



Financial Statement – Auditor’s Report Form 4

Municipal Elections Act, 1996 (Section 78)

Instructions

All candidates must complete Boxes A, B, C, D, E and F and Schedule 1. All candidates must complete Schedules 2, 3 and 4 as appropriate. Candidates who receive contributions or incur expenses in excess of \$10,000 must also attach an Auditor’s Report.

All surplus funds (after any refund to the candidate or his or her spouse) shall be paid immediately over to the clerk who was responsible for the conduct of the election.

For the campaign period from (day candidate filed nomination) 2010 09 07 to 2010 12 31

- Primary filing reflecting finances to December 31 (or 45th day after voting day in a by-election)
Supplementary filing including finances after December 31 (or 45th day after voting day in a by-election)

Box A: Name of Candidate and Office

Name of Candidate: STEWART TAMMY-LEA
Mailing Address: 109 LOGGERS ROAD, STONECREEFF, ONTARIO, K0J 2K0
Telephone No.: 613-586-2750
Name of office: REEVE
Name of Municipality: UNITED TOWNSHIP OF HEAD CLARA & MARIA

Box B: Summary of Campaign Income and Expenses

Table with 2 columns: Description and Amount. Row 1: My spending limit (as issued by clerk) was \$ 8,048.25. Row 6: Total of all campaign expenses (from Box C) \$ 300--.

Box C: Statement of Campaign Period Income and Expenses

| | | | | | | |
|--------------|----|----|------------|----|----|---------------|
| From YYYY | MM | DD | To YYYY | MM | DD | For Candidate |
|--------------|----|----|------------|----|----|---------------|

INCOME

| | | | |
|--|---|----|-----------|
| Candidate's surplus from immediately preceding election released by the clerk | + | \$ | |
| Contributions from candidate | + | \$ | |
| Contributions from spouse of candidate | + | \$ | |
| All other contributions | + | \$ | |
| Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III) | + | \$ | |
| Interest income | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Total Campaign Period Income | = | \$ | C1 |

EXPENSES (Note: include the value of contributions of goods and services)

| | | | |
|--|---|----------|-----------|
| Expenses Subject to Spending Limit | | | |
| Advertising | + | \$ | |
| Bank charges | + | \$ | |
| Brochures | + | \$ | |
| Interest on loan | + | \$ | |
| Inventory contributed to candidate's campaign (Schedule 3) | + | \$ | |
| Meetings hosted | + | \$ | |
| Nomination filing fee | + | \$ 200 - | |
| Office expenses | + | \$ | |
| Phone and/or Internet | + | \$ | |
| Salaries and benefits/honoraria/professional fees | + | \$ | |
| Signs | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | = | \$ 200 - | C2 |

| | | | |
|--|---|----|-----------|
| Expenses Not Subject to Spending Limit | | | |
| Accounting and audit | + | \$ | |
| Costs of fund-raising function (from Schedule 2, Part IV) | + | \$ | |
| Expenses related to compliance audit | + | \$ | |
| Expenses related to controverted elections | + | \$ | |
| Expenses related to recounts | + | \$ | |
| Voting day party / appreciation notices | + | \$ | |
| Expenses related to candidate's disability (provide details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | = | \$ | C3 |

| | | | |
|--|---|----------|-----------|
| Total Campaign Period Expenses (C2) + (C3) | = | \$ 200 - | C4 |
| Excess (Deficiency) of Income over Expenses (C1) - (C4) | = | \$ | |

Box D: Statement of Assets and Liabilities as at _____, 20

Assets

| | | | | |
|---|-----------|---|----|--|
| Cash | - - - - - | + | \$ | |
| Accounts receivable | - - - - - | + | \$ | |
| Value of inventory retained (from Schedule 4) | - - - - - | + | \$ | |
| Other (provide full details) | | | | |
| 1. | - - - - - | + | \$ | |
| 2. | - - - - - | + | \$ | |
| 3. | - - - - - | + | \$ | |
| Total Assets | - - - - - | = | \$ | |

Liabilities and Excess (Deficiency) of Income over Expenses

| | | | | |
|------------------------------|-----------|---|----|--|
| Accounts payable | - - - - - | + | \$ | |
| Borrowings, overdraft | - - - - - | + | \$ | |
| Other (provide full details) | | | | |
| 1. | - - - - - | + | \$ | |
| 2. | - - - - - | + | \$ | |
| 3. | - - - - - | + | \$ | |
| Total Liabilities | - - - - - | = | \$ | |

Box E: Statement of Determination of Surplus or Deficit and Disposition of Surplus

Part I – Determination of Surplus or Deficit

| | | | | | |
|--|-----------|---|----|--|-----------|
| Amount of excess (deficiency) of income over expenses (from Box C) | - - - - - | + | \$ | | E1 |
| Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction | - - - - - | - | \$ | | E2 |
| Surplus (or deficit) for the campaign period (E1) – (E2) | - - - - - | = | \$ | | |
| Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus) | - - - - - | - | \$ | | |
| Total Determination | - - - - - | = | \$ | | E3 |

Part II – Disposition of Surplus

If line **E3** shows a surplus, the amount must be paid in trust, at the time the financial statements are filed, to the municipal clerk who was responsible for the conduct of the election.

Surplus paid to the municipal clerk of the municipality of _____

Box F: Declaration

I, Tammy Lea Stewart, a candidate in the municipality of Head, Clara, Maria, hereby declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

Declared before (clerk or commissioner)

in the town of Stonecliffe

on (yyyy/mm/dd) 2011/06/14

[Signature]

Signature of Clerk or Commissioner

2011/06/14

Date Filed in the Clerk's Office (yyyy/mm/dd)

[Signature]

Signature of Candidate

Table 2: Monetary contributions from unions or corporations

| Name (Legal and Carrying on Business As) | Address | President or Business Manager | Cheque Signatory | Amount |
|--|---------|-------------------------------|------------------|-----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | | Total \$ |

Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)

| Name | Address | Goods or Services | Amount |
|--|---------|-------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | Total \$ |

Total Part II Contributions

\$

Schedule 2 – Fund-Raising Function

Additional schedule for each event or activity held is/are listed on separate supplementary attachment(s)

| Date YYYY | MM | DD | Description of event or activity |
|--------------|----|----|----------------------------------|
|--------------|----|----|----------------------------------|

Admission charge (per person)* (may not exceed individual contribution limit) - - - - - \$ **2A**

*If admission charge per person is not consistent, attach complete breakdown of all ticket sales.

