

Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act
(Sections 147.3, 147.4)

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 section 147.4 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 privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions concerning the collection of this personal information, please contact

Secretary-Treasurer

780-449-6443

Title of the Responsible Official

Business Phone Number

LOCAL JURISDICTION Elk Island Catholic Separate School Division, PROVINCE OF ALBERTA

Full Name of Candidate _____

Candidate's Mailing Address _____

_____, Alberta

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 \$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 line 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 local jurisdiction in which the candidate was nominated for election.

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT