



CAMPAIGN DISCLOSURE STATEMENT and FINANCIAL STATEMENT

Local Authorities Election Act (sections 147.3, 147.4)

Note: 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 the City's FOIP Coordinator at 780-459-1500 or email FOIP@stalbert.ca.

LOCAL JURISDICTION: CITY OF ST. ALBERT, PROVINCE OF ALBERTA

Calendar year of disclosure: _____

Full Name of Candidate: _____

Candidate's Full Mailing Address: _____

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) \$ _____

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) \$ _____

TOTAL REVENUE

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

Campaign Expenditures for Calendar Year

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

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

Campaign Surplus (Deficit) for Calendar Year (deduct line 13 from Line 10) \$ _____

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*.

Signature of Candidate

Date

Forward the signed original of this document and attachment(s) to City of St. Albert, Election Office, 3rd Floor, 5 St. Anne Street, St. Albert, AB.

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT

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LOCAL JURISDICTION: **CITY OF ST. ALBERT, PROVINCE OF ALBERTA**

Full Name of Candidate: _____

CAMPAIGN CONTRIBUTORS with contributions of \$50.01 or greater

CONTRIBUTOR NAME	ADDRESS	ITEM DESCRIPTION	DATE	AMOUNT