Number of tickets sold - - - - - **2B**

Part I – Ticket Revenue

Lines: **(2A) x (2B)** (include in Schedule 1) - - - - - = \$

Part II – Other Revenue Deemed A Contribution

Provide full details (e.g., revenue from goods sold in excess of fair market value)

| | | |
|----|---------|----|
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |

Total Part II Revenue (include in Schedule 1) - - - - - = \$

Part III – Other Revenue Not Deemed A Contribution

Provide full details (e.g., contributions of \$10 or less; revenue from refreshment sold at cost)

| | | |
|----|---------|----|
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |

Total Part III Revenue (include in Box C) - - - - - = \$

Part IV – Expenses Related to Fund-Raising Function

| | | |
|-----------------------------|---------|----|
| Venue - - - - - | - - - + | \$ |
| Event advertising - - - - - | - - - + | \$ |
| Food and drink - - - - - | - - - + | \$ |
| Entertainment - - - - - | - - - + | \$ |

Other (provide full details)

| | | |
|----|---------|----|
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |

Total Part IV Expenses (include in Box C) - - - - - = \$

**Schedule 3 – Inventory of Campaign Goods and Materials (from Previous Campaign)
Used in Candidate's Campaign**

| Description | Date Acquired (yyyy/mm/dd) | Supplier | Unit Value | Quantity | Total Value |
|---|-------------------------------|----------|------------|----------|-------------|
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| Total Value of Inventory from Previous Campaign Used in Candidate's Campaign | | | | | \$ |

Schedule 4 – Inventory of Campaign Goods and Materials at The End of Campaign

| Description | Date Acquired (yyyy/mm/dd) | Supplier | Unit Value | Quantity | Total Value |
|---|-------------------------------|----------|------------|----------|-------------|
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| Total Value of Inventory of Campaign Goods and Materials | | | | | \$ |

Auditor's Report**Municipal Elections Act, 1996 (Section 78)**

A candidate who has received contributions or incurred expenses in excess of \$10,000 must attach an auditor's report. The report must be done in accordance with generally accepted auditing standards and must:

- set out the scope of the examination
- provide an opinion as to the completeness and accuracy of the financial statement and whether it is free of material misstatement

Professional Designation of Auditor

| | | | | | |
|---|------------|-------------|-------------------|---------------|--|
| Municipality | | | Date (yyyy/mm/dd) | | |
| Contact Person Last Name | | First Name | | Licence No. | |
| Address Suite/Unit No. | Street No. | Street Name | | | |
| City/Town | | | Province | Postal Code | |
| Telephone No. (incl. area code) ext. | | Fax No. | | Email Address | |



Instructions

All candidates must complete Boxes A, B, C, D, E and F and Schedule 1. All candidates must complete Schedules 2, 3 and 4 as appropriate. Candidates who receive contributions or incur expenses in excess of \$10,000 must also attach an Auditor’s Report.

All surplus funds (after any refund to the candidate or his or her spouse) shall be paid immediately over to the clerk who was responsible for the conduct of the election.

For the campaign period from (day candidate filed nomination) 2010 08 13 to 2010 12 31

Primary filing reflecting finances to December 31 (or 45th day after voting day in a by-election) [checked]
Supplementary filing including finances after December 31 (or 45th day after voting day in a by-election) [unchecked]

Box A: Name of Candidate and Office

Name of Candidate
Last Name: FOOTE
First Name: DAVID
Middle Initial: E

Mailing Address
Suite/Unit No.:
Street No.: 532
Street Name: EDGEWATER WAY

City/Town: MACKAY
Province: ON
Postal Code: K0J 2L30

Telephone No. (incl. area code)
Business: 613-586-2526
Home: 613-586-2228
Fax No.:
Email Address: [redacted]@il.com

Name of office for which the candidate sought election: Councillor (Municipal)

Name of Municipality: HEAD, CLARA & MARIA

Box B: Summary of Campaign Income and Expenses

Table with 9 rows detailing campaign income and expenses. Row 1: My spending limit (as issued by clerk) was \$5548.25. Row 2: Surplus (or deficit) from previous election \$0. Row 3: Total contributions received (from Schedule 1) \$0. Row 4: My total campaign expenses that were subject to the spending limit were (from Box C) \$100. Row 5: My total campaign expenses that were not subject to the spending limit were (from Box C) \$0. Row 6: Total of all campaign expenses (from Box C) \$100. Row 7: Election campaign surplus/deficit from current election (from Box E) \$0. Row 8: Contributions refunded to candidate or spouse (from Box E) \$0. Row 9: Amount paid to clerk (from Box E) \$0.

Box C: Statement of Campaign Period Income and Expenses

| | | | | | | |
|------|----|----|------|----|----|---------------|
| From | MM | DD | To | MM | DD | For Candidate |
| YYYY | | | YYYY | | | |
| 2010 | 08 | 13 | 2010 | 12 | 31 | DAVID FOOTE |

INCOME

| | | |
|--|---|--------|
| Candidate's surplus from immediately preceding election released by the clerk | + | \$ 0 |
| Contributions from candidate | + | \$ 100 |
| Contributions from spouse of candidate | + | \$ 0 |
| All other contributions | + | \$ 0 |
| Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III) | + | \$ 0 |
| Interest income | + | \$ 0 |
| Other (provide full details) | | |
| 1. | + | \$ 0 |
| 2. | + | \$ 0 |
| 3. | + | \$ 0 |

Total Campaign Period Income ----- = \$ 100 **C1**

EXPENSES (Note: include the value of contributions of goods and services)

Expenses Subject to Spending Limit

| | | |
|--|---|--------|
| Advertising | + | \$ 0 |
| Bank charges | + | \$ 0 |
| Brochures | + | \$ 0 |
| Interest on loan | + | \$ 0 |
| Inventory contributed to candidate's campaign (Schedule 3) | + | \$ 0 |
| Meetings hosted | + | \$ 0 |
| Nomination filing fee | + | \$ 100 |
| Office expenses | + | \$ 0 |
| Phone and/or Internet | + | \$ 0 |
| Salaries and benefits/honoraria/professional fees | + | \$ 0 |
| Signs | + | \$ 0 |
| Other (provide full details) | | |
| 1. | + | \$ 0 |
| 2. | + | \$ 0 |
| 3. | + | \$ 0 |

