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 33(c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact

Access and Privacy Officer, County of Grande Prairie No. 1		780-532-9722	
	Business Title/Organization	Business F	Phone Number
10001-84 Avenue	Clairmont	AB	T8X 5B2
Address	City or Town.	Province	Postal Code
LOCAL JURISDICTION: COUNTY OF GRANDE PRAIRIE NO. 1		, PRO	OVINCE OF ALBERTA
Calendar year of disclosure:	2025		
Full Name of Candidate:	SONJA EUSABETH RAVEN		
Candidate's Mailing Address		******	777
			, Alberta
	Postal Code:		
This form, including any c	ontributor information from line 2, is a public document.		
ALLED A LONG CONTROL TO	Campaign Revenue for Calendar Year		
CAMPAIGN CONTRIBUT			-
1. Total amount of contributions of \$50.00 or less			
Total amount of all contributions of \$50.01 and greater, together with the contributor's name and address (attach listing and amount)		-E	<u>ې </u>
NOTE: For lines 1 and 2, inc	lude all money and valued personal property, real property or service	e contributions.	
3. Deduct total amount of co	ntributions 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		
Transfer of any surplus or	deficit from a candidate's previous election campaign		
8. Total amount of other reve	enue		
9. TOTAL OTHER SOURCES (add lines 5, 6, 7 and 8)			\$0.00
TOTAL REVENUE			
10. Total campaign revenue for calendar year (add lines 4 and 9)			\$0.00
	Campaign Expenditures for Calendar Year		
11. Total paid campaign exp	enses		
12. Total unpaid campaign e	xpenses		
13. Total campaign expenses (add lines 11 and 12)			\$0.00
The candidate must atta	ch an itemized expense report to this form.		
Campaign Surplus (Deficit) for Calendar Year (deduct line 13 from line 10)			\$0.00
A candidate who has incur	red campaign expenses or received contributions of \$50 000 or	more must att	ach a review

All redacted information in this document is in compliance with the Access to Information Act. Should you have any questions regarding this, please contact the Access and Privacy Officer at 780-532-9722.

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 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