

☐ Local Authorities Election Act: Local Authorities Election Act.

☐ Municipal Government Act: Municipal Government Act.



# **Nomination Checklist**

Prior to submitting your Nomination Package, please ensure that you:

□ Review the requirements to become a candidate.
 □ Print and complete the Notice of Intent – This can be submitted with your Nomination Package or prior to submitting your Nomination Package.
 □ Print and complete Form 4 – Nomination Paper & Candidate's Acceptance Form.

 ○ Leave the "political party or slate" section blank, this section is only applicable for candidates running for office in Edmonton and Calgary.
 □ Have the Returning Officer or Substitute Returning Officer sign your Nomination Paper and Candidate's Acceptance Form.
 □ Fill and complete the Candidate Financial Information Form.

# **Forms**

The forms below are required by candidates seeking election as Mayor. These forms must be submitted in person, no digital submissions will be accepted, except for **the Notice of Intent, which can be submitted via email or in person.** 

Should you prefer to receive paper forms, email the Returning Officer at elections@medicinehat.ca.

# **Note**

The forms in this package will be updated as the official forms provided by the Government of Alberta are updated to reflect the Bill 20 amendments. To check the most up to date version of the forms in this package. Please check the nomination package section of the City of Medicine Hat's election website frequently.

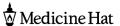
# **How to Submit Your Nomination Package**

- 1. Submit the Notice of Intent, either in person or by emailing the Returning Officer.
- 2. Make an appointment with the Chief Electoral Officer to submit your nomination papers.
- 3. Bring physical versions of your nomination papers to your appointment.
- 4. Meet with the Chief Electoral Officer at the City Clerk's Office on the 3<sup>rd</sup> Floor City Hall, 580 1<sup>st</sup> St SE, Medicine Hat, Alberta, T1A 8E6.
  - When you enter the building, go to the Security Desk and inform them of your appointment with the CEO, they will call the City Clerks Office, and you will be accompanied upstairs.
- 5. The CEO will meet you at the counter and during the appointment he will check the papers to make sure they have been properly filled, and a sufficient number of signatures has been collected.
- 6. You will receive an email from the Returning Officer or the Chief Electoral Officer if your nomination package has been approved.

# Reminders

- No electronic signatures or scanned forms are permitted for the form to be valid.
- Only eligible voters are allowed to sign the nomination papers.
  - a. Information on voter eligibility is available in the <u>Mayor and Councillor Information</u>

    Package and the Voter Information Page of the City of Medicine Hat's election website.



# **Updates to the Nomination Package**

## February 12, 2025

- Document style changed to comply with City of Medicine Hat's visual identity.
- All forms in the package were updated in accordance with the Local Authorities Election Act
   Forms Regulation.

#### February 24, 2025

- Instructions for submitting the nomination package have been included in the package.
- Body of text has been edited for clarification.
- Footer has been fixed to say "Mayoral Candidate Nomination Package" replacing the previous "Document Title" footer.
- Forms page numbers have been updated.
- Process of submitting Nomination Package added to the package.

## February 25, 2025

- Package edited for clarity.
- Text spacing increased to improve readability.



### **Notice of Intent**

Local Authorities Election Act (Section 147.22)

LOCAL JURIS	SDICTION: City of Medicine Hat	, PROVINCE OF ALBERTA
Election Date:	<del></del>	
	date	
l,		, of
	complete address ar	·
intend to be n	ominated, or have been nominated, to run for election as	a candidate in the
	name of local jurisdiction ar	nd ward, if applicable
	that by completing this form, I am declaring my intent to b rries with it certain obligations and responsibilities.	pecome a candidate as defined in the Local Authorities Election
Candidate I	nformation	
Title	Candidate Last Name	Candidate First Name
Gender	Telephone Number Email Address	
Address of pla	ace(s) where candidate records are maintained:	
ridarooo or pi	aco(c) whore carraidate records are maintained.	
	address(es) of financial institutions where campaign con	
SWORN (AF	FFIRMED) before me at the	
of	, in the Province of Alberta, this	-
day of	, 20	
Signature of F	Returning Officer or Commissioner for Oaths or Notary Public in and for Alberta	Signature of Candidate
	Commissioner for Oaths Stamp	RETURNING OFFICER'S ACCEPTANCE Returning office signals acceptance by signing this form
		Signature of Returning Officer

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

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 your local municipal office.

