

Ministry of Municipal Affairs and Housing

Financial Statement – Auditor's Report Form 4

Municipal Elections Act, 1996 (Section 78)

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 MI		_	MM DD	
For the campaign period from (day candidate filed nomination) 2010 09 05 to 2010 10 35					
Primary filing reflecting finances to December 31 (or 45 th day after voting day in a by-election)					
Supplementary filing including finances after December 31	(or 45 th day after votin	ng day in a by-ele	tion)		
Box A: Name of Candidate and Office	1				
Name of Candidate	I Ethat Stand		L veries visus	-00	
Last Name DUFRESNE	First Name	RC	Middle Initia	àl .	
Mailing Address					
Suite/Unit No. Street No. Street Name					
634 ALLGN 57					
City/Town	P	Province	Postal Code		
HEAIZST Telephone No. (incl. area code) Fax No		Email Address	POL	100	
Business Home		Infall Address			
705-362-7777 705-362-4000 705-	372-1433	mdufresi	eentl.syn	upatico.	
Name of office for which the candidate sought election		Vard Name or No.	(if any)		
MUNICIPAL COUNCILLOR					
Name of Municipality					
HEARST					
Box B: Summary of Campaign Income and Expenses					
1. My spending limit (as issued by clerk) was	8 8 8 8 8 8 8 8	* = 2 & = 3	\$ 8908.3	×O Y	
2. Surplus (or deficit) from previous election			\$ 0		
3. Total contributions received (from Schedule 1)	* * * * * * * * * * *	# # # # # # # # # # # # # # # # # # #	\$ 0		
4. My total campaign expenses that were subject to the spend	ding limit were (from Bo	ox C)	\$ 121.78	> =	
5. My total campaign expenses that were not subject to the sp	pending limit were (fro	m Box C)	\$ 0		
6. Total of all campaign expenses (from Box C) \$ /2/.78				>	
7. Election campaign surplus/deficit from current election (from	m Box E)	a ra erra	\$ 0		
8. Contributions refunded to candidate or spouse (from Box E)	*****	* * * * * *	\$ 0		
9. Amount paid to clerk (from Box E)			\$ &		

Box C: Statement of Campaign Pt d Income and Expenses	
From To For Candidate	
2010 09 03 2010 10 25	
INCOME Candidate's surplus from immediately preceding election released by the clerk +	\$
Contributions from candidate +	\$ 121.78
	V 101.10
Contributions from spouse of candidate + All other contributions + + +	\$ &
Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III)	\$ &
Interest income	\$ &
Other (provide full details)	
21. 11 1134 (3 }-0.000 +	\$
2. +	\$
3. +	\$
Total Campaign Period Income	= \$ /21.78 C1
EXPENSES (Note: include the value of contributions of goods and services)	
Expenses Subject to Spending Limit	
Advortiging	\$ 21 28
Bank charges +	\$ 0
Brochures+	\$ 0
Interest on loan	\$ 0
Inventory contributed to candidate's campaign (Schedule 3)	\$ 120 0 1284)
Meetings hosted +	\$ &
Nomination filing fee +	\$ 100.00
Office expenses +	\$ &
Cities expenses	d)
Phone and/or Internet + Salaries and benefits/honoraria/professional fees + + + + + + + + + + + + + +	S DOWN OF THE PROPERTY.
Signs+	g.
Other (provide full details)	2 DULL 1, 1781 V
1. +	\$
2. +	\$
3. +	\$
Subtotal	\$ /2138 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. +	\$
Subtotal =	\$ C3
Total Campaign Period Expenses (C2) + (C3)	= \$ /2/39 C4
Excess (Deficiency) of Income over Expenses (C1) - (C4)	= \$ 0

