

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

Kerry Van Ham 403-223-5500
Title of the Responsible Official Business Phone Number

LOCAL JURISDICTION Town of Taber, PROVINCE OF ALBERTA

Full Name of Candidate JOHN PAPP

Candidate's Mailing Address 5104 - 43 AVE

TABER

Postal Code T1G 1A9, Alberta

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
\$ 1404.69

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
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

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

\$ 1404.69
0
0
0

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 1404.69 Unpaid 0 TOTAL \$ 1404.69

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

Campaign Period Surplus (Deficit) (deduct line 11 from line 10) 1404.69 \$0.00

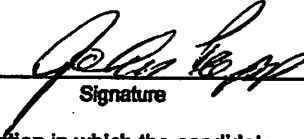
A candidate who has incurred campaign expenses or received contributions of \$50,000 or more must attach a review engagement statement to this form.

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*.

2021-11-14

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



Moonlite Graphics
 PO Box 4923
 Taber AB T1G 2E1
 (403)416-0055
 moonlitegraphics@shaw.ca
 GST/HST Registration No.: 864531983RT0001

INVOICE

BILL TO
 John Papp

INVOICE # 11401
DATE 2021-10-04
DUE DATE 2021-10-04
TERMS Due on receipt

ACTIVITY	QTY	TAX	AMOUNT
Post Cards 8.5x5.5 Colour with bleed on 111# Card Stock	3,500	GST	770.00

THANK YOU FOR YOUR BUSINESS!
 Please note: All rights to work supplied remain the property of Moonlite Graphics until paid in full.

SUBTOTAL 770.00
GST @ 5% 38.50
TOTAL 808.50
BALANCE DUE **\$808.50**

MOONLITE GRAPHICS PRIN
 5307 48TH AVE
 TABER, AB T1G 1S7
 Merchant ID: 00000006174064
 Term ID: 05727474
 25592010011

Purchase

VISA CREDIT
 XXXXXXXXXXXX6082
 AID: A0000000031010
 Entry Method: Chip
 Batch#: 000943
 10/05/21 09:03:48

Ref#: 000026677764
 Inv #: 004789 Appr Code: 025387
 Total: \$ 808.50

Customer COPY

Canada Post / Postes Canada
 TABER
 5203 49th Ave
 TABER, AB T1G1A0
 GST/TPS#: 119321495

2021/10/05
 CC/CC578746

09:23:46
 W/G2

carolin
 TR1435478

ADS No. 0064511709
 G/S 5% 1@567.80 \$567.80
 Neighb M1 std 50g
 3340 (0.09g) pieces @ \$0.170000

SUBTL \$567.80
 GST \$28.39
 TOTAL \$596.19

Visa \$596.19
 Card Number
 *****6082 \$0.00
 CHG. DUE \$0.00
 RND. CHG.

Tell us how we did today.
 Complete the survey at
 canadapostsurvey.ca
 or text 'SURVEY' to 55555
 and enter to WIN one of two
 \$250 Prepaid Visa Cards.
 (Standard message and data
 rates would apply for text
 message)



WWW.CANADAPOST.CA / WWW.POSTESCANADA.CA

40-076-527 (17-12)



Neighbourhood Mail™
 Delivery Slip

Feuille de dépôt
 Courrier de quartier™

Delivery Instructions

Instructions de livraison

Customer Identification
 Nom du client

Customer/Account No.
 N° de client/compte

Delivery Office Address
 Adresse du bureau de livraison

Year Année
 Month Mois
 Day Jour

Mailed by
 (Name and complete address)

Customer/Account No.
 N° de client/compte

Delivery Office Address
 Adresse du bureau de livraison

Year Année
 Month Mois
 Day Jour

FSAs(s), Delivery Model(s) and Number(s)
 RTA, mode(s) de livraison et numéro(s)
 Indicate specific FSA(s), Delivery Model(s) and Number(s):
 Précisez les RTA, les modes de livraison et numéros:

Title of mail piece
 Titre de l'article

Version
 Version spécifique

Statement of Mailing No.
 N° de déclaration de dépôt

Office of payment
 Bureau de paiement

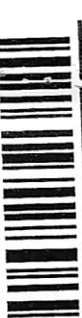
Coverage - Indicate if delivery required to:
 Couverture - Indiquez le mode de distribution:

Dimensions

Thickness/Épaisseur

Weight per item (g)	Poids par article (g)	Items per bundle	Articles par liasse	Number of bundles	Nombre de liasses	Number of containers	Nombre de conteneurs

Standard Up to	Standard Jusqu'à	Overweight 1 Up to	Surdimensionné 1 Jusqu'à	Overweight 2 Up to	Surdimensionné 2 Jusqu'à
30.5 x 15.24 cm (12" x 6")	30.5 cm x 15.24 cm (12 po x 6 po)	30.5 x 28 cm (12" x 11")	30.5 cm x 28 cm (12 po x 11 po)	35.56 x 28 cm (14" x 11")	35.56 cm x 28 cm (14 po x 11 po)



0 064 511 709

Maillet Copy

Copie de l'expéditeur