Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act (Sections 147.3, 147.4)

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

Business Title/Organization		Business Phone Number	
Address	City or Town	Province	Postal Code
LOCAL JURISDICTION:		PR(OVINCE OF ALBERTA
- Calendar year of disclosure	9:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SVINGE OF ALBERTA
Full Name of Candidate:			
— Candidate's Mailing Addres	es:		
			, Alberta
	Postal Code:		
This form, including any o	contributor information from line 2, is a public document. Campaign Revenue for Calendar Year		
CAMPAIGN CONTRIBU	• •		
Total amount of contribution			
	ibutions of \$50.01 and greater, together with the contributor's name	:	
NOTE: For lines 1 and 2, in	nclude all money and valued personal property, real property or serv	vice contributions	
3. Deduct total amount of c	contributions returned		
4. NET CONTRIBUTIONS (line 1 + 2 - 3)			\$0.00
OTHER SOURCES:			
5. Total amount contributed	d out of candidate's own funds		
6. Total net amount receive	ed from fund-raising functions		
7. Transfer of any surplus of	or deficit from a candidate's previous election campaign		
8. Total amount of other re	venue		
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8)			\$0.00
TOTAL REVENUE			
10. Total campaign revenu	e for calendar year (add lines 4 and 9)		\$0.00
	Campaign Expenditures for Calendar Year		
11. Total paid campaign ex	penses		
12. Total unpaid campaign	expenses		
13. Total campaign expenses (add lines 11 and 12)			\$0.00
The candidate must att	ach 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.

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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 <i>Local Authorities Election Act</i> .				
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

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