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LOCAL JURISDICTION

THE CITY OF EDMONTON, PROVINCE OF ALBERTA

LOCAL POLITICAL PARTY NAME

LOCAL POLITICAL PARTY MAILING ADDRESS

, ALBERTA

POSTAL CODE

CALENDAR YEAR

☐ INTERIM

☐ AMENDED

☐ SUPPLEMENTARY

REVENUE

Contributions

Include all money and real property, goods or service contributions.

1. Total amount of contributions of \$50.00 or less

\$

2. Total amount of all contributions of \$50.01 and greater

+

\$

3. Total amount of contributions returned

-

\$

4. Net Contributions (line 1 + line 2 - line 3)

=

\$

→

\$

+

Other Sources

5. Total amount received from fund-raising functions

\$

6. Total amount of other revenue received

+

\$

7. Total Other Sources (line 5 + line 6)

=

\$

→

\$

8. TOTAL REVENUE (line 4 + line 7)

=

\$

-

CAMPAIGN EXPENSES

9. Total amount of paid campaign expenses

\$

10. Total amount of unpaid campaign expenses

+

\$

11. TOTAL CAMPAIGN EXPENSES (line 9 + line 10)

=

\$

→

\$

+

TRANSFERS

12. Total amount received from registered candidates

\$

13. Total amount transferred to registered candidates

-

\$

14. NET TRANSFERS (line 12 - line 13)

=

\$

→

\$

SURPLUS/DEFICIT

15. Calendar year surplus/deficit (line 8 - line 11 + line 14)

=

\$

+

Campaign Period Surplus/Deficit (Annual Disclosure Only)

16. Surplus/deficit from previous year

\$

17. CAMPAIGN PERIOD SURPLUS/DEFICIT (line 15 + line 16)

=

\$

REQUIRED ATTACHMENTS

- ☐ Name and address for each contributor whose contributions exceeded \$50 in the aggregate.
- ☐ Itemized list of the contributions received or expenses incurred that relate to a by-election, if any, held in the period.
- ☐ Itemized list of any transfers made to and accepted from endorsed candidates.
- ☐ Itemized campaign expense report setting out the campaign expenses incurred.
- ☐ Review engagement (if contributions or expenses total \$50,000 or more)

Forward the signed original of this document to: Edmonton Elections  
16304 114 Avenue NW  
Edmonton, AB T5M 3R8

ENDORSEMENT BY LOCAL POLITICAL PARTY CHIEF FINANCIAL OFFICER

Printed Name

Date

Signature of CFO

IT IS AN OFFENCE TO SIGN A FALSE STATEMENT

Complete the following table for all contributors whose contributions exceeded \$50 in the aggregate. Attach additional sheets as necessary.

**LOCAL POLITICAL PARTY NAME** \_\_\_\_\_ **CALENDAR YEAR** \_\_\_\_\_

[illegible]

## TRANSFERS TO AND FROM ENDORSED CANDIDATES

Itemize all transfers made to and accepted from registered endorsed candidates of the local political party under section 147.25 of the *Local Authorities Election Act*. Attach additional sheets as necessary.

**LOCAL POLITICAL PARTY NAME** \_\_\_\_\_ **CALENDAR YEAR** \_\_\_\_\_

[illegible]