TOWN OF
HANNA
Part of the Harvest Sky Region

NOMINATION PAPERS

By-Election

2027-2029

Prospective Candidates

For the Office of

Councillor

TOWN OF HANNA
Part of the Harvest Sky Region

Candidate Checklist

The following forms must be completed and returned to the Returning Officer at the Town Office 302 – 2 Ave West.

Nomination Day

- December 14, 2026 – 12:00 Noon

Notice of Intent to Run

- Completed
- Signed and dated

Nomination Paper & Candidate's Acceptance

- Completed
- Signatures of 5 Electors
- The Returning Officer **must** witness candidate's signature

Candidate Financial Information

- Completed

Criminal Record Check

- Required with the Nomination Papers

Campaign Disclosure Statement & Financial Statement

- Mandatory for all Candidates to complete and return to the Returning Officer - the deadline for the Campaign Disclosure Statement & Financial Statement is May 11, 2027

TOWN OF HANNA
Part of the Harvest Sky Region

Notice of Intent to Run

Local Authorities Election Act (Section 147.22)
E: wgutsche@hanna.ca P: (403) 854-4433

An individual intending to run for Mayor or Council must submit this form to the Election Office before accepting campaign contributions or incurring campaign expenses as set out in **Part 5.1 Election Finances and Contributions Disclosure** of the *Local Authorities Election Act*.

Instructions

1. Complete the form below
2. File the completed form with the Election Office in person to Town Office at 302 2 Avenue West, Hanna, AB, or by emailing it to wgutsche@hanna.ca
3. When there are any changes to the information below, notify the Election Office in writing.

I am intending to run for: ☐ Council

Full Name: _____

Full address and postal code: _____

Phone Number(s): _____ _____
(Campaign Office) (Other)

Email Address: _____

Address of place(s) where candidate records are maintained (records must be kept for a period of three years following election day):

_____

Address of place(s) where communications may be sent:

_____

Name and address of the financial institution where campaign contributions will be deposited (list additional financial institutions, if any):

_____ _____
(Name of financial institution) (Address of financial institution)

_____
(Name(s) of signing authorities for the above depository)

Notice of Intent to Run

Local Authorities Election Act (Section 147.22)

E: wgutsche@hanna.ca P: (403) 854-4433

Name and address of any additional financial institutions where campaign contributions will be deposited (if any):

(Name of financial institution) (Address of financial institution)

(Name(s) of signing authorities for the above depository)

(Name of financial institution) (Address of financial institution)

(Name(s) of signing authorities for the above depository)

Name Signature Date

By typing your name in the signature box above, this indicates that the information entered this form is accurate.

Personal information is collected under the authority of s. 33(a) and (c) of the Freedom of Information and Protection of Privacy Act and will be used in the management and administration of the local election. This form may be disclosed as allowed or required by law.

TOWN OF HANNA
Part of the Harvest Sky Region

Nomination Paper and Candidate's Acceptance

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

FORM 4

Note: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under sections 21 and 27 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy 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 person information, please contact

CHIEF ADMINISTRATIVE OFFICER — Title of the Responsible Official

403-854-4433 — Business Phone Number

LOCAL JURISDICTION: TOWN OF HANNA, PROVINCE OF ALBERTA

We, the undersigned elections of Town of Hanna (Name of Local Jurisdiction and Ward (if applicable)), nominate

_____ (Candidate Surname) _____ (Given Names) of

_____ (Complete Address and Postal Code) as a candidate at the election

about to be held for the office of _____ Councillor _____ (Office Nominated for)

of Town of Hanna.

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 **Civic Address** and Postal Code of Elector	**Signature** of Elector

Nomination Paper and Candidate's Acceptance

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

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;
- THAT I am not otherwise disqualified under section 22 or 23 of the *Local Authorities Election Act;*
- THAT I will accept the office if elected;
- THAT I have read sections 12, 21, 22, 23, 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;
- THAT I am appointing

_____

Name, Contact Information or Complete Address and Postal Code and Telephone Number of Official Agent **(if applicable)** as my official agent.

- THAT I will read and abide by the municipality's code of conduct if elected (if applicable); and
- THAT 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 Given Names (may include nicknames, but not titles, i.e., Mr., Ms., Dr.)

SWORN (AFFIRMED) before me

at the _Town___ of ___Hanna _____,

in the Province of Alberta,

this _____ day of _____ , 20 ___.

_____
Candidate's Signature

Commissioner for Oaths Stamp

_____
Signature of Returning Office or Commissioner for Oaths or Notary Public in and for Alberta (Also include printed or stamped name and expiry date).

RETURNING OFFICER'S ACCEPTANCE
Returning Officer 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

TOWN OF HANNA
Part of the Harvest Sky Region

Candidate Financial Information

Local Authorities Election Act (Section 27)

FORM 5

Note: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 27 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy 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 person information, please contact

CHIEF ADMINISTRATIVE OFFICER — Title of the Responsible Official

403-854-4433 — Business Phone Number

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.

FORM 26

Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act
(Sections 147.3, 147.4)

NOTE: The personal information on this form is being collected to support the administrative requirements of the local authorities election process and is authorized under section 147.4 of the *Local Authorities Election Act* and section 33(c) of the *Freedom of Information and Protection of Privacy 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

CHIEF ADMINISTRATIVE OFFICER — Title of the Responsible Official
403-854-4433 — Business Phone Number

LOCAL JURISDICTION TOWN OF HANNA, PROVINCE OF ALBERTA

Full Name of _____

Candidate's Mailing Address PO Box _____

Hanna, Alberta

Postal Code T0J 1P0

This form, including any contributor information from line 2, is a public document.

Pre-Campaign Period Report

1. Pre-Campaign Period Contributions (up to a limit of $5,000 per year or $10,000 from candidate's own funds per year) _____
2. Pre-Campaign Period Expenses _____

Campaign Period Revenue

CAMPAIGN CONTRIBUTIONS:

1. Total amount of contributions of $50.00 or less _____
2. Total amount of all contributions of $50.01 and greater, together with the contributor's name and address (attach listing and amount) _____

NOTE: For lines 1 and 2, include all money and valued personal property, real property or service contributions.

3. Deduct total amount of contributions returned _____
4. NET CONTRIBUTIONS (line 1 + 2 - 3) $0.00

OTHER SOURCES:

5. Total amount contributed out of candidate's own funds _____
6. Total net amount received from fund-raising functions _____
7. Transfer of any surplus or deficit from a candidate's previous election campaign _____
8. Total amount of other revenue _____
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8) $0.00
10. **Total Campaign Period Revenue** (add lines 4 and 9) $0.00

Campaign Period Expenditures

11. Total Campaign Period Expenses Paid _____ Unpaid _____ TOTAL $0.00

The Candidate must attach an itemized expense report to this form.

Campaign Period Surplus (Deficit) (deduct line 11 from line 10) $0.00

A candidate who has incurred campaign expenses or received contributions of $50,000 or more must attach a review engagement statement to this form.

ATTESTATION OF CANDIDATE

This is to certify that to the best of my knowledge this document and all attachments accurately reflect the information required under section 147.4 of the *Local Authorities Election Act*.

Date yyyy-mm-dd	Signature

Forward the signed original of this document to the address of the local jurisdiction in which the candidate was nominated for election.

IT IS AN OFFENCE TO FILE A FALSE STATEMENT