



Form 26 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 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

Alberta

T1A 8E6

Address

City or Town

Province

Postal Code

LOCAL JURISDICTION:

Medicine Hat

PROVINCE OF ALBERTA

Calendar year of disclosure:

2025

Full Name of Candidate:

Clayton Stevens

Candidate's Mailing Address:

Medicine Hat AB

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)

N/A

N/A

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:

- Total amount contributed out of candidate's own funds
- Total net amount received from fund-raising functions
- Transfer of any surplus or deficit from a candidate's previous election campaign
- Total amount of other revenue

960⁰⁰ Campaign Surplus

960⁰⁰

5. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8)

TOTAL REVENUE

6. Total campaign revenue for calendar year (add lines 4 and 9)

Campaign Expenditures for Calendar Year

- Total paid campaign expenses
- Total unpaid campaign expenses
- Total campaign expenses (add lines 11 and 12)

960⁰⁰

960⁰⁰ Campaign Surplus

Candidate must attach an itemized expense report to this form.

7. Campaign Surplus (Deficit) for Calendar Year (deduct line 13 from line 10)

8. Candidate who has incurred campaign expenses or received contributions of \$50 000 or more must attach a review 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*.

Feb 27 2026

Date yyyy-mm-dd



Signature of Candidate