



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
Address	City or Town
LOCAL JURISDICTION: <u>Medicine Hat</u>	Alberta
Calendar year of disclosure: <u>2025</u>	T1A 8E6
Full Name of Candidate: <u>Cheryl Phaff</u>	, PROVINCE OF ALBERTA
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	0
2. Total amount of all contributions of \$50.01 and greater, together with the contributor's name and address (attach listing and amount)	9449.27

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	0
4. NET CONTRIBUTIONS (line 1 + 2 - 3)	9449.27

OTHER SOURCES:

5. Total amount contributed out of candidate's own funds	0
6. Total net amount received from fund-raising functions	0
7. Transfer of any surplus or deficit from a candidate's previous election campaign	0
8. Total amount of other revenue	0
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8)	0

TOTAL REVENUE

10. Total campaign revenue for calendar year (add lines 4 and 9)	9449.27
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Campaign Expenditures for Calendar Year

11. Total paid campaign expenses	9449.27
12. Total unpaid campaign expenses	0
13. Total campaign expenses (add lines 11 and 12)	0

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

Campaign Surplus (Deficit) for Calendar Year (deduct line 13 from line 10)	0
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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 14 7.4 of the *Local Authorities Election Act*.

2025-12-04

Date yyyy-mm-dd

Signature of Candidate

Name	Date of Donator	Amount	Address
Debra Phaff	8/29/2025	300	Irvine AB
Lorna Kusler	9/5/2025	1000	Walsh AB
Bev Doiron	9/12/2025	100	Medicine Hat, AB
Shelley Beck	9/12/2025	1000	Medicine Hat, AB
Big Marble Farms Inc	10/1/2025	500	, Cypress County, AB
Rolling Acres Greenhouse	10/1/2025	500	Medicine Hat, AB
Barry Kusler	10/3/2025	1200	Walsh AB
Kent Smith	10/3/2025	500	Medicine Hat, AB
Bill Yuill	10/3/2025	400	Medicine Hat, AB
Albert Stark	10/3/2025	500	Medicine Hat, AB
Elizabeth Yuill	10/3/2025	500	Medicine Hat, AB
Dan Hein	10/3/2025	100	Medicine Hat, AB
Justin Wright	10/5/2025	222.9	Medicine Hat, AB
Smith & Hersey Agribusiness Law LLP	10/14/2025	200	Medicine Hat AB
Riverridge Assets Inc	10/14/2025	500	Medicine Hat AB
Cancube Industries	12/4/2025	1926.37	Medicine Hat AB
Total		9449.27	

	A	B	C
1	Date	Store	Amount
2	9/19/2025	Boylan	166.95
3	9/2/2025	Boylan	1766.1
4	9/2/2025	Printfast	1404.27
5	9/16/2025	Walmart	28.63
6	10/3/2025	Boylan	1125.6
7	10/5/2025	Home Depot	427.55
8	10/5/2025	Blaine's Locksmith	115.5
9	10/7/2025	Med Hat News	267.75
10	10/8/2025	Boylan	1407
11	10/8/2025	Med Hat News	945
12	10/30/2025	Facebook Ads	1794.92
13			
14		Total	9449.27
15			