

**Financial Statement - Auditor's Report
Form 4**

Municipal Elections Act, 1996 (Section 78)

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	29		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

McPherson

Given Name(s)

James Ian

Name of office for which the candidate sought election

Councillor

Ward name or no. (if any)

Longac

Name of Municipality

Greenstone

Spending limit issued by clerk

\$ 5736.00

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

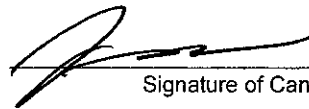
Box B: Declaration

I, James Ian McPherson, 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) 2015/02/27

Signature of Clerk or Commissioner



Signature of Candidate

2015/02/27
Date Filed in the Clerk's Office (yyyy/mm/dd)



Box C: Statement of Campaign Income and Expenses

LOAN

Name of bank or recognized lending institution _____

Amount borrowed \$ _____

INCOME

Total amount of all contributions (From line 1A in Schedule 1) + \$ 225.00
Refund of nomination filing fee + \$ 100.00
Sign deposit refund + \$ _____
Revenue from fund-raising events not deemed a contribution (From Part III of Schedule 2) + \$ _____
Interest earned by campaign bank account + \$ _____
Other (provide full details) _____
1. _____ + \$ _____
2. _____ + \$ _____
3. _____ + \$ _____
Total Campaign Income (Do not include loan) = \$ 325.00 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) + \$ _____
Advertising + \$ _____
Brochures/flyers + \$ 195.05
Signs (including sign deposit) + \$ _____
Meetings hosted + \$ _____
Office expenses incurred until voting day + \$ _____
Phone and/or Internet expenses incurred until voting day + \$ _____
Salaries, benefits, honoraria, professional fees incurred until voting day + \$ _____
Bank charges incurred until voting day + \$ 11.70
Interest charged on loan until voting day + \$ _____
Other (provide full details) _____
1. _____ + \$ _____
2. _____ + \$ _____
3. _____ + \$ _____
Total Expenses subject to spending limit = \$ 306.75 C2

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 + \$ _____
Phone and/or Internet expenses incurred after voting day + \$ _____
Salaries, benefits, honoraria, professional fees incurred after voting day + \$ _____
Bank charges incurred after voting day + \$ 7.80
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 = \$ 7.80 C3

Total Campaign Expenses (C2 + C3) = \$ 314.55 C4

Box D: Calculation of Surplus or Deficit

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

+ \$ 10.45 D1

Eligible deficit carried forward by the candidate from the last election

- \$ _____ D2

Total (D1 - D2)

= \$ 10.45

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

- \$ 10.45

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

Name	Full Address	Amount \$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment		Total

Table 2: Monetary contributions from corporations or unions

Name (Legal and Carrying on Business As)	Full Address	President or Business Manager	Authorized Representative	Amount \$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment				Total

Table 3: Contributions in goods or services from individuals other than candidate or spouse
 (Note: must also be recorded as expenses in Box C)

Name	Full Address	Description of Goods or Services	Value \$

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

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 _____

Date of event/activity (yyyy/mm/dd) _____

Part I – Ticket Revenue

Admission charge (per person)

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

+ \$ _____ 2A

Number of tickets sold

X _____ 2B

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

= \$ _____

Part II – Other revenue deemed a contribution

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

1. _____ + \$ _____

2. _____ + \$ _____

3. _____ + \$ _____

4. _____ + \$ _____

5. _____ + \$ _____

Total Part II Revenue (include in Schedule 1)

= \$ _____

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. _____ + \$ _____

2. _____ + \$ _____

3. _____ + \$ _____

4. _____ + \$ _____

5. _____ + \$ _____

Total Part III Revenue (include in Box C)

= \$ _____

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

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.

Statement of Mailing / Déclaration de dépôt

Lettermail / Poste-lettres Addressed Admail / Médiaposte avec adresse Publications Mail / Poste-publications Unaddressed Admail / Médiaposte sans adresse Int. Letter-post / Poste aux lettres du rég. int. Catalogue Mail / Catalogues

M002904601

Customer Information / Renseignements sur le client

Mailed by (Company Name) / Expédié par (Nom de l'entreprise): JAMES McPHERSON
 Customer No. / N° du client: [blank]
 Customer Name (Mailed on behalf of) / Nom du client (expédié au nom de): N/A
 Agreement No. / N° de la convention: [blank]
 Customer/Account No. / N° du client/compte: [blank]

