



Form 26 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 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact...

ATI Coordinator Business Title/Organization 403-529-8221 Business Phone Number
580 1 Street SE Medicine Hat Alberta T1A 8E6
Address City or Town Province Postal Code

LOCAL JURISDICTION: PROVINCE OF ALBERTA

Calendar year of disclosure: 2025-26

Full Name of Candidate: Shila Sharps

Candidate's Mailing Address: Medicine Hat, Alberta
Postal Code:

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
2. Total amount of all contributions of \$50.01 and greater, together with the contributor's name and address (attach listing and amount) 2439.95

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) 2439.95

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)

TOTAL REVENUE

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

Campaign Expenditures for Calendar Year

11. Total paid campaign expenses
12. Total unpaid campaign expenses
13. Total campaign expenses (add lines 11 and 12) 2439.95

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

Campaign Surplus (Deficit) for Calendar Year (deduct line 13 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

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*.

Date: 2026.03.02 10:34:15 -0700

Date yyyy-mm-dd

Signature of Candidate

Donations to Campaign

Craig Elder	Medicine Hat	500
Vern and Sheri Fedor		150
Amanda Fedor		100
Dave Reinheller	Medicine Hat	200
Harp Nihar	Medicine Hat	1489.95

2439.95

Expense

Postcards-Printer	173.25
Postcards-Printer	173.25
Signage	1489.95
coffee for 6 events	603.5

2439.95