Subtotal ----- = \$ 100 **C2**

Expenses Not Subject to Spending Limit

| | | |
|--|---|------|
| Accounting and audit | + | \$ 0 |
| Costs of fund-raising function (from Schedule 2, Part IV) | + | \$ 0 |
| Expenses related to compliance audit | + | \$ 0 |
| Expenses related to controverted elections | + | \$ 0 |
| Expenses related to recounts | + | \$ 0 |
| Voting day party / appreciation notices | + | \$ 0 |
| Expenses related to candidate's disability (provide details) | | |
| 1. | + | \$ 0 |
| 2. | + | \$ 0 |
| 3. | + | \$ 0 |

Subtotal ----- = \$ 0 **C3**

Total Campaign Period Expenses (C2) + (C3) ----- = \$ 100 **C4**

Excess (Deficiency) of Income over Expenses (C1) - (C4) ----- = \$ 0

Box D: Statement of Assets and Liabilities as at DEC. 31, 2010

| | |
|---|--------|
| Assets | |
| Cash | + \$ 0 |
| Accounts receivable | + \$ 0 |
| Value of inventory retained (from Schedule 4) | + \$ 0 |
| Other (provide full details) | |
| 1. | + \$ 0 |
| 2. | + \$ 0 |
| 3. | + \$ 0 |
| Total Assets | = \$ 0 |

| | |
|--|--------|
| Liabilities and Excess (Deficiency) of Income over Expenses | |
| Accounts payable | + \$ 0 |
| Borrowings, overdraft | + \$ 0 |
| Other (provide full details) | |
| 1. | + \$ 0 |
| 2. | + \$ 0 |
| 3. | + \$ 0 |
| Total Liabilities | = \$ 0 |

Box E: Statement of Determination of Surplus or Deficit and Disposition of Surplus

Part I – Determination of Surplus or Deficit

| | | |
|---|--------|-----------|
| Amount of excess (deficiency) of income over expenses (from Box C) | + \$ 0 | E1 |
| Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction | - \$ 0 | E2 |
| Surplus (or deficit) for the campaign period (E1) – (E2) | = \$ 0 | |
| Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus) | - \$ 0 | |
| Total Determination | = \$ 0 | E3 |

Part II – Disposition of Surplus

If line E3 shows a surplus, the amount must be paid in trust, at the time the financial statements are filed, to the municipal clerk who was responsible for the conduct of the election.

Surplus paid to the municipal clerk of the municipality of _____

Box F: Declaration

I, DAVID E. FOOTE, a candidate in the municipality of HEAD, CLARA & MARIA, hereby declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

Declared before (clerk or commissioner)

in the Municipality of Stonecliffe HCM
on (yyyy/mm/dd) 2011/05/20

M. Reith
Signature of Clerk or Commissioner

David Foote
Signature of Candidate

2011/05/20
Date Filed in the Clerk's Office (yyyy/mm/dd)

Table 2: Monetary contributions from unions or corporations

| Name (Legal and Carrying on Business As) | Address | President or Business Manager | Cheque Signatory | Amount |
|--|---------|-------------------------------|------------------|-----------------|
| | | | | \$ |
| | | | | \$ |
| | NA | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | | Total \$ |

Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)

| Name | Address | Goods or Services | Amount |
|--|---------|-------------------|-----------------|
| | | | \$ |
| | NA | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | Total \$ |

Total Part II Contributions

| |
|----|
| \$ |
|----|

Schedule 2 – Fund-Raising Function

Additional schedule for each event or activity held is/are listed on separate supplementary attachment(s)

| Date | | | Description of event or activity |
|------|----|----|----------------------------------|
| YYYY | MM | DD | |

Admission charge (per person)* (may not exceed individual contribution limit) - - - - - \$ 2A

*If admission charge per person is not consistent, attach complete breakdown of all ticket sales.

Number of tickets sold - - - - - 2B

Part I – Ticket Revenue

Lines: (2A) x (2B) (include in Schedule 1) - - - - - = \$

Part II – Other Revenue Deemed A Contribution

Provide full details (e.g., revenue from goods sold in excess of fair market value)

| | | | |
|--|---------|-------------|-------------------------|
| 1. | - - - + | \$ | <input type="text"/> |
| 2. | - - - + | \$ | <input type="text"/> |
| 3. | - - - + | \$ | <input type="text"/> |
| 4. | - - - + | \$ | <input type="text"/> |
| 5. | - - - + | \$ | <input type="text"/> |
| 6. | - - - + | \$ | <input type="text"/> |
| 7. | - - - + | \$ | <input type="text"/> |
| 8. | - - - + | \$ | <input type="text"/> |
| Total Part II Revenue (include in Schedule 1) | | - - - - - = | \$ <input type="text"/> |

N/A

Part III – Other Revenue Not Deemed A Contribution

Provide full details (e.g., contributions of \$10 or less; revenue from refreshment sold at cost)

| | | | |
|--|---------|-------------|-------------------------|
| 1. | - - - + | \$ | <input type="text"/> |
| 2. | - - - + | \$ | <input type="text"/> |
| 3. | - - - + | \$ | <input type="text"/> |
| 4. | - - - + | \$ | <input type="text"/> |
| 5. | - - - + | \$ | <input type="text"/> |
| 6. | - - - + | \$ | <input type="text"/> |
| 7. | - - - + | \$ | <input type="text"/> |
| 8. | - - - + | \$ | <input type="text"/> |
| Total Part III Revenue (include in Box C) | | - - - - - = | \$ <input type="text"/> |

