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

Returni Title of the Re	ing Officer esponsible Official		529-8234 Phone Number		
LOCAL JURISDICTION		City of Med	dicine Hat	, PROVINCE OF ALBE	RTA
Full Name of Candidate	How ARD	JAMES	BLACK		
Candidate's Mailing Addre			ja V	-	
	MEDI	CINE HAT	,	, Al	berta
This form, including any	contributor inform	nation from line 2, i	s a public document.		
		Pre-Campaig	n Period Report		
1. Pre-Campaign Period candidate's own funds pe	Contributions (up to er year)	a limit of \$5,000 per	year or \$10,000 from	C	>
2. Pre-Campaign Period	Expenses			C	>
		Campaign P	eriod Revenue	4	
CAMPAIGN CONTRIB	UTIONS:	oupa.g.i.	onou novembe		
1. Total amount of contrib	outions of \$50.00 or I	ess			>
2. Total amount of all con and address (attach listin	tributions of \$50.01 g and amount)	and greater, togethe	er with the contributor's na	ame	>
NOTE: For lines 1 and 2,	include all money ar	nd valued personal p	property, real property or	service contributions.	
3. Deduct total amount of	f contributions return	ed		-	
4. NET CONTRIBUTION	S (line 1 + 2 - 3)			\$	0.00
OTHER SOURCES:				ada	
5. Total amount contribut	ed out of candidate's	own funds		g ₉₄	9.20
6. Total net amount recei	ved from fund-raisin	g functions			6
7. Transfer of any surplus	s or deficit from a car	ndidate's previous el	ection campaign		O
8. Total amount of other	revenue				Ò
9. TOTAL OTHER SOUR	RCES (add lines 5, 6,	7 and 8)		\$	0.00
10. Total Campaign Per	iod Revenue (add li	nes 4 and 9)		\$	0.00
Campaign Period Exp	enditures			Q	19 70
11. Total Campaign Perio	od Expenses P	aid 9492	/ Unpaid		49.20 0.00
The Candidate must a Campaign Period Sur				\$	0.00 L

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*.

2021/12/14
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

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Phone #

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