

Town of Morinville Municipal General Election 2025

## FORM 26 Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act (Sections 147.3, 147.4)

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The personal information collected through this form is for administering the election. This collection is authorized by section 4(c) - that information relates directly to and is necessary for an operating program or activity of the department/program/service) of the Protection of Privacy Act and is used and disclosed solely for the purposes related to the Town of Morinville. Personal information is managed and protected in accordance with the Legislation. If you have any questions, please contact an Advisor at the Information Management unit at 780-939-4361

| LOCAL JURISDICTION: TOWN OF MORINVILLE, PROVINCE OF ALBERTA  |        |  |  |  |
|--|--------|--|--|--|
| Calendar year of disclosure: 2025 (specifically January 1 to Decemember 31, 2025)  |        |  |  |  |
| Full name of Candidate:  |        |  |  |  |
| Candidate's Mailing Address:   |        |  |  |  |
| ,Morinville, Alberta Postal Code:  |        |  |  |  |
| This form, including any contributor information from line 2, is a public docu   | iment. |  |  |  |
| 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 nar                         |        |  |  |  |
| and address (attach listing and amount) \$   |        |  |  |  |
| <b>NOTE</b> : For lines 1 and 2, include all money and valued personal property, real property or service contributions. |        |  |  |  |
| 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 docu  | ment and all attachments accurately reflect the information required |
|---|--|
| under section 147.4 of the Local Authorities Election | on Act.  |
|   |  |
|   |  |
| Date yyyy-mm-dd                                       | Signature of Candidate   |
|   |  |
| Forward the signed original of this document to Tov   |  |

IT IS AN OFFENCE TO SIGN A FALSE AFFIDAVIT



\*Attach as many copies as required.

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|--|---|---|--------|--|
| Calendar year of disclosure:                                   | 2025                                    |   |        |  |
| Full name of Candidate:  |   |   |        |  |
| CAMPAIGN CONTRIBUTORS with contributions of \$50.01 or greater |   |   |        |  |
| NAME   | ADDRES                                  | S | AMOUNT |  |
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