

Instructions:

All candidates must complete Boxes A and B. Candidates who receive contributions or incur expenses beyond the nomination fee must complete Boxes C, D, Schedule 1, and Schedule 2 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
2014	07	08		2014	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

Candidate's name as shown on the ballot

Last Name

JOHNSON

Given Name(s)

EILEEN

Name of office for which the candidate sought election

COUNCILLOR

Ward name or no. (if any)

GERALDTON WARD

Name of Municipality

GREENSTONE

Spending limit issued by clerk

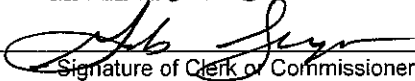
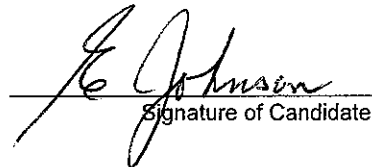
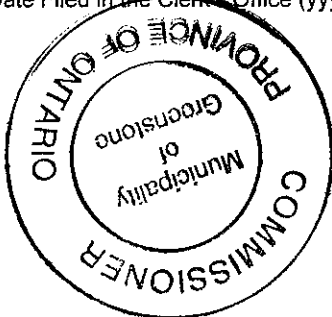
\$ 6248.65

I did not accept any contributions or incur any expenses other than the nomination fee. (Complete Box A and B only)

Box B: Declaration

I, EILEEN JOHNSON, a candidate in the municipality of GREENSTONE, 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 Greenstoneon (yyyy/mm/dd) 2015/03/26
Signature of Clerk or Commissioner2015/03/26
Date Filed in the Clerk's Office (yyyy/mm/dd)
Signature of Candidate

Box C: Statement of Campaign Income and Expenses

LOAN

Name of bank or recognized lending institution _____

Amount borrowed \$ 0

INCOME

Total amount of all contributions (From line 1A in Schedule 1)

+ \$ ~~695.72~~ *695.72 emj*

Refund of nomination filing fee

+ \$ 100.00

Sign deposit refund

+ \$ 0

Revenue from fund-raising events not deemed a contribution (From Part III of Schedule 2)

+ \$ 0

Interest earned by campaign bank account

+ \$ 0

Other (provide full details)

1. _____ + \$ 0

2. _____ + \$ 0

3. _____ + \$ 0

Total Campaign Income (Do not include loan)

= \$ 695.72 C1

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

Expenses subject to spending limit

Nomination filing fee

+ \$ 100.00

Inventory from previous campaign used in this campaign (list details in Table 5 of Schedule 1)

+ \$ 0

Advertising

+ \$ 188.36

Brochures/flyers

+ \$ 270.75

Signs (including sign deposit)

+ \$ 56.50

Meetings hosted

+ \$ 0

Office expenses incurred until voting day

+ \$ 104.99

Phone and/or Internet expenses incurred until voting day

+ \$ 0

Salaries, benefits, honoraria, professional fees incurred until voting day

+ \$ 0

Bank charges incurred until voting day

+ \$ 0

Interest charged on loan until voting day

+ \$ 0

Other (provide full details)

1. Replacement of Ink for Printer + \$ ~~31.62~~ *emj*

2. _____ + \$ 0

3. _____ + \$ 0

Total Expenses subject to spending limit

= \$ ~~695.72~~ C2 *664.10 emj*

Expenses not subject to spending limit

Accounting and audit

+ \$ /

Cost of fund-raising events/activities (list details in Part IV of Schedule 2)

+ \$ /

Voting day party/appreciation notices

+ \$ /

Office expenses incurred after voting day

+ \$ 31.62

Phone and/or Internet expenses incurred after voting day

+ \$ /

Salaries, benefits, honoraria, professional fees incurred after voting day

+ \$ /

Bank charges incurred after voting day

+ \$ /

Interest charged on loan after voting day

+ \$ /

Expenses related to recount

+ \$ /

Expenses related to controverted election

+ \$ /

Expenses related to compliance audit

+ \$ /

Expenses related to candidate's disability (provide full details)

1. _____ + \$ /

2. _____ + \$ /

3. _____ + \$ /

Other (provide full details)

1. _____ + \$ /

2. _____ + \$ /

3. _____ + \$ /

Total Expenses not subject to spending limit

= \$ 31.62 C3

Total Campaign Expenses (C2 + C3)

= \$ 695.72 C4

Box D: Calculation of Surplus or Deficit

Excess (deficiency) of income over expenses (Income – Total Expenses)
(C1 – C4)

+ \$ 0 D1

Eligible deficit carried forward by the candidate from the last election

- \$ 0 D2

Total (D1 – D2)

= \$ 0

If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign

- \$ 0

Surplus (or deficit) for the campaign

= \$ 0 D3

If line D3 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.