Part IV – Expenses Related to Fund-Raising Function

| | | | |
|------------------------------|-------------|----|----------------------|
| Venue - - - - - | - - - - - + | \$ | <input type="text"/> |
| Event advertising - - - - - | - - - - - + | \$ | <input type="text"/> |
| Food and drink - - - - - | - - - - - + | \$ | <input type="text"/> |
| Entertainment - - - - - | - - - - - + | \$ | <input type="text"/> |
| Other (provide full details) | | | |

| | | | |
|--|---------|-------------|-------------------------|
| 1. | - - - + | \$ | <input type="text"/> |
| 2. | - - - + | \$ | <input type="text"/> |
| 3. | - - - + | \$ | <input type="text"/> |
| 4. | - - - + | \$ | <input type="text"/> |
| 5. | - - - + | \$ | <input type="text"/> |
| 6. | - - - + | \$ | <input type="text"/> |
| 7. | - - - + | \$ | <input type="text"/> |
| 8. | - - - + | \$ | <input type="text"/> |
| Total Part IV Expenses (include in Box C) | | - - - - - = | \$ <input type="text"/> |

Auditor's Report

Municipal Elections Act, 1996 (Section 78)

A candidate who has received contributions or incurred expenses in excess of \$10,000 must attach an auditor's report. The report must be done in accordance with generally accepted auditing standards and must:

- set out the scope of the examination
- provide an opinion as to the completeness and accuracy of the financial statement and whether it is free of material misstatement

Professional Designation of Auditor

| | | | |
|---|------------|-------------------|-------------|
| Municipality | | Date (yyyy/mm/dd) | |
| Contact Person Last Name | | First Name | Licence No. |
| Address Suite/Unit No. | Street No. | Street Name | |
| City/Town | | Province | Postal Code |
| Telephone No. (incl. area code) ext. | Fax No. | Email Address | |

NA



Financial Statement – Auditor’s Report Form 4

Municipal Elections Act, 1996 (Section 78)

Instructions

All candidates must complete Boxes A, B, C, D, E and F and Schedule 1. All candidates must complete Schedules 2, 3 and 4 as appropriate. Candidates who receive contributions or incur expenses in excess of \$10,000 must also attach an Auditor’s Report.

All surplus funds (after any refund to the candidate or his or her spouse) shall be paid immediately over to the clerk who was responsible for the conduct of the election.

For the campaign period from (day candidate filed nomination) 2010 09 01 to 2011 05 19 2010 12 31

Box A: Name of Candidate and Office

Name of Candidate: Last Name AISTON, First Name EDWARD, Middle Initial M. Mailing Address: Suite/Unit No., Street No. 174, Street Name LOON VALLEY LANE, City/Town STONECLIFFE, Province ON, Postal Code K0J 2K0. Telephone No. (incl. area code) Business, Home 613 586-2391, Fax No., Email Address. Name of office for which the candidate sought election: Councillor, Ward Name or No. (if any). Name of Municipality: United Twp of Head, Clara and Maria

Box B: Summary of Campaign Income and Expenses

Table with 2 columns: Description and Amount. Rows include: 1. My spending limit (as issued by clerk) was \$, 2. Surplus (or deficit) from previous election \$, 3. Total contributions received (from Schedule 1) \$, 4. My total campaign expenses that were subject to the spending limit were (from Box C) \$, 5. My total campaign expenses that were not subject to the spending limit were (from Box C) \$ 100.00, 6. Total of all campaign expenses (from Box C) \$ 100.00, 7. Election campaign surplus/deficit from current election (from Box E) \$, 8. Contributions refunded to candidate or spouse (from Box E) \$, 9. Amount paid to clerk (from Box E) \$ 100.00

Box C: Statement of Campaign Period Income and Expenses

| | | | | | | |
|--------------|----|----|------------|----|----|---------------|
| From YYYY | MM | DD | To YYYY | MM | DD | For Candidate |
|--------------|----|----|------------|----|----|---------------|

INCOME

| | | | |
|--|---|----|---|
| Candidate's surplus from immediately preceding election released by the clerk | + | \$ | 100⁰⁰/_{XX} |
| Contributions from candidate | + | \$ | 100 ⁰⁰ / _{XX} |
| Contributions from spouse of candidate | + | \$ | |
| All other contributions | + | \$ | |
| Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III) | + | \$ | |
| Interest income | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |

Total Campaign Period Income = \$ 100⁰⁰/_{XX} C1

EXPENSES (Note: include the value of contributions of goods and services)

Expenses Subject to Spending Limit

| | | | |
|--|---|----|-----------------------------------|
| Advertising | + | \$ | |
| Bank charges | + | \$ | |
| Brochures | + | \$ | |
| Interest on loan | + | \$ | |
| Inventory contributed to candidate's campaign (Schedule 3) | + | \$ | |
| Meetings hosted | + | \$ | |
| Nomination filing fee | + | \$ | 100 ⁰⁰ / _{XX} |
| Office expenses | + | \$ | |
| Phone and/or Internet | + | \$ | |
| Salaries and benefits/honoraria/professional fees | + | \$ | |
| Signs | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | = | \$ | |

C2

Expenses Not Subject to Spending Limit

| | | | |
|--|---|----|--|
| Accounting and audit | + | \$ | |
| Costs of fund-raising function (from Schedule 2, Part IV) | + | \$ | |
| Expenses related to compliance audit | + | \$ | |
| Expenses related to controverted elections | + | \$ | |
| Expenses related to recounts | + | \$ | |
| Voting day party / appreciation notices | + | \$ | |
| Expenses related to candidate's disability (provide details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | = | \$ | |

C3

Total Campaign Period Expenses (C2) + (C3) = \$ 100⁰⁰/_{XX} C4

Excess (Deficiency) of Income over Expenses (C1) - (C4) = \$ _____

Box D: Statement of Assets and Liabilities as at _____, 20_____

| | | |
|--|---|----------|
| Assets | | |
| Cash | + | \$ _____ |
| Accounts receivable | + | \$ _____ |
| Value of inventory retained (from Schedule 4) | + | \$ _____ |
| Other (provide full details) | | |
| 1. | + | \$ _____ |
| 2. | + | \$ _____ |
| 3. | + | \$ _____ |
| Total Assets | = | \$ _____ |
| Liabilities and Excess (Deficiency) of Income over Expenses | | |
| Accounts payable | + | \$ _____ |
| Borrowings, overdraft | + | \$ _____ |
| Other (provide full details) | | |
| 1. | + | \$ _____ |
| 2. | + | \$ _____ |
| 3. | + | \$ _____ |
| Total Liabilities | = | \$ _____ |

Box E: Statement of Determination of Surplus or Deficit and Disposition of Surplus

Part I – Determination of Surplus or Deficit

| | | | |
|---|---|----------|-----------|
| Amount of excess (deficiency) of income over expenses (from Box C) | + | \$ _____ | E1 |
| Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction | - | \$ _____ | E2 |
| Surplus (or deficit) for the campaign period (E1) – (E2) | = | \$ _____ | |
| Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus) | - | \$ _____ | |
| Total Determination | = | \$ _____ | E3 |

Part II – Disposition of Surplus

If line E3 shows a surplus, the amount must be paid in trust, at the time the financial statements are filed, to the municipal clerk who was responsible for the conduct of the election.

