

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
------	----	----

 to

YYYY	MM	DD
------	----	----

- 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	First Name	Middle Initial
Mailing Address		
Suite/Unit No.	Street No.	Street Name
City/Town		Province
		Postal Code
Telephone No. (incl. area code)		Fax No.
Business	Home	Email Address
Name of office for which the candidate sought election		Ward Name or No. (if any)
Name of Municipality		

Box B: Summary of Campaign Income and Expenses

1. My spending limit (as issued by clerk) was - - - - -	\$ <input style="width: 100%;" type="text"/>
2. Surplus (or deficit) from previous election - - - - -	\$ <input style="width: 100%;" type="text"/>
3. Total contributions received (from Schedule 1) - - - - -	\$ <input style="width: 100%;" type="text"/>
4. My total campaign expenses that were subject to the spending limit were (from Box C) - - -	\$ <input style="width: 100%;" type="text"/>
5. My total campaign expenses that were not subject to the spending limit were (from Box C) - -	\$ <input style="width: 100%;" type="text"/>
6. Total of all campaign expenses (from Box C) - - - - -	\$ <input style="width: 100%;" type="text"/>
7. Election campaign surplus/deficit from current election (from Box E) - - - - -	\$ <input style="width: 100%;" type="text"/>
8. Contributions refunded to candidate or spouse (from Box E) - - - - -	\$ <input style="width: 100%;" type="text"/>
9. Amount paid to clerk (from Box E) - - - - -	\$ <input style="width: 100%;" type="text"/>

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	- - - - - +	\$
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.	+	\$

Subtotal - - - - - = \$ C3

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

Table 2: Monetary contributions from unions or corporations

Name (Legal and Carrying on Business As)	Address	President or Business Manager	Cheque Signatory	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total	\$

Additional information is listed on separate supplementary attachment

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

Name	Address	Goods or Services	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			Total

Additional information is listed on separate supplementary attachment

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)

Table with columns: Date (YYYY, MM, DD) and 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)

Table with 8 rows for item details and a total row. Columns include item number, description, and amount in dollars.

Part III – Other Revenue Not Deemed A Contribution

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

Table with 8 rows for item details and a total row. Columns include item number, description, and amount in dollars.

Part IV – Expenses Related to Fund-Raising Function

Table with 7 rows for expense categories (Venue, Event advertising, Food and drink, Entertainment, Other) and a total row. Columns include category, description, and amount in dollars.

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