



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	09	07	2010	12	31

For the campaign period from (day candidate filed nomination) to

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

Box A Name of Candidate and Office

Name of Candidate  
Last Name GRAVESON First Name JOHN Middle Initial J

Mailing Address  
Suite/Unit No. 118 Street No. MAPLE Street Name STREET

City/Town THUNDER BAY Province ON Postal Code P7C 5M9

Telephone No. (incl. area code) Home (807) 9391099 Fax No. (807) 9392082 Email Address john.graveson@aol.com

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

Name of Municipality  
CITY OF THUNDER BAY

Box B Summary of Campaign Income and Expenses

1. My spending limit (as issued by clerk) was	- - - - -	\$ <u>11,408.30</u>
2. Surplus (or deficit) from previous election	- - - - -	\$ <u>0</u>
3. Total contributions received (from Schedule 1)	- - - - -	\$ <u>798.91</u>
4. My total campaign expenses that were subject to the spending limit were (from Box C)	- - - - -	\$ <u>798.91</u>
5. My total campaign expenses that were not subject to the spending limit were (from Box C)	- - - - -	\$ <u>0</u>
6. Total of all campaign expenses (from Box C)	- - - - -	\$ <u>798.91</u>
7. Election campaign surplus/deficit from current election (from Box E)	- - - - -	\$ <u>0</u>
8. Contributions refunded to candidate or spouse (from Box E)	- - - - -	\$ <u>0</u>
9. Amount paid to clerk (from Box E)	- - - - -	\$ <u>0</u>

**Box C: Statement of Campaign Period Income and Expenses**

From YYYY MM DD To YYYY MM DD For Candidate  
 MAYOR

**INCOME**

Candidate's surplus from immediately preceding election released by the clerk	+	\$
Contributions from candidate	+	\$
Contributions from spouse of candidate	+	\$ 798.91
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 = \$ 798.91 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	+	\$ 798.91
Other (provide full details)	+	\$
1.	+	\$
2.	+	\$
3.	+	\$
<b>Subtotal</b>	=	\$

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.	+	\$
<b>Subtotal</b>	=	\$

C3

**Total Campaign Period Expenses (C2) + (C3)**

= \$ 798.91 C4

**Excess (Deficiency) of Income over Expenses (C1) - (C4)**

= \$ -0-

**Box D: Statement of Assets and Liabilities as at** \_\_\_\_\_, 20

<b>Assets</b>	
Cash	\$
Accounts receivable	\$
Value of inventory retained (from Schedule 4)	\$
Other (provide full details)	
1.	\$
2.	\$
3.	\$
<b>Total Assets</b>	\$ <u>0</u>

**Liabilities and Excess (Deficiency) of Income over Expenses**

Accounts payable	\$
Borrowings, overdraft	\$
Other (provide full details)	
1.	\$
2.	\$
3.	\$
<b>Total Liabilities</b>	\$ <u>0</u>

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

<b>Part I – Determination of Surplus or Deficit</b>		
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
<b>Surplus (or deficit) for the campaign period (E1) – (E2)</b>		\$
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)		\$
<b>Total Determination</b>		\$ 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 \_\_\_\_\_

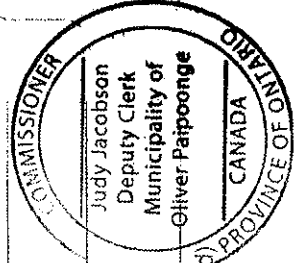
**Box F: Declaration**

I, JOHN J GRAVES, 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) 2011/03/23

Judy Jacobson  
Signature of Clerk or Commissioner

March 22, 2011  
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

	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.		-	-	+	\$
<b>Total Part II Revenue (include in Schedule 1)</b>					<b>\$</b>

**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.		-	-	+	\$
<b>Total Part III Revenue (include in Box C)</b>					<b>\$</b>

**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.		-	-	+	\$
<b>Total Part IV Expenses (include in Box C)</b>					<b>\$</b>



**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	License No.
Address Suite/Unit No.	Street No.	Street Name	
City/Town		Province	Postal Code
Telephone No. (incl. area code)		Fax No.	Email Address
		ext.	