

# Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act  
(Sections 147.3, 147.4)

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

Returning Officer

403-529-8234

Title of the Responsible Official

Business Phone Number

LOCAL JURISDICTION City of Medicine Hat, PROVINCE OF ALBERTAFull Name of Candidate Ken LockhartCandidate's Mailing Address [REDACTED], AlbertaPostal Code [REDACTED]

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

## Pre-Campaign Period Report

1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year)

2. Pre-Campaign Period Expenses

\$0.00  
\$0.00

## Campaign Period Revenue

### 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)

\$0.00  
\$0.00

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

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)

\$0.00

10. Total Campaign Period Revenue (add lines 4 and 9)

\$0.00

### Campaign Period Expenditures

11. Total Campaign Period Expenses Paid 598.37 Unpaid \_\_\_\_\_ TOTAL 598.37

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

Campaign Period Surplus (Deficit) (deduct line 11 from line 10)

598.37 \$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*.

2022/02/26

Date yyyy-mm-dd

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**

# PRE-PAID AD FORM | BATCH 2

ACCT. #		AD#	
NAME		PHONE	
ADDRESS			
CITY		POSTA.	
PROV.		EXP.	
		COST \$2	

MEDICINE HAT NEWS  
 3257 CARRIAGE RD SE  
 MEDICINE HAT, AB T1B3R2  
 (403) 528-5676  
 TERM ID: 05285691  
 BATCH#: 621  
 SHIFT#: 001  
 Phone Order  
 INVT: 0000000003 Manual  
 \*\*\*\*\*  
 Total: CAD\$ 204.62  
 APPROVED 048941  
 001-00  
 V-Code: MATCH M  
 14-Oct -21 11:28:29  
 MERCHANT COPY

MEDICINE HAT NEWS

MEDICINE HAT NEWS  
 403 527 1101  
 GSTB64330360  
 10/14/2021 10:51AM  
 CARRY  
 \$204.62  
 \$204.62  
 \$204.62  
 9.74  
 \$204.62  
 VISA  
 NET GST  
 MOSE ST  
 BATCH 2  
 ax Inc.



# MEDICINE HAT SIGN WORKS

645 SPENCER ST. S.E.  
MEDICINE HAT AB.  
T1A 1Y9

## Invoice

Date	Invoice #
2021-10-01	8546

<b>Invoice To</b>
KEN LOEHNDORF

P.O. No.	Terms	Project

Description	Qty	Rate	Amount
24 X 18 DOUBLE SIDED ELECT SIGNS C/W WIRE STAKES GST On Sales	20	12.50 5.00%	250.00 12.50

DO NOT WRITE ABOVE THIS LINE - NE BIEN ÉCRIRE AU-DESSUS DE CETTE LIGNE

EXPIRY DATE CHECKED	DATE D'EXP. MATIÈRE VÉRIFIÉE	AUTHORIZATION NUMBER / NO D'AUTORISATION
		077631
		10 01 21



PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION  
CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

CUSTOMER COPY  
COPIE DU CLIENT

DESCRIPTION AMOUNT-MONTANT

20- Elect Signs	
-----------------	--

TOTAL  
\$  
CDN  
CAN

262.50
--------

Total	\$262.50
Payments/Credits	\$0.00
Balance Due	\$262.50

Phone #

875308231

GST/HST No.



MEDICINE HAT AB.  
T1A 1Y9

Date	Invoice #
2021-10-07	8549

<b>Invoice To</b>
KEN LOEHNDORF

P.O. No.	Terms	Project

Description	Qty	Rate	Amount
ELECTION SITE SIGNS	10	12.50	125.00
GST On Sales		5.00%	6.25

DO NOT WRITE ABOVE THIS LINE - NE RIEN ÉCRIRE AU-DESSUS DE CETTE LIGNE

02/23

K LOEHNDORF

SALES DRAFT - FACTURE

CARDON ACCORDER LE TITULAIRE TOTAL POUR NECESSAIRE L'UTILISATION DE LA CARTE

PLEASE RETAIN THIS COPY AS RECORD OF YOUR TRANSACTION / CONSERVEZ CETTE COPIE COMME PREUVE DE VOTRE TRANSACTION

100721

VISA

5899425

DESCRIPTION: 10 - Election Signs

AMOUNT/MONTANT

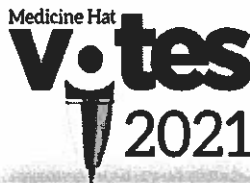
TOTAL \$ CDN CAN: 131.25

Thank you for your business

<b>Total</b>	\$131.25
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$131.25

GST/HST No.