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#### FORM 4 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

FOIP Coordinator			403 - 529 - 822	21
Business Title/Organization			Business Phone	Number
580 1 St SE		City of Medicine Hat	Alberta	T1A 8E6
Address		City or Town	Province	Postal Code
LOCAL JURISDICTION:	CITY OF MEDICINE HAT		, PROVINCE	OF ALBERTA
We, the undersigned electors of	the City of Medicine Hat			,
		Name of Local Jurisdiction and Ward (if applicable	e)	
nominate				of
	Candid	ate's Surname and Given Names		
	Complete	Address and Postal Code		
as a candidate at the election ab	out to be held for the office	of		
		Office Nominate	d for	
of				
	Nan	ne of Local Jurisdiction		
The candidate's local political pa	arty or slate is			_ (if applicable)
D			07 1	47 60

Provide signatures of at least **25 ELECTORS ELIGIBLE TO VOTE** in this election in accordance with sections 27 and 47 of the *Local Authorities Election Act*, sections 4(4) and 74 of the *Education Act* (if applicable), and City of Medicine Hat Bylaw No. 3782.

No.	Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
1.			
2.			
3.			
4.			
5.			

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No.	Printed Name of Elector	Complete Address and Postal Code of Elector	Signature of Elector
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
	SPACE FOR A	DDITIONAL SIGNATUR	ES
26.			
27.			
28.			
29.			
30.			

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#### **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 am appointing

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,

Name, Contact Information or Complete	Name, Contact Information or Complete Address and Postal Code, and Telephone Number of Official Agent				
as my official agent (if applicable),	as my official agent (if applicable),				
I have provided a criminal record check with my nomination	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 elig the <i>Education Act</i> and resident in the local jurisdiction on the	gible to vote in accordance with the <i>Local Authorities Election Act</i> and e date of signing the nomination.				
(Print name as it should appear on the ballot.)					
Candidate's Surname	Candidate's Given Names (may include nicknames, but not titles, i.e. Mr., Ms, Dr.)				
SWORN (AFFIRMED) before me at the of					
in the Province of Alberta, this day of , 20 .	Signature of Candidate				
	Commissioner for Oaths Stamp				
Signature of Returning Officer or Commissioner for Oaths					

#### 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	-		

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# **FORM 5 Candidate Financial Information**

Local Authorities Election Act (Section 27)

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

FOIP Coordinator		403 -	403 - 529 - 8221		
Business Title/Organization		Business	Phone Number		
580 1 ST SE	Medicine Hat	Alberta	T1A 8E6		
Address	City or Town	Province	Postal Code		
Candidate's Full Name					
Candidate's Address and Postal Coo	de				
Address(es) of Place(s) where Cand	idate Records are Maintained				
Name(s) and Address(es) of Financi	al Institutions where Campaign Contributions w	ill be Deposited (if ap	plicable)		
Name(s) of Signing Authorities for ea	ach Depository Listed Above (if applicable)				
within 48 hours of such changes by s	ove mentioned information, the candidate shall submitting a completed information form.	,	etion in writing		
I,	rm: Municipal and School Board Elec- consent to the City of Medici been submitted. I understand this relea	ne Hat publishing			
nominations on September 22	, 2025.	·			
stop this consent at any time b	not control information once it has been by advising the City in writing, but that th date of my request is received by the C	nis will only stop a			
liability in connection with the	ty, and those that the City is responsible publishing of my name in accordance warticipants' heirs, executors, administra	ith this Release. I			
Candidate Signature					
Date					
Date	<del></del>		Page 1 of 1		