

10. Checklist and Forms

Please consider the following checklist to ensure you are ready to submit your nomination information. Note that you can submit *Form 29 Intent to Nominate* before submitting any other information if you intend to begin campaigning prior to nomination.

Required: Nomination

- ☐ Form 4: Nomination Paper and Candidate's Acceptance

Note: as part of this determination, you have considered if faith-based residency applies to you or those nominating you

Note: please use land location or municipal address for your information and for those nominating you

- ☐ Form 5: Candidate Financial Information
- ☐ Form 29: Notice of Intent
- ☐ Deposit: \$200 cash, certified cheque or money order
- ☐ Criminal Record Check (*within 30 days of nomination*)

Optional and Recommended

- ☐ Release of Candidate Information
- ☐ Form 11: Proof of Identification for Section 52 Access
- ☐ Schedule to submit nomination information by contacting faye.dunne@btps.ca or call 780-806-2060. You do not need to schedule if submitting on nomination day (*September 22, 2025 from 8:30 am to noon*)

Required: due March 1, 2026

- ☐ Form 26: Campaign Disclosure Statement

Notice of Intent

Local Authorities Election Act (Section 147.22)

LOCAL JURISDICTION: Buffalo Trail Public Schools, PROVINCE OF ALBERTA

Election Date: October 20, 2025
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

Buffalo Trail Public Schools, School Board Election, Ward # _____

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Telephone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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.

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)

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Returning Officer, Buffalo Trail Public Schools780-842-6144

Business Title/OrganizationBusiness Phone Number

1041-10A StreetWainwrightABT9W 2R4

AddressCity or TownProvincePostal Code

LOCAL JURISDICTION: The Buffalo Trail School Division, PROVINCE OF ALBERTA

We, the undersigned electors of Buffalo Trail Public Schools Ward No. ,
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 School Board Trustee
Office Nominated for
of Buffalo Trail Public Schools
Name of Local Jurisdiction

The candidate's local political party or slate is N/A (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

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

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

Returning Officer, Buffalo Trail Public Schools		780-842-6144	
Business Title/Organization		Business Phone Number	
1041-10A Street,	Wainwright	AB	T9W 2R4
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.

Release of Candidate Information

I, _____, hereby consent to the release by The Buffalo Trail School Division following personal information about me to the Province of Alberta and any interested person or organization, including the news media, from the date of filing my nomination papers until the completion of my election term.

Name _____

Address _____

Postal Code _____

Phone (residence) _____ Phone (business) _____

Fax _____ Cell _____

Email _____

Website _____

Signature of Candidate _____ Date _____

The personal information that is being collected under the authority of the *Local Authorities Election Act* will be used for the purpose of providing candidates with election information and providing contact information about candidates to members of the public and the news media during the 2021 election. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.

For additional information on the collection and use of personal information, contact the FOIP Co-ordinator, Buffalo Trail Public Schools, 1041-10A St. Wainwright, AB., T9W 2R4, Phone: 780-842-6144, Email: peter.neale@btps.ca

**CANDIDATE OR OFFICIAL AGENT PROOF OF
IDENTIFICATION FOR ACCESS***Local Authorities Election Act*
(Section 52)LOCAL JURISDICTION: The Buffalo Trail School Division, PROVINCE OF ALBERTAELECTION DATE: October 20, 2025

VOTING SUBDIVISION OR WARD (If applicable): _____

For the purposes of access authorized under section 52 of the *Local Authorities Election Act*, this constitutes identificationfor _____
Nameof _____
Complete Address and Postal Codeserving in the capacity of _____
Office

This appointment is in effect for the 20 _____ campaign period.

Section 52 of the *Local Authorities Election Act* states that a person to whom a candidate, an official agent or a campaign worker on behalf of a candidate has produced identification in the prescribed form, indicating that the person is a candidate, an official agent or a campaign worker, shall not

- (a) obstruct or interfere with, or
- (b) cause or permit the obstruction or interference with

the free access of the candidate, official agent or campaign worker to each residence in a building containing 2 or more residences or to each residence in a mobile home park.

Signature of Returning Officer or Deputy Returning Officer_____
Signature of Candidate or Official Agent named above

Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act
(Sections 147.3, 147.4)

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Returning Officer, Buffalo Trail Public Schools		780-842-6144	
Business Title/Organization		Business Phone Number	
1041 - 10A Street	Wainwright	AB	T9W 2R4
Address	City or Town	Province	Postal Code

LOCAL JURISDICTION: **The Buffalo Trail School Division**, PROVINCE OF ALBERTA

Calendar year of disclosure: **2025**

Full Name of Candidate: _____

Candidate's Mailing Address: _____

_____, Alberta

Postal Code: _____

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

Campaign Revenue for Calendar Year

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**

TOTAL REVENUE

10. Total campaign revenue for calendar year (add lines 4 and 9) **\$0.00**

Campaign Expenditures for Calendar Year

11. Total paid campaign expenses _____
12. Total unpaid campaign expenses _____
13. Total campaign expenses (add lines 11 and 12) **\$0.00**

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

- Campaign Surplus (Deficit) for Calendar Year (deduct line 13 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

I 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 of Candidate

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