



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 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact

Adam Koch for Council
Business Title/Organization _____ Business Phone Number _____

Address _____ City or Town **Medicine Hat** Province **AB** Postal Code _____

LOCAL JURISDICTION: **City of Medicine Hat**, PROVINCE OF ALBERTA
 Calendar year of disclosure: **2025 up to July 31**
 Full Name of Candidate: **Adam Daniel Koch**
 Candidate's Mailing Address: _____
 _____ **Medicine Hat**, 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) _____ **\$1,800**

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) _____ **\$1,800** ~~-\$0.00~~

OTHER SOURCES:

5. Total amount contributed out of candidate's own funds _____ **\$2,300**

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) _____ **\$2,300** ~~-\$0.00~~

Campaign Expenditures for Calendar Year

11. Total paid campaign expenses _____ **\$273.20**

12. Total unpaid campaign expenses _____

13. Total campaign expenses (add lines 11 and 12) _____ **\$273.20** ~~-\$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) _____ **\$3,836.80** ~~-\$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*.

August 2, 2025

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

EXPENDITURES		
Vendor	Item	Amount
Vista Print	Business Cards & Buttons (Reimbursement)	\$ 273.00
	E-Transfer Bank Charge	\$ 0.20
Total Expenditures		\$ 273.20

DONATIONS		
Name	Address	Amount
Heather Koch	Medicine Hat, AB,	\$ 1,800.00
Adam Koch	Medicine Ha	\$ 2,300.00
Total Donations		\$ 4,100.00

TOTAL DONATIONS	\$ 4,100.00
TOTAL EXPENDITURES	\$ 273.20
DEFICIT / SURPLUS	\$ 3,826.80

Order details

Order #: VP_LKHCIWVP

Order date: July 15 2025

Billing address

Adam Koch

Items



Standard Business Cards
Quantity: 250
In progress
Expected delivery: Tuesday, Jul 29

Order summary

Subtotal	\$260.00
<u>Savings</u>	-\$0.00
GST (5%)	\$13.00
Total paid	\$273.00

Selected options

Item total \$36.00



Round Button - 2 Diameter with Safety Pin Clasp
Quantity: 100
In progress
Expected delivery: Tuesday, Jul 29

Selected options

Item total \$224.00