

**CAMPAIGN DISCLOSURE STATEMENT
AND FINANCIAL STATEMENT**

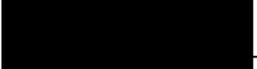
*Local Authorities Election Act
(Sections 147.3, 147.4)*

LOCAL JURISDICTION: County of Newell, PROVINCE OF ALBERTA

Calendar year of disclosure: 2025

Full name of Candidate: Lynette Kopp

Candidate's mailing address: , Alberta

Postal Code: 

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

Campaign Revenue for Calendar Year

CAMPAIGN CONTRIBUTIONS:

- 1. Total amount of contributions of \$50.00 or less \$ 0
- 2. Total amount of all contributions of \$50.01 and greater, together with the contributor's name and address (attach listing and amount) \$ 0

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) \$ 0.00

OTHER SOURCES:

- 5. Total amount contributed out of candidate's own funds \$ 0
- 6. Total net amount received from fund-raising functions \$ 0
- 7. Transfer of any surplus or deficit from a candidate's previous election campaign \$ 0
- 8. Total amount of other revenue \$ 0
- 9. Total other sources (add lines 5, 6, 7 and 8) \$ 0.00

TOTAL REVENUE

- 10. Total campaign revenue for calendar year (add lines 4 and 9) \$ 0.00

Campaign Expenditures for Calendar Year

11. Total paid campaign expenses	\$	<u>0</u>
12. Total unpaid campaign expenses	\$	<u>0</u>
13. Total campaign expenses (add lines 11 and 12)	\$	<u>0.00</u>

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

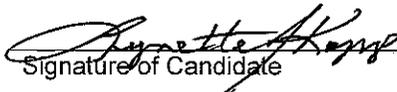
Campaign Period Surplus (Deficit) (deduct line 13 from line 10) \$ 0.00

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*.

2025-08-07
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 4 of the *Protection of Privacy Act*. If you have any questions concerning the collection of this personal information, please contact the Privacy Officer for the County of Newell at 403-794-2319 or nielsena@newellmail.ca.