Surplus paid to the municipal clerk of the municipality of _____

Box F: Declaration

I, Edward M Aiston, a candidate in the municipality of United Twp of Head Clara and Marie hereby declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

Declared before (clerk or commissioner)
 in the hamlet of Sprucecliffe
 on (yyyy/mm/dd) 2011/05/30
[Signature]
 Signature of Clerk or Commissioner
2011/05/30
 Date Filed in the Clerk's Office (yyyy/mm/dd)

[Signature]
 Signature of Candidate

Table 2: Monetary contributions from unions or corporations

| Name (Legal and Carrying on Business As) | Address | President or Business Manager | Cheque Signatory | Amount |
|--|---------|-------------------------------|------------------|-----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | | Total \$ |

Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)

| Name | Address | Goods or Services | Amount |
|--|---------|-------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | Total \$ |

Total Part II Contributions

\$

Schedule 2 – Fund-Raising Function

Additional schedule for each event or activity held is/are listed on separate supplementary attachment(s)

| Date | | | Description of event or activity |
|------|----|----|----------------------------------|
| YYYY | MM | DD | |

Admission charge (per person)* (may not exceed individual contribution limit) - - - - - \$ **2A**

*If admission charge per person is not consistent, attach complete breakdown of all ticket sales.

Number of tickets sold - - - - - **2B**

Part I – Ticket Revenue

Lines: (2A) x (2B) (include in Schedule 1) - - - - - = \$

Part II – Other Revenue Deemed A Contribution

Provide full details (e.g., revenue from goods sold in excess of fair market value)

| | | | |
|--|---------|----|--------------------------------|
| 1. | - - - + | \$ | <input type="text"/> |
| 2. | - - - + | \$ | <input type="text"/> |
| 3. | - - - + | \$ | <input type="text"/> |
| 4. | - - - + | \$ | <input type="text"/> |
| 5. | - - - + | \$ | <input type="text"/> |
| 6. | - - - + | \$ | <input type="text"/> |
| 7. | - - - + | \$ | <input type="text"/> |
| 8. | - - - + | \$ | <input type="text"/> |
| Total Part II Revenue (include in Schedule 1) | | | \$ <input type="text"/> |

Part III – Other Revenue Not Deemed A Contribution

Provide full details (e.g., contributions of \$10 or less; revenue from refreshment sold at cost)

| | | | |
|--|---------|----|--------------------------------|
| 1. | - - - + | \$ | <input type="text"/> |
| 2. | - - - + | \$ | <input type="text"/> |
| 3. | - - - + | \$ | <input type="text"/> |
| 4. | - - - + | \$ | <input type="text"/> |
| 5. | - - - + | \$ | <input type="text"/> |
| 6. | - - - + | \$ | <input type="text"/> |
| 7. | - - - + | \$ | <input type="text"/> |
| 8. | - - - + | \$ | <input type="text"/> |
| Total Part III Revenue (include in Box C) | | | \$ <input type="text"/> |

Part IV – Expenses Related to Fund-Raising Function

| | | | |
|--|---------|----|--------------------------------|
| Venue - - - - - | - - - + | \$ | <input type="text"/> |
| Event advertising - - - - - | - - - + | \$ | <input type="text"/> |
| Food and drink - - - - - | - - - + | \$ | <input type="text"/> |
| Entertainment - - - - - | - - - + | \$ | <input type="text"/> |
| Other (provide full details) | | | |
| 1. | - - - + | \$ | <input type="text"/> |
| 2. | - - - + | \$ | <input type="text"/> |
| 3. | - - - + | \$ | <input type="text"/> |
| 4. | - - - + | \$ | <input type="text"/> |
| 5. | - - - + | \$ | <input type="text"/> |
| 6. | - - - + | \$ | <input type="text"/> |
| 7. | - - - + | \$ | <input type="text"/> |
| 8. | - - - + | \$ | <input type="text"/> |
| Total Part IV Expenses (include in Box C) | | | \$ <input type="text"/> |

**Schedule 3 – Inventory of Campaign Goods and Materials (from Previous Campaign)
Used in Candidate's Campaign**

| Description | Date Acquired (yyyy/mm/dd) | Supplier | Unit Value | Quantity | Total Value |
|---|-------------------------------|----------|------------|----------|-------------|
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| Total Value of Inventory from Previous Campaign Used in Candidate's Campaign | | | | | \$ |

Schedule 4 – Inventory of Campaign Goods and Materials at The End of Campaign

| Description | Date Acquired (yyyy/mm/dd) | Supplier | Unit Value | Quantity | Total Value |
|---|-------------------------------|----------|------------|----------|-------------|
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| Total Value of Inventory of Campaign Goods and Materials | | | | | \$ |

Auditor's Report

Municipal Elections Act, 1996 (Section 78)

A candidate who has received contributions or incurred expenses in excess of \$10,000 must attach an auditor's report. The report must be done in accordance with generally accepted auditing standards and must:

- set out the scope of the examination
- provide an opinion as to the completeness and accuracy of the financial statement and whether it is free of material misstatement

Professional Designation of Auditor

| | | | |
|---|------------|-------------------|-------------|
| Municipality | | Date (yyyy/mm/dd) | |
| Contact Person Last Name | | First Name | Licence No. |
| Address Suite/Unit No. | Street No. | Street Name | |
| City/Town | | Province | Postal Code |
| Telephone No. (incl. area code) ext. | Fax No. | Email Address | |



Jim B.