Amount of \$ 0 paid to municipal clerk in the municipality of _____.

Schedule 1 - Contributions

Part I - Summary of Contributions

Contribution from candidate (include the value of inventory listed in Table 5)

+ \$ 695.72

Contribution from spouse

+ \$ /

Total value of contributions not exceeding \$100 per contributor

- Include ticket revenue, contributions in money, goods and services where the total contribution from a contributor is \$100 or less (do not include contributions from candidate or spouse).

+ \$ /

Total value of contributions exceeding \$100 per contributor (from line 1B; list details in Tables 1 - 4)

- Include ticket revenue, contributions in money, goods and services where the total contribution from a contributor exceeds \$100 (do not include contributions from candidate or spouse).

+ \$ /

Less: Contributions returned or payable to the contributor

- \$ /

Contributions paid or payable to the clerk, including contributions from anonymous sources exceeding \$10

- \$ /

Total Amount of Contributions (Record in Box C)

= \$ 695.72 1A


Part II - List of Contributions from Each Single Contributor Totalling more than \$100

Table 1: Monetary contributions from individuals other than candidate or spouse

Name	Full Address	Amount \$
Ø	Ø	Ø

Name	Full Address	Description of Goods or Services	Value \$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment		Total	

Table 4: Contributions in goods or services from corporations or unions (Note: must also be recorded as expenses in Box C)

Name of Corporation (Legal and Carrying on Business As)	Full Address	President or Business Manager	Authorized Representative	Description of Goods or Services	Value \$
					


Additional information is listed on separate supplementary attachment

Total _____

Total Part II Contributions (Add Totals from Tables 1-4) (Record in Part I - Summary) \$ _____ **1B**

Part III - Inventory

Table 5: Inventory of Campaign Goods and Materials from Previous Campaign used in this Campaign
(Note: value must be recorded as a contribution from the candidate and as an expense)

Description	Date Acquired (yyyy/mm/dd)	Supplier	Current Market Value \$	Quantity	Total Value \$
					

Description	Date Acquired (yyyy/mm/dd)	Supplier	Current Market Value \$	Quantity	Total Value \$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment					Total

Schedule 2 – Fundraising Events and Activities

Fundraising Event/Activity

Complete a separate schedule for each event or activity held

Additional schedule(s) attached

Description of fundraising event/activity none

Date of event/activity (yyyy/mm/dd) none

Part I – Ticket Revenue

Admission charge (per person)

(If there are a range of ticket prices, attach complete breakdown of all ticket sales)

Number of tickets sold

Total Ticket Revenue (2A X 2B) (Include in Schedule 1)

+	\$	<u>0</u>	2A
X		<u> </u>	2B
			= \$ <u>0</u>

Part II – Other revenue deemed a contribution

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

1.	_____	+	\$	<u> </u>
2.	_____	+	\$	<u> </u>
3.	_____	+	\$	<u> </u>
4.	_____	+	\$	<u> </u>
5.	_____	+	\$	<u> </u>

Total Part II Revenue (include in Schedule 1)

= \$ 0

Part III – Other revenue not deemed a contribution

(provide details (e.g. contributions of \$10 or less; market value of goods or services sold))

1.	_____	+	\$	<u> </u>
2.	_____	+	\$	<u> </u>
3.	_____	+	\$	<u> </u>
4.	_____	+	\$	<u> </u>
5.	_____	+	\$	<u> </u>

Total Part III Revenue (include in Box C)

= \$ 0

Part IV – Expenses related to fundraising event or activity (provide details)

1.	_____	+	\$	<u> </u>
2.	_____	+	\$	<u> </u>
3.	_____	+	\$	<u> </u>
4.	_____	+	\$	<u> </u>
5.	_____	+	\$	<u> </u>
6.	_____	+	\$	<u> </u>
7.	_____	+	\$	<u> </u>
8.	_____	+	\$	<u> </u>

Total Part IV Expenses (include in Box C)

= \$ 0

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

N/A

A candidate who has received contributions or incurred expenses in excess of \$10,000 must attach an auditor's report.

