## PART 2: DISCLOSURE STATEMENT OF ELECTION EXPENSES AND SURPLUS FORM

## TO BE SUBMITTED NO LATER THAN 2 MONTHS FOLLOWING THE DATE OF THE ELECTION

The Disclosure Statement of Campaign Contributions and Election Expenses must be filed by all candidates (whether elected or not).

CANDIDATE NAME:	TERRY MACKED					
ADDRESS:	CHTOW	11	De			
EMAIL ADDRESS:	PHONE #:					
MUNICIPALITY:	CHARLOTTETOWN					
ELECTION EXPENSES (*indicate an in						
NAME AND ADDRESS OF SUPPLIER:	DESCRIPTION OF EXPENSE	LOAN REPAYMENT "X"	FUNDRAISING EVENT "X"	IN KIND "X"	AMOUNT	
SAMAC FRINT IMMY CLORY HENT BUILDING SU INDIC HARNWARE SHE	PRINTING PROTERIAL CATERING - DET SON 21/22  Al. SIGNS (GROWD SPIKES)				961.34 180.00 171.36	
HODE SEPOT	COLORIO - SCRENIS (WASHERS (SIGUS) - 2X4X8-SIGN MATERIALS				19.10	
TIN HORTONS	-SOCIAL ESFAT				44.83	
	TOTAL ELECTION EXPENSES				1 1 1011 06	
	CONTRIBUTIONS RECEIVED		!	A	1,494,26	
	SURPLUS (DEFICIT)			1	1 494 1/	
RELATION TO MY CANDIDACY	CLARE THESE EXPENSES REFLECT ALL ELECTION EX 7 BUT DOES NOT INCLUDE AUDIT FEES OR VOLUNTEER ED OVER THE SURPLUS NOTED ABOVE TO THE CHIEF	R LAB	BOUR (	OR SE	CRVICES, I ALSO	
Jan 9/2023 Date	Signature of Candidate	u K	002	) <del></del>		



## MUNICIPAL GOVERNMENT ACT

## PART 1: DISCLOSURE STATEMENT OF CAMPAIGN CONTRIBUTIONS FORM

TO BE SUBMITTED NO LATER THAN 2 MONTHS FOLLOWING THE DATE OF THE ELECTION
Statement of Compagin Contributions and Election Expenses must be filed by all condidates (whather elected or we

The Disclosure Stateme	ent of Campaign Contrib	nutions and Election Expense	es must be filed by all candidates (whether elected or not).	<u>0.</u>
				•
CANDIDATE NAME:	TERRY	MACLEON		
ADDRESS:			1115011 60	•

ADDRESS:		CHTOWN	PE		
EMAIL ADDRESS:			PHONE #:		
IUNICIPALITY:	CHARLOTTETOWN				
	ROM ONE SINGLE SOURCE TOTALING MORE THAN outions from one source, amount may be lower if specified in		s bylaw)		
Indicate loans, fund	draising related expenses or donations in kind by marking	ng an "X" in the col	lumn before	the amou	int.
NAME AND ADDRESS CUMULATIVE CONTRI INDICATE BY CHECKI	OF CONTRIBUTOR (GREATER THAN \$250 CUMULATIVE CO IBUTIONS GREATER THAN \$250 WERE RECEIVED FROM ON NG THE BOX BELOW:	NTRIBUTION). IF NO IE SOURCE, PLEASE	LOANS (X)	FUNDRAISING (X)	TOTAL \$ AMOUNT RECEIVED FROMTH
	I declare that no single source donated more than \$250.	00.	Ā	F. E.	CONTRIBUTOR
KHY MY	RPHY -				1,000,00
COXY FA	LOVER - 99 BUEEN ST. SUN ENTERPOSE INC - DE WALKER	TE 600		<del></del>	250.00
BENAMIS	ENTERPOSE INC - DE WALKER	C BR			200.00
				<del>                                     </del>	
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				$\vdash$	
				$\vdash$	
	TOTAL CONTRIBUTIONS EXCEEDING \$250.00				1 1,000.00
	TOTAL CONTRIBUTIONS \$250.00 AND LESS			4	450.00
	TOTAL CONTRIBUTIONS			A	1.450,00
DECLARATION: I H CANDIDACY BUT D  Date	EREBY DECLARE THESE CONTRIBUTIONS REFLEC OES NOT INCLUDE VOLUNTEER LABOUR OR SERV	CT ALL CONTRIBUTICES.  Signature of Candida	TIONS REC	EIVED F	OR THE BENEFIT OF
•			<b>V</b> .		