VOTE 2025 Medicine Hat

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: _____, PROVINCE OF ALBERTA

Calendar year of disclosure: _____

Full Name of Candidate: _____

Candidate's Mailing Address: _____

_____, 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) _____

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*.

Date yyyy-mm-dd	Signature of Candidate