<b>Phone #</b>
875308231



Form 26  
**CAMPAIGN DISCLOSURE STATEMENT  
AND FINANCIAL STATEMENT**

Local Authorities Election Act  
(Sections 147.3, 147.4)

*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 Returning Officer at 403.529.8234.*

**LOCAL JURISDICTION: CITY OF MEDICINE HAT, PROVINCE OF ALBERTA**

Full Name of Candidate: Richard (Dick) Mastel \_\_\_\_\_

Candidate's Mailing Address: \_\_\_\_\_

Medicine Hat \_\_\_\_\_, Alberta Postal Code \_\_\_\_\_

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

**Pre-Campaign Period Report**

1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year) \$0 \_\_\_\_\_
2. Pre-Campaign Period Expenses \$0 \_\_\_\_\_

**Campaign Period Revenue**

**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 \$0 \_\_\_\_\_
4. NET CONTRIBUTIONS (line 1 + 2 - 3) \$0 \_\_\_\_\_

**OTHER SOURCES:**

5. Total amount contributed out of candidate's own funds \$119.00 \_\_\_\_\_
6. Total net amount received from fund-raising functions \$0 \_\_\_\_\_
7. Transfer of any surplus or deficit from a candidate's previous election campaign \$246.00 \_\_\_\_\_
8. Total amount of other revenue \$0 \_\_\_\_\_
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8) \$365.00 \_\_\_\_\_
10. Total Campaign Period Revenue (add lines 4 and 9) \$365.00 \_\_\_\_\_

**Campaign Period Expenditures**

11. Campaign Period Expenses Paid \$119.00 Unpaid \$00 TOTAL \$119.00

**The candidate must attach an itemized expense report to this form.**

**Campaign Period Surplus (Deficit)**(deduct line 11 from line 10) \$246.00 \_\_\_\_\_

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.

March 1, 2022 \_\_\_\_\_

Date yyyy-mm-dd

Signature

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 OFFENSE TO SIGN A FALSE STATEMENT**

## EXPENSE REPORT FOR 2021 ELECTION

PURCHASE OF WIRE SIGN HOLDERS	\$119.00
REUESED OLD SIGNS FROM PREVIOUS ELECTION	
APPROXIMATE VALUE	\$246.00
CAMPAIGN CONTRIBUTIONS	0
TOTAL EXPENSES	\$365.00

DATE MARCH 1, 2022

SIGNATURE

# Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act  
(Sections 147.3, 147.4)

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## Returning Officer

Title of the Responsible Official

Business Phone Number

LOCAL JURISDICTION Medicine Hat Catholic Board of Education, PROVINCE OF ALBERTA

Full Name of Candidate Katherine Anne Glasso

Candidate's Mailing Address [REDACTED]

[REDACTED], Alberta

Postal Code [REDACTED]

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

## Pre-Campaign Period Report

1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year)	<u>0</u>
2. Pre-Campaign Period Expenses	<u>0</u>

## Campaign Period Revenue

### CAMPAIGN CONTRIBUTIONS:

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

**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	<u>                    </u>
4. NET CONTRIBUTIONS (line 1 + 2 - 3)	<u>\$0.00</u>

### OTHER SOURCES:

5. Total amount contributed out of candidate's own funds	<u>0</u>
6. Total net amount received from fund-raising functions	<u>0</u>
7. Transfer of any surplus or deficit from a candidate's previous election campaign	<u>0</u>
8. Total amount of other revenue	<u>0</u>
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8)	<u>\$0.00</u>
10. Total Campaign Period Revenue (add lines 4 and 9)	<u>\$0.00</u>

## Campaign Period Expenditures

11. Total Campaign Period Expenses	Paid <u>                    </u>	Unpaid <u>                    </u>	TOTAL <u>\$0.00</u>
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The Candidate must attach an itemized expense report to this form.

Campaign Period Surplus (Deficit) (deduct line 11 from line 10)	<u>\$0.00</u>
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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*.

2022/03/01

Date yyyy-mm-dd

Signature

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**

# Campaign Disclosure Statement and Financial Statement

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

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:

### Returning Officer

**403-529-8234**

**Title of the Responsible Official**

Business Phone Number

LOCAL JURISDICTION City of Medicine Hat , PROVINCE OF ALBERTA

Full Name of Candidate Alicia Dawn Doud

**Candidate's Mailing Address**

## Alberta

**Postal Code**

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

### Pre-Campaign Period Report

1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year)
2. Pre-Campaign Period Expenses

### Campaign Period Revenue

**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)**

**\$0.00**

**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)**

**\$0.00**

**10. Total Campaign Period Revenue (add lines 4 and 9)**

**\$0.00**

### Campaign Period Expenditures

<b>11. Total Campaign Period Expenses</b>	<b>Paid</b>	<b>Unpaid</b>	<b>TOTAL</b>	<b>\$0.00</b>
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**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*.

