

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.

YYYY	MM	DD	YYYY	MM	DD
2010	01	01	2010	12	31

For the campaign period from (day candidate filed nomination)

- 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		First Name		Middle Initial	
Last Name		ERIC		E	
Mailing Address		Street Name		Postal Code	
Suite/Unit No.	Street No.	VIBERT RD RR#2		P7C 4W1	
City/Town		Thunder Bay		Province	
Telephone No. (incl. area code)		Fax No.		Email Address	
Business	Home			COLLINGSWOOD@SHAWCATH-TEL.TBAYTEL	
683-4543		935-3187			
Name of office for which the candidate sought election					
COUNSELLOR					
Name of Municipality					
OLIVER PIPESTONE					

Box B: Summary of Campaign Income and Expenses

1. My spending limit (as issued by clerk) was	- - - - -	\$ 8,908.30
2. Surplus (or deficit) from previous election	- - - - -	\$ 0
3. Total contributions received (from Schedule 1)	- - - - -	\$ 1,214.44
4. My total campaign expenses that were subject to the spending limit were (from Box C)	- - - - -	\$ 1,214.44
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)	- - - - -	\$ 1,214.44
7. Election campaign surplus/deficit from current election (from Box E)	- - - - -	\$ 0
8. Contributions refunded to candidate or spouse (from Box E)	- - - - -	\$ 0
9. Amount paid to clerk (from Box E)	- - - - -	\$ 0

Box C: Statement of Campaign Period Income and Expenses

From YYYY MM DD To YYYY MM DD For Candidate
 2010 01 01 2010 12 31 ERIC E COLLINGSWOOD

INCOME

Candidate's surplus from immediately preceding election released by the clerk + \$
 Contributions from candidate + \$ 1,114.44
 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. Nomination fee Refund + \$ 100.00
 2. + \$
 3. + \$

Total Campaign Period Income - - - - - = \$ 1,214.44 C1

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

Expenses Subject to Spending Limit
 Advertising + \$ 252.00
 Bank charges + \$ -
 Brochures + \$ 615.00
 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. Web site Domain + \$ 122.07
 2. Web site + \$ 125.32
 3. + \$
Subtotal - - - - - = \$ 1,214.44 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) - - - - - = \$ C4

Excess (Deficiency) of Income over Expenses (C1) - (C4) - - - - - = \$ 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, FAIR E. COLLINGWOOD, a candidate in the municipality of OLIVER - PAIPOONGE, 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 Oliver Paipoonge
 on (yyyy/mm/dd) Jan. 6 / 2011



Judy Jacobson
 Signature of Clerk of Municipality of Oliver Paipoonge
Jan. 6 / 2011

[Signature]
 Signature of Candidate

Date Filed in the Clerk's Office _____

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

Total \$

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)				=

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)		Fax No.	Email Address
ext.			