

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:	STEPHEN L. GALLANT			
ADDRESS:	3 HARLAND VIEW DEIVE, SCENTFORD PG Sgallant & townof stratford.ca Town of Stratford, WARD 3	UIB	1012	
EMAIL ADDRESS:	Sgallast of town of stratford.ca	PHONE #:	90	2-394-4923
MUNICIPALITY:	Town of Stratford WARD 3		<u> </u>	
CONTRIBUTIONS FR (i.e. cumulative contribu	OM ONE SINGLE SOURCE TOTALING MORE THAN \$250,00 tions from one source, amount may be lower if specified in your municipality's b	uloná		
Indicate loans, fund	raising related expenses or donations in kind by marking an "X" in the colum	nn before	the amo	unt.
NAME AND ADDRESS C	F CONTRIBUTOR (GREATER THAN \$250 CUMULATIVE CONTRIBUTION), IF NO OUTIONS GREATER THAN \$250 WERE RECEIVED FROM ONE SOURCE, PLEASE		S _E	
INDICATE BY CHECKIN	G THE BOX BELOW:	LOANS (X)	S KAIS	TOTAL S AMOUNT RECEIVED FROMTHIS CONTRIBUTOR
	i declare that no single source donated more than \$250.00.	2	FUNDRAISING (X)	CONTRIBUTOR
-				
			-	
-				
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	1			
		<u> </u>		
	TOTAL CONTRIBUTIONS EXCEEDING \$250.00			<u> </u>
	TOTAL CONTRIBUTIONS \$250,00 AND LESS	***************************************		
	TOTAL CONTRIBUTIONS		÷	ф
	REBY DECLARE THESE CONTRIBUTIONS REFLECT ALL CONTRIBUTIONS REFLECT ALL CONTRIBUTIONS OF SERVICES.	ONS REC	EIVED F	OR THE BENEFIT OF MY
CANDIDACT BOTOU	ES NOT INCLUDE VOLUNTEER LABOUR OR SERVICES,	~	1	
Man 5/2	3 (Stock	\mathcal{N}	all	al
Date	Signature of Candidage			
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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).

CANDIDATE NAME:	STEPHEN L. GALLANT	-					
ADDRESS: 3 Havland VIEW DIM. STRATFORD PE CIBINZ							
EMAIL ADDRESS:	Scalast 2 towns Stratford. ca	PHONE #:	902-394-4923				
MUNICIPALITY: Town of Strafford Ward 3							
ELECTION EXPENSES (*indicate an in kind expense with a checkmark)							
		NT "X"	* * .				
NAME AND ADDRESS OF SUPPLIER:	DESCRIPTION OF EXPENSE	LOAN REPAYMENT "X FUNDRAISING	TANDOMY KIND Y				
Fastenal, 98 Kensington	bolts		22.91				
STAPLES, 655 UNIVANTE			23.54				
HOME HADWARE, GUESTON	paper, pens, USB device		499.73				
HOME HARDUAGE KWELDY	Stalies		83.96				
KENT, 65 Walsh Pd	wood screws + bolts		27.92				
Home Depot, bo Buchan & SIGN CITY, 15 Waller Dr	posts		21.83				
SIGN CIKY, 15 Whelen on	digital préduces for signis		1417.38				
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	TOTAL ELECTION E	EXPENSES	2097.27				
	CONTRIBUTIONS RECEIVED						
	SURPLUS (DEFICIT)	· .	2097.27				
DECLARATION: I HEREBY DECLARE THESE EXPENSES REFLECT ALL ELECTION EXPENSES INCURRED BY ME IN RELATION TO MY CANDIDACY BUT DOES NOT INCLUDE AUDIT FEES OR VOLUNTEER LABOUR OR SERVICES. I ALSO DECLARE THAT I HAVE TURNED OVER THE SURPLUS NOTED ABOVE TO THE CHIEF ADMINISTRATIVE OFFICER TO BE USED FOR MUNICIPAL PURPOSES.							
Journal Signature of Candidate							