Address / Adresse: Box 8110, Longlac, ON, P0T2A0
 Postal Code / Code postal: P0T2A0
 Publication Title / Titre de la publication: Election Info
 Issue Date / Date de parution: [blank]
 P.A.P. Registration No. / N° d'entr. du P.A.P.: [blank]
 Address Accuracy / Exactitude des adresses: [blank]
 Expiry Date / Date d'expiration: [blank]

Contact Name / Personne-ressource: J. McPherson
 Telephone No. / N° de téléphone: 876
 Date of Mailing / Date de l'envoi: 2 0
 Method of Payment / Mode de paiement: 1 Meter Impression / Empreintes d'affranchissement
 Delivery Mode / Code de vérification du mode de livraison: [blank]
 Continuous Inbound Freight / Acheminement continu de marchandise d'arrivée: [blank]

Mailing / Dépôt

Full Mailing / Dépôt entier Partial Mailing / Dépôt partiel
 Drop No. / N° de chute: [blank]
 Containers / Conteneurs: [blank]
 Skids / Palettes: [blank]
 Small bags / Petits sacs: [blank]
 Large bags / Grands sacs: [blank]
 Hard sided / Cont. à lettres: [blank]
 Parois rigides: [blank]
 Your Reference No. / Votre n° de référence: [blank]

Item / Article	1	2	3	4	5	6	7	8	Total Volume / Volume total
Service Description / Description du service (voir la légende)									
Number of pieces / Nombre de pièces	350								
P.A.P. Number of pieces / Nombre de pièces-P.A.P.									
Weight per piece (g) * / Poids de la pièce (g) * (voir au verso)									
Net Weight (Kg) / Poids net (kg)									
Price per piece / Tarif à la pièce	154								
Weight Price ** / Tarif au poids ** (voir au verso)									
Metered Rate / Tarif-machine à affranchir									
Transportation Volume / Volume à transporter	N/A								
Transportation Price per piece / Frais de transport à la pièce	38.50								
Total (\$) / Total (\$)									\$ 10.100

The Customer warrants that this mailing does not contain dangerous goods and otherwise complies with the terms and conditions on the reverse.

Le client garantit que cet envoi ne contient pas de matières dangereuses et qu'il est conforme aux conditions indiquées au verso.

Authorized Customer Signature including, if applicable, P.A.P. authorization (see reverse)

Signature autorisée du client incluant, le cas échéant, l'autorisation au P.A.P. (voir au verso)

X [Signature]

Legend - Service Description / Légende pour la description des services
Lettermail / Poste-lettres
MC Machineable / Mécanisable
LDP Low Density Presort / Tri préliminaire-faible densité
HDP High Density Presort / Tri préliminaire-haute densité
Addressed Admail and Publications Mail / Médiaposte avec adresse et Poste-publications
MC Machineable
DF LCP - Delivery Facility / TPIF Installation de livraison
RES LCP - Residue / TPIF Résiduaire
DMD LCP - Delivery Mode Direct / TPIF Mode de livraison directe
DCF LCP - DCF / TPIF CDP
NDG NDG Presort / Tri préliminaire PNIA

Phantom Compensatoire	Number of pieces / Nombre de pièces	Price / Tarif
Address Accuracy Adjustment / Rajustement- exactitude des adresses	X	\$
Less total Metered Postage / Moins le total- machine à affranchir		\$
Sub-total / Total partiel		\$
GST/HST / TPS/TVH		\$
PST / TVP		\$
Total amount due to CPC / Montant total dû à la SCP		\$ 10.100
Requested P.A.P. Subsidy from DCH / Subvention P.A.P. demandée au MRC		\$ 0.00
Amount net of subsidy / Montant dû moins la subvention		\$ 10.100

CPC Use Only / À l'usage de la SCP seulement

Outlet No. / N° de l'établissement: [blank]
 Cheque No. / N° du cheque: [blank]
 Cheque Amount / Montant du cheque: [blank]
 OCR % / % du LOC: [blank]
 FSM % / % de la MTGOF: [blank]
 Accepted and Verified by / Accepté et vérifié par: [Signature]



c/o PIETSCH GROUP INC

P.O. Box 340 • 401 Main St.
Geraldton, ON • P0T 1M0
PHONE: (807) 854-1919
FAX: (807) 854-1682

NAME <i>Jamae McPherson</i>		DATE	
ADDRESS		<i>00115/14</i>	
		POSTAL CODE	
QTY	ITEM	PRICE	
<i>1</i>	<i>250 Campaign Brochure</i>	<i>135</i>	<i>00</i>
SALES ORDER		SUBTOTAL	<i>135</i> <i>00</i>
		HST	<i>17</i> <i>55</i>
		TOTAL	<i>152</i> <i>55</i>
INVOICE #			
HST #844125948			