Financial Statement – Auditor’s Report Form 4 Municipal Elections Act, 1996 (Section 78)

Instructions

All candidates must complete Boxes A, B, C, D, E and F and Schedule 1. All candidates must complete Schedules 2, 3 and 4 as appropriate. Candidates who receive contributions or incur expenses in excess of \$10,000 must also attach an Auditor’s Report.

All surplus funds (after any refund to the candidate or his or her spouse) shall be paid immediately over to the clerk who was responsible for the conduct of the election.

For the campaign period from (day candidate filed nomination) 2010 09 03 to 2010 12 31

- Primary filing reflecting finances to December 31 (or 45th day after voting day in a by-election)
Supplementary filing including finances after December 31 (or 45th day after voting day in a by-election)

Box A: Name of Candidate and Office

Name of Candidate

Last Name: GIBSON, First Name: JAMES, Middle Initial: D

Mailing Address

Suite/Unit No., Street No.: 270, Street Name: 160N VALLEY LANE

City/Town: STONECREEK, ON, Postal Code: N0J2K0

Telephone No. (incl. area code) Business, Home: 613-586-2761, Fax No., Email Address

Name of office for which the candidate sought election: COUNCILLOR, Ward Name or No. (if any)

Name of Municipality: UNITED TOWNSHIPS OF HEAD CLARA AND MARIE

Box B: Summary of Campaign Income and Expenses

Table with 9 rows detailing campaign income and expenses, including spending limit (\$5548.25), surplus/deficit, total contributions, and total expenses.

Box C: Statement of Campaign Period Income and Expenses

| | | | | | | |
|--------------|----|----|------------|----|----|---------------|
| From YYYY | MM | DD | To YYYY | MM | DD | For Candidate |
| 2010 | 09 | 03 | 2010 | 12 | 31 | JIM GIBSON |

INCOME

| | | | |
|--|---|----|---------------------|
| Candidate's surplus from immediately preceding election released by the clerk | + | \$ | |
| Contributions from candidate | + | \$ | 100.00 |
| Contributions from spouse of candidate | + | \$ | |
| All other contributions | + | \$ | |
| Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III) | + | \$ | |
| Interest income | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Total Campaign Period Income | | | \$ 100.00 C1 |

EXPENSES (Note: include the value of contributions of goods and services)

| | | | |
|--|---|----|---------------------|
| Expenses Subject to Spending Limit | | | |
| Advertising | + | \$ | |
| Bank charges | + | \$ | |
| Brochures | + | \$ | |
| Interest on loan | + | \$ | |
| Inventory contributed to candidate's campaign (Schedule 3) | + | \$ | |
| Meetings hosted | + | \$ | |
| Nomination filing fee | + | \$ | 100.00 |
| Office expenses | + | \$ | |
| Phone and/or Internet | + | \$ | |
| Salaries and benefits/honoraria/professional fees | + | \$ | |
| Signs | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | | | \$ 100.00 C2 |

| | | | |
|--|---|----|---------------------|
| Expenses Not Subject to Spending Limit | | | |
| Accounting and audit | + | \$ | |
| Costs of fund-raising function (from Schedule 2, Part IV) | + | \$ | |
| Expenses related to compliance audit | + | \$ | |
| Expenses related to controverted elections | + | \$ | |
| Expenses related to recounts | + | \$ | |
| Voting day party / appreciation notices | + | \$ | |
| Expenses related to candidate's disability (provide details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | | | \$ C3 |
| Total Campaign Period Expenses (C2) + (C3) | | | \$ 100.00 C4 |
| Excess (Deficiency) of Income over Expenses (C1) - (C4) | | | \$ 0 |

Box D: Statement of Assets and Liabilities as at _____, 20

Assets

| | | | |
|---|---------|----|--|
| Cash | ----- + | \$ | |
| Accounts receivable | ----- + | \$ | |
| Value of inventory retained (from Schedule 4) | ----- + | \$ | |
| Other (provide full details) | | | |
| 1. | ----- + | \$ | |
| 2. | ----- + | \$ | |
| 3. | ----- + | \$ | |
| Total Assets | ----- = | \$ | |

Liabilities and Excess (Deficiency) of Income over Expenses

| | | | |
|------------------------------|---------|----|--|
| Accounts payable | ----- + | \$ | |
| Borrowings, overdraft | ----- + | \$ | |
| Other (provide full details) | | | |
| 1. | ----- + | \$ | |
| 2. | ----- + | \$ | |
| 3. | ----- + | \$ | |
| Total Liabilities | ----- = | \$ | |

Box E: Statement of Determination of Surplus or Deficit and Disposition of Surplus

Part I – Determination of Surplus or Deficit

| | | | | |
|---|---------|----|--|-----------|
| Amount of excess (deficiency) of income over expenses (from Box C) | ----- + | \$ | | E1 |
| Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction | ----- - | \$ | | E2 |
| Surplus (or deficit) for the campaign period (E1) – (E2) | ----- = | \$ | | |
| Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus) | ----- - | \$ | | |
| Total Determination | ----- = | \$ | | E3 |

Part II – Disposition of Surplus

If line E3 shows a surplus, the amount must be paid in trust, at the time the financial statements are filed, to the municipal clerk who was responsible for the conduct of the election.

Surplus paid to the municipal clerk of the municipality of _____

Box F: Declaration

I, JIM GIBSO, a candidate in the municipality of HEAD, CLARA, AND MARIA, hereby declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

Declared before (clerk or commissioner)

in the Ward of Stonecliffe
on (yyyy/mm/dd) 2011/05/20

[Signature]

Signature of Clerk or Commissioner

2011/05/20

Date Filed in the Clerk's Office (yyyy/mm/dd)

[Signature]
Signature of Candidate

Table 2: Monetary contributions from unions or corporations

| Name (Legal and Carrying on Business As) | Address | President or Business Manager | Cheque Signatory | Amount |
|--|---------|-------------------------------|------------------|-----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | | Total \$ |

Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)

| Name | Address | Goods or Services | Amount |
|--|---------|-------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | Total \$ |

Total Part II Contributions

\$

Schedule 2 – Fund-Raising Function

Additional schedule for each event or activity held is/are listed on separate supplementary attachment(s)

| Date | | | Description of event or activity |
|------|----|----|----------------------------------|
| YYYY | MM | DD | |

Admission charge (per person)* (may not exceed individual contribution limit) - - - - - \$ **2A**
 *If admission charge per person is not consistent, attach complete breakdown of all ticket sales.