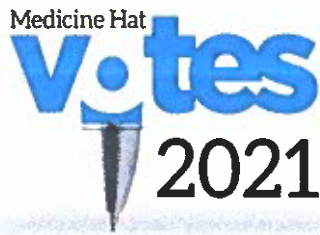
2022-02-28

Date yyyy-mm-dd

Signature

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**

**CAMPAIGN DISCLOSURE STATEMENT  
AND FINANCIAL STATEMENT***Local Authorities Election Act  
(Sections 147.3, 147.4)*

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**LOCAL JURISDICTION: CITY OF MEDICINE HAT, PROVINCE OF ALBERTA**

Full Name of Candidate David Leahy

Candidate's Mailing Address: [REDACTED]

**This form, including any contributor information from line 2, is a public document.****Pre-Campaign Period Report**

1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year) \$ 0
2. Pre-Campaign Period Expenses \$0

**Campaign Period Revenue****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 \$ 0
4. NET CONTRIBUTIONS (line 1 + 2 - 3) \$ 0

**OTHER SOURCES:**

5. Total amount contributed out of candidate's own funds \$ 300
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
10. Total Campaign Period Revenue (add lines 4 and 9) \$ 300

**Campaign Period Expenditures**

11. Campaign Period Expenses Paid \$ 300 Unpaid \$ 0 TOTAL \$ 300

**The candidate must attach an itemized expense report to this form.****Campaign Period Surplus (Deficit)**(deduct line 11 from line 10) \$0

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*  
February 6, 2022 [REDACTED]

Forward the signed original of this document to the address of the local jurisdiction in which the candidate was

ITEMIZED EXPENSE REPORT  
2022 ALBERTA MUNICIPAL ELECTION  
MEDICINE HAT CATHOLIC BOARD OF EDUCATION TRUSTEE  
CANDIDATE: DAVID LEAHY

EXPENSES

1. FACEBOOK ADVERTIZING \$300.00

DAVID LEAHY *David Leahy*

A black rectangular box redacting the signature of David Leahy.

SIGNATURE

DATE SUBMITTED: February,8,2022

# Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act  
(Sections 147.3, 147.4)

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## LOCAL JURISDICTION: CITY OF MEDICINE HAT, PROVINCE OF ALBERTA

Full Name of Candidate: Bernard Thomas Kinch

Candidate's Mailing Address: [REDACTED]

[REDACTED], Alberta Postal Code [REDACTED]

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

### Pre-Campaign Period Report

- Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year) \$ 0
- Pre-Campaign Period Expenses \$ 0

### Campaign Period Revenue

#### CAMPAIGN CONTRIBUTIONS:

- Total amount of contributions of \$50.00 or less \$ 0
- 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.

- Deduct total amount of contributions returned \$ 0
- NET CONTRIBUTIONS (line 1 + 2 - 3) \$ 0

#### OTHER SOURCES:

- Total amount contributed out of candidate's own funds \$ 0
- Total net amount received from fund-raising functions \$ 0
- Transfer of any surplus or deficit from a candidate's previous election campaign \$ 0
- Total amount of other revenue \$ 0
- TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8) \$ 0
- Total Campaign Period Revenue (add lines 4 and 9) \$ 0

**Campaign Disclosure Statement  
and Financial Statement***Local Authorities Election Act*  
(Sections 147.3, 147.4)**Campaign Period Expenditures**11. Campaign Period Expenses      Paid \$ 0      Unpaid \$ 0      TOTAL \$ 0**The candidate must attach an itemized expense report to this form.****Campaign Period Surplus (Deficit)**(deduct line 11 from line 10)      \$ 0

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*.

2022/02/24

Date yyyy-mm-dd      Signature

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 OFFENSE TO SIGN A FALSE STATEMENT**



Form 26  
**CAMPAIGN DISCLOSURE STATEMENT  
AND FINANCIAL STATEMENT**  
Local Authorities Election Act  
(Sections 147.3, 147.4)

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**LOCAL JURISDICTION: CITY OF MEDICINE HAT, PROVINCE OF ALBERTA**

Full Name of Candidate: Robert Blaine Rising

Candidate's Mailing Address:

Alberta Postal Code

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

**Pre-Campaign Period Report**

1. Pre-Campaign Period Contributions (up to a limit of \$5,000 per year or \$10,000 from candidate's own funds per year) \$0
2. Pre-Campaign Period Expenses \$0

**Campaign Period Revenue**

**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 \$0
4. **NET CONTRIBUTIONS** (line 1 + 2 - 3) \$0

**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
10. **Total Campaign Period Revenue** (add lines 4 and 9) \$0

**Campaign Period Expenditures**

11. Campaign Period Expenses Paid \$0 Unpaid \$ TOTAL \$0

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

**Campaign Period Surplus (Deficit)** (deduct line 11 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.

2022-02-18

Date yyyy-mm-dd

Signature

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 OFFENSE TO SIGN A FALSE STATEMENT**