Professional Designation of Auditor

Municipality

Date (yyyy/mm/dd)

Contact Information

Last Name

First Name

Licence Number

Address

Suite/Unit No.

Street No.

Street Name

City/Town

Province

Postal Code

Telephone No. (including area code)
ext.

Fax No.

Email Address

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

 Report is attached

Personal information, if any, collected on this form is obtained under the authority of sections 78 and 95 of the *Municipal Elections Act, 1996*. Under section 88 of the *Municipal Elections Act, 1996* (and despite anything in the *Municipal Freedom of Information and Protection of Privacy Act*) documents and materials filed with or prepared by the clerk or any other election official under the *Municipal Elections Act, 1996* are public records and, until their destruction, may be inspected by any person at the clerk's office at a time when the office is open. Campaign financial statements shall also be made available by the clerk in an electronic format free of charge upon request.

TRANSACTION RECORD
MUNICIPALITY OF GREENS
1800 MAIN STREET POT1MO
GERALDTON ON
22355396

|||| PURCHASE ||||

07-08-2014 13:49:53
Acct # *****9174 C
Account Chequing Card Type DP
A0000002771010 INTERAC

Trace # 410003
FS2235539601
Auth # 008476 RRN 001725003

Total \$100.00

(00) APPROVED-THANK YOU

Retain this copy for your
records
Customer copy

ELECTION

Campaign
Receipts

Copies to Clerk

Originals Kept

STAPLES Canada
Store # 37
767 Memorial Ave
Thunder Bay, ON P7B3Z7
807-343-2506

Sale 00094 4 004 09752
0037 11/21/14 02:02

ENTER TO WIN!

\$1,000 STAPLES SHOPPING SPREE

Staples listens and values your feedback.
Tell us how we did today!

Visit www.StaplesListens.ca

Your Survey Code: Barcode at the bottom
Expires: 11/28/2014

AIR MILES Number : *****5050

1725820

1 HP #564 BLACK INK
883585829729 13.99H

1 HP #564 BLACK INK
883585829729 13.99H

Subtotal 27.98

HST 13.00% 3.64

Total \$31.62

Visa 31.62

*****8349

Visa M Purchase

Authorization Number 755979

0010014940 9752 66164547

94 11/21/14 14:02:17

01/027 APPROVED - THANK YOU

Thank you for shopping at STAPLES!

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HST No. 126152586



0 0 3 7 1 1 2 1 1 4 0 9 7 5 2 0 4

STAPLES Canada
Store # 37
767 Memorial Ave
Thunder Bay, ON P7B3Z7
807-343-2506

Sale 00093 3 003 04838
0037 08/21/14 01:16

AIR MILES Number : *****5050

9999999

1 TZAF231 LABEL TAPE
012502629481 27.92H

1 HP 564CMY/564XL BK
886112313890 60.99H

1 MICRO BINDER ASST
718103205535 2.00H

1 MICRO BINDER ASST
718103205535 2.00H

Subtotal 92.91

HST 13.00% 12.08

Total \$104.99

Debit 104.99

*****9174 Purchase

Interac C CHEQUING

Authorization Number 006397

0010012100 4838 66164548

93 08/21/14 13:16:45

00/001 APPROVED - THANK YOU

INTERAC A0000002771010

8080008000 6800

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0 0 3 7 0 8 2 1 1 4 0 4 8 3 8 0 3

Canada Post / Postes Canada
 GERALDTON PO
 106 FIRST ST N
 GERALDTON POTIM0
 GST/TPS#: 119321495

2014/10/20 03:56:55 me
 CC/CC451290 W/G1 TR473098

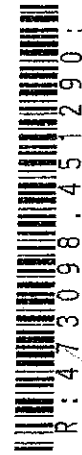
ADS No. 0054837278 \$123.20
 ONH 13%
 Std. Unad. Adm. 50g \$16.02
 800 (0.006g) pieces @ \$0.154000 \$139.22

SUBTIL \$123.20
 HST \$16.02
 TOTAL \$139.22

Debit Card \$139.22
 Card Number *****9174
 CHG, DUE \$0.00
 RND, CHG. \$0.00

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Your opinion matters and we want to hear about your post office experience. Enter to win 1 of 5 \$50 Prepaid Visa Cards. For complete terms and conditions, Go to www.canadapost.intouchinsight.com



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Unaddressed Admail **Canada Postes**