Number of tickets sold - - - - - **2B**

Part I – Ticket Revenue

Lines: (2A) x (2B) (include in Schedule 1) - - - - - = \$

Part II – Other Revenue Deemed A Contribution

Provide full details (e.g., revenue from goods sold in excess of fair market value)

| | | |
|--|-------------|-------------------------|
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |
| Total Part II Revenue (include in Schedule 1) | - - - - - = | \$ <input type="text"/> |

Part III – Other Revenue Not Deemed A Contribution

Provide full details (e.g., contributions of \$10 or less; revenue from refreshment sold at cost)

| | | |
|--|-------------|-------------------------|
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |
| Total Part III Revenue (include in Box C) | - - - - - = | \$ <input type="text"/> |

Part IV – Expenses Related to Fund-Raising Function

| | | |
|--|-------------|-------------------------|
| Venue - - - - - | - - - - - + | \$ |
| Event advertising - - - - - | - - - - - + | \$ |
| Food and drink - - - - - | - - - - - + | \$ |
| Entertainment - - - - - | - - - - - + | \$ |
| Other (provide full details) | | |
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |
| Total Part IV Expenses (include in Box C) | - - - - - = | \$ <input type="text"/> |

Auditor's Report**Municipal Elections Act, 1996 (Section 78)**

A candidate who has received contributions or incurred expenses in excess of \$10,000 must attach an auditor's report. The report must be done in accordance with generally accepted auditing standards and must:

- set out the scope of the examination
- provide an opinion as to the completeness and accuracy of the financial statement and whether it is free of material misstatement

Professional Designation of Auditor

| | | | |
|---|------------|-------------------|-------------|
| Municipality | | Date (yyyy/mm/dd) | |
| Contact Person Last Name | | First Name | Licence No. |
| Address Suite/Unit No. | Street No. | Street Name | |
| City/Town | | Province | Postal Code |
| Telephone No. (incl. area code) ext. | Fax No. | Email Address | |

Instructions

All candidates must complete Boxes A, B, C, D, E and F and Schedule 1. All candidates must complete Schedules 2, 3 and 4 as appropriate. Candidates who receive contributions or incur expenses in excess of \$10,000 must also attach an Auditor's Report.

All surplus funds (after any refund to the candidate or his or her spouse) shall be paid immediately over to the clerk who was responsible for the conduct of the election.

For the campaign period from (day candidate filed nomination)

| | | |
|------|----|----|
| YYYY | MM | DD |
| 2010 | 09 | 07 |

 to

| | | |
|--------------------|----|----|
| YYYY ^{OR} | MM | DD |
| 2010 | 12 | 31 |

- Primary filing reflecting finances to December 31 (or 45th day after voting day in a by-election)
- Supplementary filing including finances after December 31 (or 45th day after voting day in a by-election)

Box A: Name of Candidate and Office

Name of Candidate

Last Name

LEID

First Name

ROBERT

Middle Initial

J.

Mailing Address

Suite/Unit No.

Street No.

Street Name

~~107~~

107

AIRPORT ROAD

City/Town

MACKAY

Province

ONT

Postal Code

K0J-2B0

Telephone No. (incl. area code)

Business

Home

613 586 9384

Fax No.

Email Address

ROBERT LEID 416 @HOTMAIL.COM

Name of office for which the candidate sought election

TOWN COUNSELLOR

Ward Name or No. (if any)

Name of Municipality

TOWNSHIP OF HEAD CLARA AND MARIA

Box B: Summary of Campaign Income and Expenses

- | | | |
|---|----|------------|
| 1. My spending limit (as issued by clerk) was | \$ | \$ 5548.25 |
| 2. Surplus (or deficit) from previous election | \$ | 0 |
| 3. Total contributions received (from Schedule 1) | \$ | 10000 |
| 4. My total campaign expenses that were subject to the spending limit were (from Box C) | \$ | |
| 5. My total campaign expenses that were not subject to the spending limit were (from Box C) | \$ | |
| 6. Total of all campaign expenses (from Box C) | \$ | |
| 7. Election campaign surplus/deficit from current election (from Box E) | \$ | |
| 8. Contributions refunded to candidate or spouse (from Box E) | \$ | 10000 |
| 9. Amount paid to clerk (from Box E) | \$ | |

Box C: Statement of Campaign Period Income and Expenses

From YYYY MM DD To YYYY MM DD
 2010 09 07 2010 10 31

For Candidate
 ROBERT KEIT

INCOME

| | | | |
|---|---|----|---|
| Candidate's surplus from immediately preceding election released by the clerk | + | \$ | 0 |
| Contributions from candidate | + | \$ | 0 |
| Contributions from spouse of candidate | + | \$ | 0 |
| All other contributions | + | \$ | |
| Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III) | + | \$ | |
| Interest income | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | 0 |
| 2. | + | \$ | |
| 3. | + | \$ | |

Total Campaign Period Income = \$ 0 C1

EXPENSES (Note: include the value of contributions of goods and services)

Expenses Subject to Spending Limit

| | | | |
|--|---|----|--------|
| Advertising | + | \$ | |
| Bank charges | + | \$ | |
| Brochures | + | \$ | |
| Interest on loan | + | \$ | |
| Inventory contributed to candidate's campaign (Schedule 3) | + | \$ | |
| Meetings hosted | + | \$ | |
| Nomination filing fee | + | \$ | 100.00 |
| Office expenses | + | \$ | |
| Phone and/or Internet | + | \$ | |
| Salaries and benefits/honoraria/professional fees | + | \$ | |
| Signs | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | = | \$ | 100.00 |

C2

Expenses Not Subject to Spending Limit

| | | | |
|--|---|----|--|
| Accounting and audit | + | \$ | |
| Costs of fund-raising function (from Schedule 2, Part IV) | + | \$ | |
| Expenses related to compliance audit | + | \$ | |
| Expenses related to controverted elections | + | \$ | |
| Expenses related to recounts | + | \$ | |
| Voting day party / appreciation notices | + | \$ | |
| Expenses related to candidate's disability (provide details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Other (provide full details) | | | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | = | \$ | |

