



Combined Nomination Package for School Board Trustee Candidates

- Medicine Hat Public School Board Trustee (5 positions)
- Medicine Hat Catholic School Board Trustee (5 positions)

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:

- ☐ Andres Cardona Arias, Chief Electoral Officer and Returning Officer, phone: 403-529-8348, email: election@medicinehat.ca
- ☐ Tarolyn Aaserud, City Clerk and Substitute Returning Officer, phone: 403-529-8221, email: election@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, Municipal Government Act, and Education 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.](#)
- ☐ Education Act: [Education 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 School Board Trustee for either the Medicine Hat Public School Board or the Medicine Hat Catholic School Board. 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 election@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 Returning Officer at the City Clerk's Office on the 3rd Floor City Hall, 580 1st 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 Returning Officer 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 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. General information on voter eligibility is available in [the Voter Information Page of the City of Medicine Hat's election website.](#)
 - b. Information on voter eligibility for each school board is found in the candidate guides:
 - i. [Public School Board candidate guide.](#)
 - ii. [Catholic School Board candidate guide.](#)

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 "Combined Nomination Package for School Board Trustee Candidates 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.

July 9, 2025

- "FOIP Coordinator" changed to "ATI Coordinator" as per new protection of privacy and access to information legislation.
- Moved the "Candidate Name Release Form: Municipal and School Board Elections" from "Form 5: Candidate Financial Information" to a separate form in at the beginning of the forms section of the package.
- Due to the replacement of the *Freedom of Information and Protection of Privacy Act* by the *Protection of Privacy Act*, the forms in the package were updated to reflect the section of the new law that governs the collection of candidates' data.



Candidate Name Release Form: Municipal and School Board Elections

I, _____ consent to the City of Medicine Hat publishing my name online once my nomination form has been submitted. I understand this release is optional until the close of nominations on September 22, 2025.

I understand that the City cannot control information once it has been shared. I understand that I can stop this consent at any time by advising the City in writing, but that this will only stop additional use of my name by the City after the date of my request is received by the City.

I release and discharge the City, and those that the City is responsible for at law, from responsibility and liability in connection with the publishing of my name in accordance with this Release. I confirm that this Release is binding upon the Participants' heirs, executors, administrators and assigns.

Candidate Signature _____

Date _____



Notice of Intent

Local Authorities Election Act (Section 147.22)

LOCAL JURISDICTION: _____, PROVINCE OF ALBERTA

Election Date: _____
date

I, _____, of

_____ complete address and postal code

intend to be nominated, or have been nominated, to run for election as a candidate in the

_____ 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

Gender	Telephone Number	Email Address

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):

SWORN (AFFIRMED) before me at the _____
of _____, in the Province of Alberta, this _____
day of _____, 20 ____

Signature of 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 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact your local municipal office.



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 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact

ATI Coordinator 403 - 529 - 8221
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)
nominate _____ 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 _____
Office Nominated for
of _____ .
Name of Local Jurisdiction

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

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.			

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.)

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

Signature of Returning Officer or
Commissioner for Oaths

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



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 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact

ATI Coordinator

403-529-8221

Business Title/Organization

Business Phone Number

580 1 Street SE

Medicine Hat

AB

T1A 8E6

Address

City or Town

Province

Postal Code

Candidate's Full Name

Candidate's Address and Postal Code

Address(es) 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.