Feuille de dépôt **Media poste sans adresse**

Upon receipt or/ou sur réception

Delivery Start Date / Date de livraison: **2014/10/20**

Customer Identification / **Identification du client**
 Customer Name / Nom du client: **21007 Johnson Box 1100**
 Expédié par (Name and complete address) / (Nom et adresse complète): **21007 Johnson Box 1100**
 Customer/Act No. / N° du client/compte: **1**

Mailed by / **Expédié par**
 Customer/Act No. / N° du client/compte: **1**
 Expédié par (Name and complete address) / (Nom et adresse complète): **21007 Johnson Box 1100**

Title of mail piece / **Titre de l'article**
 Version: Version spécifique
 Bureau de paiement: **451290**

Weight per item (g) / **Poids par article (g)**: **0.00**
 Number of containers / Nombre de conteneurs: **1**
 Number of bundles / Nombre de bandes: **1**

Item Description / **Description de l'article**
 Item Description / Description de l'article: **Couverture - Indiquez le mode de distribution: Appartements, Fermes, Businesses**

FOR CPC USE ONLY
 Signature: **0054837278**
 Date: **2014/10/20**

Control Number / **Numero de controle**: **0054837278**

M008340718

Meter Serial No. N° de série de la machine à affranchir

Publications Mail™
Poste-publications™

Intl. Letter-post™
Poste aux lettres du rég. intern.™

Addressed Admail™
Média poste sans adresse™

Lettermail™
Poste-lettres™

Mailed on behalf of (Sold to) Name
Posté en nom de (Vendu à) Nom

Customer No. N° du client
Agreement No. N° de la convention
Paid by No. Payé par le N°

Issue Date / Date de publication
Year / Année
Expiry Date / Date d'expiration
Year / Année

Address Accuracy / Exactitude des adresses
Continuous Inbound Freight / Acheminement continu de marchandises d'arrivée

Delivery Mode / Mode de livraison
Audit Character / Caractère de l'audit
Your Reference Name or No. / Votre nom ou n° de référence

Hard sided / Parois rigides
Flat Tub / Cont. à grands côtés plats

Option de paiement
1 Cour. affranchi à la machine
2 Compt. 3 Espèces 4 Autre

Small bags / Petites sacs
Large bags / Grands sacs
Canevas / Toile

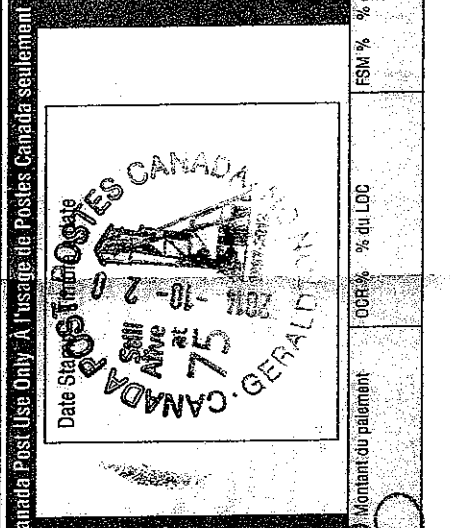
Monos Mono. Shids Palettes
Fibrans

Containers / Conteneurs

1	2	3	4	5	6	7	8
2000							
4860							
0.154							
Total Volume / Volume total							
Total Weight / Poids total							

Canada Post Use Only / À l'usage de Postes Canada seulement

Phantom Compensable
Number of items / Nombre d'articles
Price / Tarif
Address Accuracy Adjustment / Ajustement-exactitude des adresses
Manual Order processing fee / Frais applicable à une commande préparée manuellement
Less total Metered Postage / Moins le total-machine à affranchir
Sub-total
GST/ST
PST
Total amount due to Canada Post / Montant total dû à Postes Canada



Scan/Balayer
M008340718
Date of Mailing / Date de l'envoi
Year / Année
Month / Mois
Day / Jour

ORDER (Statement of Mailing)
COMMANDE (Déclaration de dépôt)

Lettermail™
 Postes-lettres™
 Addressed Admail™
 Médiaposte avec adresse™
 Unaddressed Admail™
 Médiaposte sans adresse™
 Intl. Letter-post™
 Poste aux lettres du rég. intern.™
 Publi-Poste

Customer Information / **Renseignements sur le client**
 Mailing by (Company Name) / Expédié par (Nom de l'entreprise): *Canada Post*
 Address / Adresse: *12345 Main St, Toronto, ON M5H 1A1*
 Contact Name / Personne-ressource: *John Doe*
 Telephone No. / No. de téléphone: *416-123-4567*
 Postal Code / Code postal: *M5H 1A1*
 Customer No. / N° du client: *123456789*
 Mailed on behalf of (Sold to) Name / Posté au nom de (Vendu à) Nom: *Canada Post*
 Customer No. / N° du client: *987654321*

