TO BE SUBMITTED NOT LATER THAN JANUARY 5, 2019 FORM MGA-RCCEE-1 (PAGE 1 of 2) DISCLOSURE STATEMENT OF CAMPAIGN CONTRIBUTIONS - MUNICIPAL GOVERNMENT ACT - 2018 00 CANDIDATE NAME: Ch'town ADDRESS: PHONE #: EMAIL ADDRESS: Charlottetown MUNICIPALITY: Part 1a: CONTRIBUTIONS FROM ONE SINGLE SOURCE TOTALING MORE THAN \$250.00 (ie. cumulative contributions from one source, amount may be lower if specified in your municipality's bylaw) * Indicate loans, fundraising related expenses or donations in kind by marking an "X" in the column before the amount. NAME AND ADDRESS OF CONTRIBUTOR (GREATER THAN \$250 CUMULATIVE CONTRIBUTION). IF NO CUMULATIVE CONTRIBUTIONS GREATER THAN \$250 WERE RECEIVED FROM ONE SOURCE, PLEASE FUNDRAISING (X) IN KIND (X) LOANS (X) TOTAL \$ AMOUNT INDICATE BY CHECKING THE BOX BELOW: RECEIVED FROM THIS CONTRIBUTOR I declare that no single source donated more than \$250.00. TOTAL CONTRIBUTIONS EXCEEDING \$250.00 PART 1(b): TOTAL CONTRIBUTIONS \$250.00 AND LESS TOTAL CONTRIBUTIONS PART 2 - DECLARATION: I HEREBY DECLARE THESE CONTRIBUTIONS REFLECT ALL CONTRIBUTIONS RECEIVED FOR THE BENEFIT OF MY CANDIDACY BUT DOES NOT INCLUDE VOLUNTEER LABOUR OR SERVICES.

Signature of Candidate

Form MGA-MGA-RCCEE-1 (page 1 of 2)

FORM MGA-MGA-RCCEE-1 (PAGE 2 of 2) TO BE SUBMITTED NOT LATER THAN JANUARY 5, 2019 DISCLOSURE STATEMENT OF ELECTION EXPENSES AND SURPLUS - MUNICIPAL GOVERNMENT ACT - 2018

CANDIDATE NAME:	Leo Killorn					
ADDRESS:	Leo Millorn Ch'town, PEI, PHONE#:					
EMAIL ADDRESS:	PHONE #:					
MUNICIPALITY:	Charlottetown (queen	s Ssu	are	>		
Part 1: ELECTION EXPENSES (*indicate an in kind expense with a checkmark)						
NAME AND ADDRESS OF SUPPLIER:	DESCRIPTION OF EXPENSE	LOAN REPAYMENT "X"	FUNDRAISING EVENT "X"	IN KIND "X"	AMOUNT	
100 WB Mupheil Dr Cornwell, PEI	Sign Work				304.75	
	TOTAL ELECTION EXPEN	TOTAL ELECTION EXPENSES 304,75				
	CONTRIBUTIONS RECEIVED		0			
SURPLUS (DEFICIT)			304.75			
ME IN RELATION TO MY CAND	REBY DECLARE THESE EXPENSES REFLECT ALL EDIDACY BUT DOES NOT INCLUDE AUDIT FEES OR VEHICLED OVER THE SURPLUS NOTED ABOVE TO THE S	VOLUNTI	EER L	ENSE ABOU	S INCURRED BY UR OR SERVICES. I	
Date Form MGA-MGA-RCCEE-1 (page 2 of 2	Signature of Candidate					