

MUNICIPALITY: The City of Spruce Grove, Province of Alberta

FULL NAME OF CANDIDATE: _____

CANDIDATE'S MAILING ADDRESS: _____

POSTAL CODE _____

This form, including any contributor information from line 2, is a public document.

Pre-Campaign Period Report

CAMPAIGN CONTRIBUTIONS:

- | | | |
|--------------------------------------|----------------------------|----------|
| 1. Pre-Campaign Period Contributions | (up to a limit of \$2,000) | \$ _____ |
| 2. Pre-Campaign Period Expenses | (up to a limit of \$2,000) | \$ _____ |

Campaign Period Revenue

CAMPAIGN CONTRIBUTIONS:

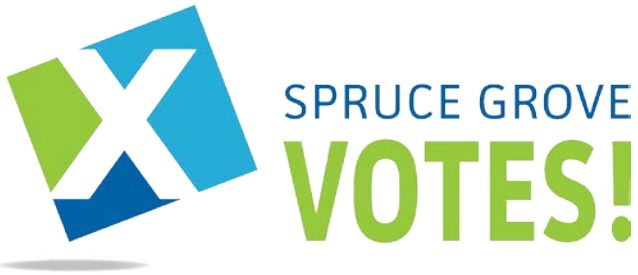
- | | |
|--|----------|
| 1. Total amount of contributions of \$100 or less | \$ _____ |
| 2. Total amount of all contributions of \$100.01 and greater, together with the contributor's name and address (attach listing and amount) | \$ _____ |

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 | \$ _____ |



FORM 26
**CAMPAIGN DISCLOSURE STATEMENT AND
FINANCIAL STATEMENT**
Local Authorities Election Act
Sections 147.3, 147.4

8. Total amount of other revenue \$ _____
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8) \$ _____
10. **Total Campaign Period Revenue** (add lines 4 and 9) \$ _____

Campaign Period Expenditures

11. Total Campaign Period Expenses
Paid \$ _____ Unpaid \$ _____ TOTAL \$ _____

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

Campaign Period Surplus (Deficit) \$ _____
(deduct line 11 from line 10)

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*.

Signature of Candidate

Date

Forward the signed original of this document to the address of the municipality in which the candidate was nominated for election.

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT

The personal information on this form is being collected to support the administration 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*. If you have any questions concerning the collection of this personal information, please contact the FOIP Coordinator at 780-962-2611.