Mailing / **Dépôt**
 Full Mailing / Dépôt entier:
 Partial Mailing / Dépôt partiel:
 Drop No. / N° de chute: *1*
 Date of Mailing / Date de l'envoi: *2010-10-01*
 Year / Année: *2010*
 Month / Mois: *10*
 Day / Jour: *01*
 Payment Option / Option de paiement:
 Metered Mail / Cour affranchi à la machine
 Cour affranchi à la machine
 Cash / Compte
 Other / Autre
 Title of publication / Titre de la publication: *Canada Post Catalogue*
 Account / Compte: *123456789*
 Delivery Mode / Mode de livraison: *Surface Mail*
 Code du vérificateur / Code de vérification du mode de livraison: *123456789*

Item	Article	Description du service (voir la légende)	Number of articles	Net Weight (Kg)	Poids net (kg)	Price per Item (g) * (see reverse)	Tarif de l'article (g) * (voir au verso)	Weight Price ** (see reverse)	Tarif au poids ** (voir au verso)	Transportation Volume	Volume à transporter	Transportation Price per Item	Frais de transport à l'article	Total (\$)	Total (\$)
1		Conteneurs Conteneurs	1	4.866	4866	0.154	0.154								
2			2												
3			3												
4			4												
5			5												
6			6												
7			7												

Canada Post Use Only / **À l'usage de Postes Canada seulement**
 Scan/Balayer: *M008340718*
 Date Stamp / Date de dépôt: *2010 OCT 01*
 Phantom Compensatoire / Nombre of Items / Nombre: *1*
 Address Accuracy Adjustment / Frais: *0.00*
 Manual Order processing fee / Frais: *0.00*
 Less total Metered Postage / Moins: *0.00*
 Sub-total / Total: *0.00*
 GST/HST / TPS: *0.00*
 PST / T.P.S.: *0.00*
 Total amount due to Canada Post / Montant total dû à Postes Canada: *0.00*

Payment by / Paiement par: Cheque / Cash / Credit Card / Debit Card / Interac / Other / Autre
 Signature / Signature autorisée du client: *[Signature]*
 Date / Date: *2010-10-01*
 Time / Heure: *10:00*

CANADA POST		POSTES CANADA		En français sans adresse		Médiaposte sans adresse		Non receipt / Sur réception		Start Date / Date de livraison	
Customer Identification Customer Name / Nom du client				Identification du client Customer/Acct No. / N° du client/compte				Delivery Instructions Delivery Office Address / Adresse du bureau de livraison			
Mailed by / Expédié par				Customer/Acct No. / N° du client/compte				FSA(s), Delivery Mode(s) and numbers(s) / RTA, mode(s) de livraison et numéro(s)			
Eileen Johnson, Box 122				451290				Beraldton ON P1M0			
Beraldton ON P1M0				Version specific / Version spécifique				All FSAs, Delivery Modes and numbers / Tous les RTA, modes de livraison et numéros			
Title of mail piece / Titre de l'article				Statement of Mailing No. / N° de déclaration de dépôt				Coverage - Indicate if delivery required to: / Couverture - Indiquez le mode de distribution:			
File cross				451290				Houses / Domiciles			
Weight per item (g) / Poids par article (g)				Items per bundle / Articles par liasse				Magazine, catalogue, brochure / Périodique, catalogue, dépliant			
-000				2000				Sample / Échantillon			
Control Number / Numéro de contrôle				FOR CPC USE ONLY / À L'USAGE DE LA SCP SEULEMENT				Delivery completed / Livraison complétée			
0054837278				Receipt - Office of Delivery / Réception - Bureau de livraison				Signature / Signature			

40-076-527(00-02) **Mailler Copy** **Copie de l'expéditeur** 1

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Debit Card
Card Number *****9174
CHG. DUE \$0.00
RND. CHG. \$0.00

SUBTL \$123.20
HST \$16.02
TOTAL \$139.22

Canada Post / Postes Canada
GERALDTON PO
106 FIRST ST N
GERALDTON P0T1M0
GST/TPS#: 119321495

2014/10/20 03:56:55
CC/CC451290 W/G1 TR473098

RRN 001001251

Invoice Auth # 002791
Term Id CPH045129001
Merchant ID# 20503607

Account 14/10/20/15:56:31
Card # *****9174 C

Total \$139.22CAD
Purchase
00 APPROVED-THANK YOU

TRANSACTON RECORD
2014/10/20 03:56:50
CC/CC451290 W/G1 TR473098

Canada Post / Postes Canada
GERALDTON PO
106 FIRST ST N
GERALDTON P0T1M0
GST/TPS#: 119321495

me TR473098

Retain this copy for your records.

