engagement statement to this form.

## Campaign Disclosure Statement and Financial Statement

Local Authorities Election Act (Sections 147.3, 147.4)

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

Town of Bon Accord			780-921-3550	
Business Tide/Organization		Business Phone Number		
5025 50th Avenue Address	Bon Accord City or Town	AB Province	TOA OKO Postal Code	
		Piowilide	Fusial Gode	
LOCAL JURISDICTION: Bon Accor	d	, PR	OVINCE OF ALBERTA	
Calendar year of disclosure: 2025				
Full Name of Candidate: Harold Per	ney			
Candidate's Mailing Address: S. 17				
Bon Ac			, Alberta	
	Code: TOA OKO			
This form, including any contributor	information from line 2, is a public docume			
044041011 004FDIDUTIONO	Campaign Revenue for Calendar	rear		
CAMPAIGN CONTRIBUTIONS:			*	
Total amount of contributions of \$50.00 or less			\$0.00	
<ol><li>Total amount of all contributions of and address (attach listing and amount</li></ol>	\$50.01 and greater, together with the contributors)	or's name		
NOTE: For lines 1 and 2, include all m	oney and valued personal property, real proper	rty or service contributions	S.	
3. Deduct total amount of contribution	s returned			
4. NET CONTRIBUTIONS (line 1 + 2 - 3)		-	\$0.00	
OTHER SOURCES:				
5. Total amount contributed out of candidate's own funds			\$0.00	
6. Total net amount received from fund-raising functions			\$0.0	
7. Transfer of any surplus or deficit from a candidate's previous election campaign			\$0.0	
8. Total amount of other revenue			\$0.0	
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8)			\$0.00	
TOTAL REVENUE				
10. Total campaign revenue for calend	dar year (add lines 4 and 9)		\$0.0	
	Campaign Expenditures for Calenda	ar Year		
11. Total paid campaign expenses			\$0.0	
12. Total unpaid campaign expenses			\$0.0	
13. Total campaign expenses (add lines 11 and 12)			\$0.0	
The candidate must attach an it	emized expense report to this form.			
Campaign Surplus (Deficit) for Calendar Year (deduct line 13 from line 10)			\$0.0	
A candidate who has incurred cam	paign expenses or received contributions of	\$50 000 or more must a	attach a review	

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## ATTESTATION OF CANDIDATE

I 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.

2025-09-24

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