

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, contact

Town of Bon Accord 780
Business Title/Organization Business Phone Number
5025 50th Avenue Bon Accord AB TOA0K0
Address City or Town Province Postal Code

LOCAL JURISDICTION: Bon Accord, PROVINCE OF ALBERTA

Calendar year of disclosure: 2025

Full Name of Candidate: Harold Parney

Candidate's Mailing Address: [Redacted]

Postal Code: TOA 0K0

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 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

TOTAL REVENUE

10. Total campaign revenue for calendar year (add lines 4 and 9) 0

Campaign Expenditures for Calendar Year

11. Total paid campaign expenses 0

12. Total unpaid campaign expenses 0

13. Total campaign expenses (add lines 11 and 12) 0

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

Campaign Surplus (Deficit) for Calendar Year (deduct line 13 from line 10) 0

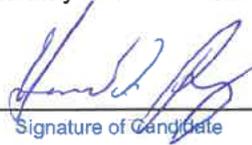
A candidate who has incurred campaign expenses or received contributions of \$50 000 or more must attach a review engagement statement to this form.

ATTESTATION OF CANDIDATE

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*.

Feb 23 / 26

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