

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

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

CANDIDATE NAME:	JILLIAN L CHANDLER								
ADDRESS:	JILLIAN L CHANDLER 19 STONINGTON BLUB. STRATFORD, DE CIB-043 VILLIANTEE CHANDLER GMAIL COM PHONE #: 940-6981								
EMAIL ADDRESS:	VILLIAN LOE CHANNER BY GMAIL COM PHO	NE #:	94	940-6981					
MUNICIPALITY:	STRATIFICA								
						i			
CONTRIBUTIONS FI	ROM ONE SINGLE SOURCE TOTALING MORE THAN S250.00 outions from one source, amount may be lower if specified in your municipality's byla	v)							
* Indicate loans, fundraising related expenses or donations in kind by marking an "X" in the column before the amount.									
NAME AND ADDRESS O	IF CONTRIBUTOR (GREATER THAN \$250 CUMULATIVE CONTRIBUTION). IF NO BUTIONS GREATER THAN \$250 WERE RECEIVED FROM ONE SOURCE, PLEASE INDICATE	LO AN S	LO FUND IN AN R KIN TOTAL SAMOUN			OM THIS			
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TOTAL CONTRIBUTIONS EXCEEDING \$250.00					8				
TOTAL CONTRIBUTIONS \$250.00 AND LESS					461.30 761.30				
TOTAL CONTRIBUTIONS					761. 30				

DECLARATION: I HEREBY DECLARE THESE CONTRIBUTIONS REFLECT ALL CONTRIBUTIONS RECEIVED FOR THE BENEFIT OF MY CANDIDACY BUT DOES NOT INCLUDE VOLUNTEER LABOUR OR SERVICES.										
CANDIDACY BUT DOES NOT INCLUDE VOLUNTEER LABOUR OR SERVICES. Vol. 3/ 3002 Signature of Campilate										
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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).										
ANDIDATE NAME: Luciani I Cimarkat Tac										
ADDRESS:	19 STOULUBTON BLUD. STEATHER DE CIB-DAS									
EMAIL ADDRESS:	DRESS: JILL FON LET CHOVAIR (A) GIMAL. COM PHONE #:		#: <u> </u>	940-6981						
MUNICIPALITY:	LITY: STRATFORD									
ELECTION EXPENSES (*indicate an in	kind expense with a checkmark)		,							
NAME AND ADDRESS OF SUPPLIER:	DESCRIPTION OF EXPENSE	OAN REPA YME NT "X"	FUN DR AI SI NG EV EN T	IN KI ND "X"	AMOUNT					
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DECLARATION: I HEREBY DECLARE THESE EXPENSES REFL	
RELATION TO MY CANDIDACY BUT DOES NOT INCLUDE AUD	
DECLARE THAT I HAVE TURNED OVER THE SURPLUS NOTED	ABOVE TO THE CHIEF ADMINISTRATIVE OFFICER TO BE
USED FOR MUNICIPAL PURPOSES.	
Dec. 3/202	Signature of Candidate