

Campaign Disclosure Statement & Financial Statement
Local Authorities Election Act (Section 147.3, 147.4)

The personal information on this form is for administering the election. This collection is authorized under section 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact

Business Title/Organization

Information Governance Coordinator

Business Phone Number

403.885.6370

Address

Box 220, 5018 Waghorn Street

City / Town

Blackfalds

Province

AB

Postal Code

T0M 0J0

Local Jurisdiction: The Town of Blackfalds, Province of AlbertaFull Name of Candidate Amette ParkCandidate's Mailing Address: ATIA S. 20(1), AlbertaPostal Code: ATIA S. 20(1)

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
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)

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Campaign Expenditures for Calendar Year

- 11. Total paid campaign expenses
- 12. Total unpaid campaign expenses
- 13. Total campaign expenses (add lines 11 and 12)

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

Campaign Period Surplus (Deficit) (deduct line 13 from line 10)

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.

2026/02/04
DATE YYYY-MM-DD

ATIA S. 20(1)

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