

**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	2	15

 to 

YYYY	MM	DD
2010	12	31

- 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

CAMERON

First Name

HUGH

Middle Initial

A.

Mailing Address

Suite/Unit No.

Street No.

Street Name

49

WILLIAM

City/Town

CARDINAL

Province

ONTARIO

Postal Code

K0E 1E0

Telephone No. (incl. area code)

Business

Home 613-

657-4730

Fax No.

Email Address

RDMSTER@RIPNET.COM

Name of office for which the candidate sought election

COUNCILLOR

Ward Name or No. (if any)

WARD 1

Name of Municipality

EDWARDSBURGH/CARDINAL

**Box B: Summary of Campaign Income and Expenses**

- |   |            |
|---|------------|
| 1. My spending limit (as issued by clerk) was - - - - -   | \$ 6445.85 |
| 2. Surplus (or deficit) from previous election - - - - -  | \$ 0       |
| 3. Total contributions received (from Schedule 1) - - - - -                                     | \$ 985.77  |
| 4. My total campaign expenses that were subject to the spending limit were (from Box C) - - -   | \$ 985.77  |
| 5. My total campaign expenses that were not subject to the spending limit were (from Box C) - - | \$ 0       |
| 6. Total of all campaign expenses (from Box C) - - - - -  | \$ 985.77  |
| 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	2	15	2010	12	31	HUGH CAMERON

**INCOME**

Candidate's surplus from immediately preceding election released by the clerk	+	\$	0
Contributions from candidate	+	\$	485.77
Contributions from spouse of candidate	+	\$	500.00
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** = \$ C1

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

**Expenses Subject to Spending Limit**

Advertising	+	\$	0
Bank charges	+	\$	0
Brochures	+	\$	460.44
Interest on loan	+	\$	0
Inventory contributed to candidate's campaign (Schedule 3)	+	\$	0
Meetings hosted	+	\$	22.51
Nomination filing fee	+	\$	100.00
Office expenses	+	\$	4.52
Phone and/or Internet	+	\$	0
Salaries and benefits/honoraria/professional fees	+	\$	0
Signs	+	\$	0
Other (provide full details)			
1. POST OFFICE BROCHURE MAILING	+	\$	398.30
2.	+	\$	-
3.	+	\$	-
<b>Subtotal</b>	=	\$	<span style="border: 1px solid black; padding: 2px;">985.77</span> <b>C2</b>

**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>	=	\$	-

**Total Campaign Period Expenses (C2) + (C3)** = \$ 985.77 **C4**

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





**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				<b>Total</b> \$

**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			<b>Total</b> \$

**Total Part II Contributions**

\$
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**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)** - - - - - = \$

**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)** - - - - - = \$

**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)** - - - - - = \$

**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
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
<b>Total Value of Inventory from Previous Campaign Used in Candidate's Campaign</b>					<b>\$</b>

**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
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
<b>Total Value of Inventory of Campaign Goods and Materials</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	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	