# 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

Business Title/Organization _____ Business Phone Number _____

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) $0.00

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) $0.00

TOTAL REVENUE

10. Total campaign revenue for calendar year (add lines 4 and 9) $0.00

## Campaign Expenditures for Calendar Year

11. Total paid campaign expenses _____
12. Total unpaid campaign expenses _____
13. Total campaign expenses (add lines 11 and 12) $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)** $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*.

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

### Candidate Name Release Form: Municipal and School Board Elections

I, _____consent to the City of Medicine Hat publishing my name online once my nomination form has been submitted. I understand this release is optional until the close of nominations on September 22, 2025.

I understand that the City cannot control information once it has been shared. I understand that I can stop this consent at any time by advising the City in writing, but that this will only stop additional use of my name by the City after the date of my request is received by the City.

I release and discharge the City, and those that the City is responsible for at law, from responsibility and liability in connection with the publishing of my name in accordance with this Release. I confirm that this Release is binding upon the Participants' heirs, executors, administrators and assigns.

Candidate Signature: _____

Date: _____