Customer Copy/Copie du client

ASTROCOM CABLEVISION INC.

P.O. BOX 910
GERALDTON, ONTARIO
P0T 1M0
PHONE: 854-1569

STATEMENT

*EILEEN JOHNSON
Box 1122
GERALDTON, ONT.
P0T 1M0*

ACCT. NO.	DATE
<i>40-0035</i>	<i>10/28/14</i>

\$ _____ ◀ AMOUNT REMITTED

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

DATE	INVOICE NO.	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
<i>10/28/14</i>	<i>40-0035</i>	<i>CH. #13 AD "THANK YOU" HST</i>	<i>\$ 10.00 \$ 1.30</i>		
<i>11/20/14</i>		<i>THIS IS JUST A REMINDER THANKS EILEEN.</i>			<i>Ad in full S. Sumar</i>
		<i>HST #100312586RT</i>			
CURRENT		30 DAYS OVERDUE	60 DAYS OVERDUE	90 DAYS OVERDUE	AMOUNT DUE
<i>\$ 11.30</i>					<i>\$ 11.30</i>

ASTROCOM CABLEVISION INC.

PLEASE PAY THIS AMOUNT →

ASTROCOM CABLEVISION INC.

P.O. BOX 910
GERALDTON, ONTARIO
POT 1M0
PHONE: 854-1569

STATEMENT

*EIKEEN JOHNSON
Box 1122
GERALDTON, ONT.
POT 1M0*

ACCT. NO.	DATE
<i>40-0035</i>	<i>09/29/14</i>

\$ _____ AMOUNT REMITTED

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

DATE	INVOICE NO.	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
<i>09/29/14</i>	<i>40-0035</i>	<i>CH. #13 AD "CANDIDATE" SEPT. 18 - OCT. 27/14 HST</i>	<i>\$ 33.50 \$ 4.36</i>		
<i>11/20/14</i>		<i>THIS IS JUST A REMINDER. THANKS EIKEEN. HST #10031 2586RT</i>			<i>Pd in full Emmas</i>
CURRENT		30 DAYS OVERDUE	60 DAYS OVERDUE	90 DAYS OVERDUE	AMOUNT DUE
<i>\$ 37.86</i>					<i>\$ 37.86</i>

ASTROCOM CABLEVISION INC.

PLEASE PAY THIS AMOUNT →

Ron's Signs & Graphics
104 Court Street
Box 695
Longlac ont. P0T2A0
ph. 807-876-2946
cell 807-854-7858

Invoice

DATE

Sept. / 2014

Eileen Johnson
box 1122
Geraldton P0TIM0

SHIP
TO:

1) set of window signs - elections

*Pain full
Sat Oct 4/14
Cash*

1) set of window signs - elections	
<i>Pain full Sat Oct 4/14 Cash</i>	
Total	50.00
HST	6.50
Total	56.50



720 N. MAY STREET * THUNDER BAY * ON * P7C 3R9

ph: 807 622-4007 * fax: 807 622-2774 * toll free: 1-877-485-7767
web: www.printprosplus.com * email: info@printprosplus.com

INVOICE

Eileen Johnson Campaign
Geraldton ON

Account Number	1
Invoice Number	34392
Invoice Date	8/19/2014
P.O. Number	

Contact:	Eileen Johnson	Phone:	807-853-2413	Fax:	
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QUANTITY	DESCRIPTION	AMOUNT
1,000	Printing - Black and white Brochure No Bleed / LetterFolded, 8.5 x 11 white 70# Cougar SuperSmooth Smooth, printed 1 color front in Black ink, 1 color back in Black ink	239.60

Pat in full orig

Sales Rep: steve Please pay from this invoice Thank you! GST # 13980-4421	File Originals Election Brochures - B&W Deposit 1: 80.00 (or card)	SUBTOTAL	239.60
		TAX	31.15
		SHIPPING	
		ROUNDING	
		TOTAL	270.75
		AMOUNT DUE	0.00