

Campaign Disclosure Statement and Financial Statement

c20(1)

Local Authorities Election Act (Sections 147.3, 147.4)

FORM 26

The personal information on this form is being collected to support the administrative requirements of the local authorities' process and is authorized under sections 21 and 27 of the Local Authorities Elections Act and section 4(c) and will be made publicly available in accordance with section 13(1) of Alberta's Protection of Privacy Act. If you have questions concerning the collection of personal information, contact Returning Officer, RMWB Elections Office at elections@rmwb.ca or call Pulse at 780-743-7000.

EBO	RAH MOSES				
	ess Title/Organization			Business Phor	ne Number 20(1)
(1)			FORT McMURRAY	AB	720(1)
Addres	SS		City or Town	Province	Postal Code
LOCAL	L JURISDICTION:	REGIONAL MUN	ICIPALITY OF WOOD BUFFAO	PROVINCE O	F ALBERTA
	6.15	2025			
Calendar year of disclosure: Full Name of Candidate:			IOSES		
		DEBORAH LYNN MOSES			
Third F	Party's Mailing Address				Albanta
					, Alberta
		Deetal Code			
		Postal Code			
	ialdima amu aantrib	outer information from lin	e 2, is a public document.		
nis tor	rm, including any contri				
		Campai	gn Revenue for Calendar Year		
CAME	PAIGN CONTRIBUTION	S			2000
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	Total amount of cont Total amount of all c	S ributions of \$50.00 or le contributions of \$50.01 a		ibutor's name an	d
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ATTESTATION OF CANDIDATE

I certify that to the best of my knowledge this docume	nt and all attachments accurate	ely reflect the information required under section 147.4
of the Local Authorities Election Act.	s20(1)	
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2025-09-04 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 SIGN A FALSE STATEMENT



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Local Authorities Election Act (Sections 147.3, 147.4)

LOCAL JURISDICTION:	Regional	Munici	pality of 1	nood	Baffe OPROVINCE OF ALBERTA
FULL NAME OF CANDIDATE:	Deborah	Lynn	Moses		

CAMPAIGN CONTRIBUTORS with contributions of \$50.01 or greater.

CONTRIBUTOR NAME	ADDRESS	AMOUNT
)
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	/	
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