C3

Total Campaign Period Expenses (C2) + (C3) = \$ 100.00 C4

Excess (Deficiency) of Income over Expenses (C1) - (C4) = \$

Box D: Statement of Assets and Liabilities as at _____, 20

Assets

| | | | | |
|---|-----------|---|----|--|
| Cash | - - - - - | + | \$ | |
| Accounts receivable | - - - - - | + | \$ | |
| Value of inventory retained (from Schedule 4) | - - - - - | + | \$ | |
| Other (provide full details) | | | | |
| 1. | - - - - - | + | \$ | |
| 2. | - - - - - | + | \$ | |
| 3. | - - - - - | + | \$ | |
| Total Assets | - - - - - | = | \$ | |

Liabilities and Excess (Deficiency) of Income over Expenses

| | | | | |
|------------------------------|-----------|---|----|--|
| Accounts payable | - - - - - | + | \$ | |
| Borrowings, overdraft | - - - - - | + | \$ | |
| Other (provide full details) | | | | |
| 1. | - - - - - | + | \$ | |
| 2. | - - - - - | + | \$ | |
| 3. | - - - - - | + | \$ | |
| Total Liabilities | - - - - - | = | \$ | |

Box E: Statement of Determination of Surplus or Deficit and Disposition of Surplus

Part I – Determination of Surplus or Deficit

| | | | | | |
|---|-----------|---|----|-------------------|-----------|
| Amount of excess (deficiency) of income over expenses (from Box C) | - - - - - | + | \$ | | E1 |
| Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction | - - - - - | - | \$ | | E2 |
| Surplus (or deficit) for the campaign period (E1) – (E2) | - - - - - | = | \$ | | |
| Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus) | - - - - - | - | \$ | 100 ⁰⁰ | |
| Total Determination | - - - - - | = | \$ | 100 ⁰⁰ | E3 |

Part II – Disposition of Surplus

If line **E3** shows a surplus, the amount must be paid in trust, at the time the financial statements are filed, to the municipal clerk who was responsible for the conduct of the election.

Surplus paid to the municipal clerk of the municipality of _____

Box F: Declaration

I, ROBERT REID, a candidate in the municipality of HEATH CLARA MARIA, hereby declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

Declared before (clerk or commissioner)

in the hanket of Strachette

on (yyyy/mm/dd) 2011/06/21

[Signature]
Signature of Clerk or Commissioner

[Signature]
Signature of Candidate

2011/06/21
Date Filed in the Clerk's Office (yyyy/mm/dd)

Table 2: Monetary contributions from unions or corporations

| Name (Legal and Carrying on Business As) | Address | President or Business Manager | Cheque Signatory | Amount |
|--|---------|-------------------------------|------------------|-----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | | Total \$ |

Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)

| Name | Address | Goods or Services | Amount |
|--|---------|-------------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| <input type="checkbox"/> Additional information is listed on separate supplementary attachment | | | Total \$ |

Total Part II Contributions \$

Schedule 2 – Fund-Raising Function

Additional schedule for each event or activity held is/are listed on separate supplementary attachment(s)

| Date | | | Description of event or activity |
|------|----|----|----------------------------------|
| YYYY | MM | DD | |

Admission charge (per person)* (may not exceed individual contribution limit) - - - - - \$ 0 **2A**
 *If admission charge per person is not consistent, attach complete breakdown of all ticket sales.

Number of tickets sold - - - - - **2B**

Part I – Ticket Revenue

Lines: (2A) x (2B) (include in Schedule 1) - - - - - = \$ 0

Part II – Other Revenue Deemed A Contribution

Provide full details (e.g., revenue from goods sold in excess of fair market value)

| | | |
|--|---------|-----------|
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |
| Total Part II Revenue (include in Schedule 1) | | \$ |

Part III – Other Revenue Not Deemed A Contribution

Provide full details (e.g., contributions of \$10 or less; revenue from refreshment sold at cost)

| | | |
|--|---------|-----------|
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |
| Total Part III Revenue (include in Box C) | | \$ |

Part IV – Expenses Related to Fund-Raising Function

| | | |
|--|-------------|-----------|
| Venue | - - - - - + | \$ |
| Event advertising | - - - - - + | \$ |
| Food and drink | - - - - - + | \$ |
| Entertainment | - - - - - + | \$ |
| Other (provide full details) | | |
| 1. | - - - + | \$ |
| 2. | - - - + | \$ |
| 3. | - - - + | \$ |
| 4. | - - - + | \$ |
| 5. | - - - + | \$ |
| 6. | - - - + | \$ |
| 7. | - - - + | \$ |
| 8. | - - - + | \$ |
| Total Part IV Expenses (include in Box C) | | \$ |

**Schedule 3 – Inventory of Campaign Goods and Materials (from Previous Campaign)
Used in Candidate's Campaign**

| Description | Date Acquired (yyyy/mm/dd) | Supplier | Unit Value | Quantity | Total Value |
|---|-------------------------------|----------|------------|----------|-------------|
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| Total Value of Inventory from Previous Campaign Used in Candidate's Campaign | | | | | \$ |

Schedule 4 – Inventory of Campaign Goods and Materials at The End of Campaign

| Description | Date Acquired (yyyy/mm/dd) | Supplier | Unit Value | Quantity | Total Value |
|---|-------------------------------|----------|------------|----------|-------------|
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| | | | \$ | | \$ |
| Total Value of Inventory of Campaign Goods and Materials | | | | | \$ |

Auditor's Report**Municipal Elections Act, 1996 (Section 78)**

A candidate who has received contributions or incurred expenses in excess of \$10,000 must attach an auditor's report. The report must be done in accordance with generally accepted auditing standards and must:

- set out the scope of the examination
- provide an opinion as to the completeness and accuracy of the financial statement and whether it is free of material misstatement

Professional Designation of Auditor

Municipality

Date (yyyy/mm/dd)

Contact Person
Last Name

First Name

Licence No.

Address

Suite/Unit No.

Street No.

Street Name

City/Town

Province

Postal Code

Telephone No. (incl. area code)
ext.

Fax No.

Email Address