



LOCAL JURISDICTION: THE CITY OF LEDUC, BLACK GOLD SCHOOL DIVISION AND ST. THOMAS AQUINAS ROMAN CATHOLIC SEPARATE SCHOOL DIVISION, PROVINCE OF ALBERTA

ELECTION DATE: Monday, October 1, 2021

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	
1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year)	\$ _____
2. Pre-Campaign Period Expenses	\$ _____

Campaign Period Revenue	
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)	\$ _____
10. Total Campaign Period Revenue (add lines 4 and 9)	\$ _____
Campaign Period Expenditures	
11. Total Campaign Period Expenses	\$ _____
Paid \$ _____ Unpaid \$ _____ = TOTAL	\$ _____
<i>The Candidate must attach an itemized expense report to this form.</i>	
Campaign Period Surplus (Deficit) (deduct line 11 from line 10)	\$ _____
<i>A Candidate who has incurred campaign expenses or received contributions of \$50.00 or more must attach a review engagement statement to this form.</i>	

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 Office of the City Clerk, City of Leduc, #1 Alexandra Park, Leduc, AB T9E 4C4

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT

NOTE: The personal information on this form is being collected to support the administrative requirements of the Local Authorities election process and is authorized under sections 21 and 27 of the *Local Authorities Election Act* and section 33 (c) of the *Freedom of Information and Protection of Privacy Act*. The personal information will be managed in compliance with the *Freedom of Information and Protection of Privacy Act*. If you have questions concerning the collection of this personal information, please contact Sandra Davis, Returning Officer at 780-980-7132.