

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) 2014 07 29 to 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

M'Pherson

Given Name(s)

Lillian Ester

Name of office for which the candidate sought election

Trustee English Separate

Ward name or no. (if any)

Name of Municipality

Greenstone

Spending limit issued by clerk

\$ 5124.95

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, Lillian Ester M'Pherson, 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.

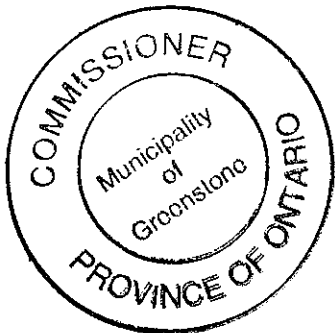
Declared before (clerk or commissioner)

in the Municipality of Greenstone on (yyyy/mm/dd) 2015/02/27

Signature of Clerk of Commissioner

Signature of Candidate

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



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)

+ \$ 325.00

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

+ \$ 196.06

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

= \$ 307.76 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)

= \$ 315.56 C4

Box D: Calculation of Surplus or Deficit

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

+ \$ 9.44 D1

Eligible deficit carried forward by the candidate from the last election

- \$ _____ D2

Total (D1 – D2)

= \$ 9.44

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

- \$ 9.44

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 _____.

Schedule 1 - Contributions

Part I - Summary of Contributions

Contribution from candidate (include the value of inventory listed in Table 5) + 225.00
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) = \$ 225.00 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 \$

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

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 _____

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)
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Contact Information

Last Name	First Name	Licence Number
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Address		
Suite/Unit No.	Street No.	Street Name

City/Town	Province	Postal Code
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Telephone No. (including area code) ext.	Fax No.	Email Address
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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

M002904604

Customer Information / Renseignements sur le client

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

Address / Adresse: Box 816 Langlois
 Postal Code / Code postal: R0T2A0
 Publication Title / Titre de la publication: Schoolboard Election
 Issue Date / Date de parution: 2014 10 16
 PAP Registration No. / N° d'enr. du PAP:
 Address Accuracy / Exactitude des adresses:
 Expiry Date / Date d'expiration:

Contact Name / Personne-ressource: Dan
 Telephone No. / N° de téléphone:
 Date of Mailing / Date de l'envoi: 20 14 10 16
 Method of Payment / Mode de paiement: 2
 Delivery Mode / Code de vérification du mode de livraison:
 Continuous Inbound Freight / Acheminement continu de marchandise d'arrivée:

Item / Article	Description / Description du service	Containers / Conteneurs		Small bags / Petits sacs		Large bags / Grands sacs		Hard sided / Parois rigides		Your Reference No. / Votre n° de référence	
		Drop No. / N° de chute	of / de	Fabrene	Canvas / Toile	Fabrene	Canvas / Toile	Lettercarrier / Cont. à lettres	Flats Tub / Cont. à grands objets plats		
Service Description (see legend)	Description du service (voir la légende)	1									
Number of pieces	Nombre de pièces	250	216 c								Total Volume / Volume total
PAP-Number of pieces	Nombre de pièces-PAP										Total Volume / Volume total
Weight per piece (g) *	Poids de la pièce (g) *										Total Weight / Poids total
Net Weight (Kg)	Poids net (kg)										Total Weight / Poids total
Price per piece	Tarif à la pièce		154								
Weight Price **	Tarif au poids **										
Metered Rate	Tarif-machine à affranchir										
Transportation Volume	Volume à transporter										
Transportation Price per piece	Frais de transport à la pièce										
Total (\$)	Total (\$)		38.50								\$ 38.50

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, PAP authorization) (see reverse)

Signature autorisée du client (incluant, le cas échéant, l'autorisation au PAP (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 / Mécanisable	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
See back for additional codes / Voir au verso les codes supplémentaires		

Phantom Compensatoire	Number of pieces / Nombre de pièces	Price / Tarif
Address Accuracy Adjustment	Rajustement- exactitude des adresses	\$
Less total Metered Postage	Moins le total- machine à affranchir	\$
Sub-total	Total partiel	\$
GST/HST	TPS/TVH	\$ 5.01
PST	TVP	\$
Total amount due to CPC	Montant total dû à la SCP	\$ 43.51
Requested PAP Subsidy from DCH	Subvention PAP demandée au MPC	\$
Amount net of subsidy	Montant dû moins la subvention	\$

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

Outlet No. / N° de l'établissement:
 Cheque No. / N° du chèque:
 Cheque Amount / Montant du chèque:
 OCR % / % du LOC:
 FSM % / % de la MTGDP:
 Accepted and Verified by / Accepté et vérifié par:
 Employee No. / N° de l'employé:
 Initials / Initiales:



C/O PIETSCH GROUP INC.

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

NAME <i>Lillian McPherson</i>		DATE	
ADDRESS		<i>Oct 15/14</i>	
		POSTAL CODE	
QTY	ITEM	PRICE	
<i>1</i>	<i>250 Campaign Brochures</i>	<i>135</i>	<i>00</i>

SALES ORDER

	SUBTOTAL	<i>135</i>	<i>00</i>
	HST	<i>17</i>	<i>55</i>
INVOICE #			
HST #844125948	TOTAL	<i>152</i>	<i>55</i>