

Campaign Period Expenditures

11. Total Campaign Period Expenses

Paid _____ Unpaid _____ TOTAL \$ _____ 0.00

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

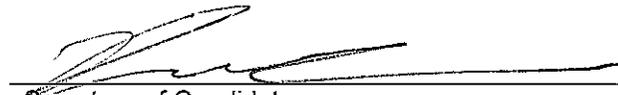
Campaign Period Surplus (Deficit) (deduct line 11 from line 10) \$ _____ 0.00

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

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*.

2025-06-13
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

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 the FOIP Coordinator for the County of Newell at 403-794-2319.