



CANDIDATE'S CAMPAIGN PERIOD FINANCIAL STATEMENT

OFFICE USE ONLY

Campaign Period _____ 20 _____ to _____ 20 _____

chief electoral office

Full Name of Electoral Division	Full Name of Registered Political Party or Independent
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Full Name of Registered Candidate	Mailing Address
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SUMMARY OF CAMPAIGN PERIOD REVENUE

CONTRIBUTIONS:	Valued Contributions	Cash / Cheque	
① Total of \$375.00 or less	\$ _____	\$ _____	
② Total of \$375.01 and greater (attach listing)	_____	_____	
③ Deduct total amount returned	(_____)	(_____)	
④ Sub total	_____	_____	
⑤ NET CONTRIBUTIONS (total of all valid Official Receipts issued)			\$
TRANSFERS RECEIVED FROM:			
⑥ Registered Party		\$ _____	
⑦ Registered Constituency Association(s)		_____	
⑧ Registered Candidate(s)		_____	
⑨ Trust Fund(s)		_____	
⑩ TOTAL TRANSFERS RECEIVED			\$
OTHER SOURCES:			
⑪ Fund-raising Function(s)		\$ _____	
⑫ Other income (attach details)		_____	
⑬ TOTAL OTHER SOURCES (lines 11 and 12)			\$
VALUE OF ELECTION MATERIALS RECEIVED FROM:			
⑭ Registered Party		\$ _____	
⑮ Registered Constituency Association(s)		_____	
⑯ TOTAL VALUE OF ELECTION MATERIAL RECEIVED (lines 14 and 15)			\$
⑰ TOTAL CAMPAIGN PERIOD REVENUE (add lines 5, 10, 13, and 16)			\$ _____

SUMMARY OF CAMPAIGN PERIOD EXPENDITURES

CAMPAIGN PERIOD EXPENSES:			
⑱ Expenses	Paid _____	Unpaid _____	\$ _____
⑲ Valued Contributions (line 4, valued contributions)			_____
VALUE OF ELECTION MATERIALS RECEIVED FROM:			
⑳ Registered Party (line 14)			_____
㉑ Registered Constituency Association(s) (line 15)			_____
㉒ TOTAL CAMPAIGN PERIOD EXPENSES			\$
TRANSFERS PAID TO:			
㉓ Registered Party		\$ _____	
㉔ Registered Constituency Association(s)		_____	
㉕ Registered Candidate(s)		_____	
㉖ TOTAL TRANSFERS PAID			\$
㉗ TOTAL CAMPAIGN PERIOD EXPENDITURES (add lines 22 and 26)			\$ _____

⑳ **CAMPAIGN PERIOD SURPLUS (DEFICIT)** (line 17 less line 27)
 Surplus funds are to be held in Trust in accordance with Section 12 of the EFCD Act
 style="text-align:right">\$ _____

ATTESTATION OF THE CANDIDATE AND THE CHIEF FINANCIAL OFFICER

This is to certify that to the best of my knowledge, this Financial Statement and the attachments accurately reflect all the financial transactions of the above named Registered Candidate.

Signature of Candidate _____ Date _____ Signature of Chief Financial Officer _____ Date _____

OFFICE OF THE CHIEF ELECTORAL OFFICER

Suite 100, 11510 Kingsway NW, Edmonton, AB T5G 2Y5 Telephone: (780) 427-7191

FORWARD SIGNED ORIGINAL OF THIS FORM TO THE CHIEF ELECTORAL OFFICER

NOTE: TO BE FILED WITH THE CHIEF ELECTORAL OFFICER WITHIN 4 MONTHS AFTER POLLING DAY