Box D: Statement of Assets and Lik Ities as at	, 20				
Assets				adam of a N	
Cash	+ \$				
Accounts receivable	+ \$				
Value of inventory retained (from Schedule 4)	+ \$				
Other (provide full details)					
₹,	+ \$				
2.	+ \$				
3.	+ \$				
Total Assets			=	\$ •	
Liabilities and Excess (Deficiency) of Income over Expenses					
Accounts payable	+ \$				
Borrowings, overdraft	+ \$				
Other (provide full details)			-11		
1.	+ \$				
2.	+ \$				
3.	+ \$				
Total Liabilities			= [\$	
Box E: Statement of Determination of Surplus or Deficit and Dispo	neifion o	of Surplue			
	osition C	n Surpius		· · · · · · · · · · · · · · · · · · ·	
Part I – Determination of Surplus or Deficit				ф] F.a
Amount of excess (deficiency) of income over expenses (from Box C) Deduct: Any deficit carried forward by the candidate from immediately preceding		e e r e e e e e n	+	\$ •	E1
if the offices are with respect to the same jurisdiction			= 1	\$ 🛷	E2
Surplus (or deficit) for the campaign period (E1) - (E2)			=	s o	
Deduct: Any refund of contributions to the candidate or spouse (only if there is			_	\$ •	
Total Determination		40	-	\$ 0	E3
Total Determination				<u> </u>]==
Part II – Disposition of Surplus					
If line E3 shows a surplus, the amount must be paid in trust, at the time the fina responsible for the conduct of the election.	incial stat	ements are filed, t	o the	e municipal clerk who v	was
Surplus paid to the municipal clerk of the municipality of					
Box F: Declaration					
MARC DUFFESNE		a candidate in the	mun	icipality of	
	at to the	best of my knowle	dge	and belief that these	
financial statements and attached supporting schedules are true and correct.		,			
Declared before (clerk or commissioner)		. //			-0
in the TOWN OF HEARST		Man	-	1	
on (yyyy/mm/dd) 2010 11 03	} - <		/		
CAK'S'		1/2)/	
Signature of Clark or Commissioner	, -	July Cianata	ro of	June Candidata	
Signature of Clerk or Commissioner		Signatui	e gr	Candidate	
2010/11/04					
Date Filed in the Clerk's Office (yyyy/mm/dd)					

			•
Schedule 1 – Contributions			
Part I – Contribution			
Contribution from candidate			
Contribution from spouse	+ \$		
Total from each single contributor totalling include all ticket revenue where tie include all goods and services wh do not include contributions from of Total from each single contributor totalling	cket price exceeds \$100 ere value exceeds \$100* candidate or spouse + \$		
 include all ticket revenue where tices include all goods and services where do not include contributions from a *Note: Goods and services must also be 	cket price is \$100 or less ere value is \$100 or less* candidate or spouse + \$		
Less: Contribution returned or payable t	o the contributor \$		
Contribution paid or payable to the		1	Α
Total Amount of Contribution	= \$	0	
Total contribution from anonymous source	es	1	В
Amount of contributions paid or payable to	· · · · · · · · · · · · · · · · · · ·	€ -	
Table 1: Monetary contributions from i	ndividuals other than candidate or spouse		
		Amount	
		\$	
•			
		\$	
		\$ \$	
· · · · · · · · · · · · · · · · · · ·		\$ \$ \$	
· · · · ·		\$ \$ \$ \$	
·		\$ \$ \$ \$ \$	
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· · · · · · · · · · · · · · · · · · ·		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

Additional information is listed on separate supplementary attachment

\$ \$ \$ \$

Total \$

0

Table 2: Monetary contribut	ions from u is or corporations)	
Name (Legal and Carrying on Business As)	Address	President or Business Manager	Cheque Signatory	Amount
				\$
		·		\$
				\$
				\$
				\$
	-			\$
				\$
Additional information is li	sted on separate supplementary attachm	ent	Total	\$ 6
Table 3: Contributions in go	ods or services (Note: must also be re	ported as expenses ir	n Box C)	
Name	Address	Goods or Services	441	Amount
				\$
				\$
r				\$
				\$
				\$
				\$
	İ			<u></u>
		•		\$
Additional information is li	sted on separate supplementary attachm		Total	

Schedule 2 – Fund-Raising Functi()		
Additional schedule for each event or activity held is/are listed on separ	ate supplementary attachment(s) a same per proper and the same
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 breakdo	own 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 v.	alue)	
1	4	\$
2.	<u> </u>	\$
3.	+	\$
4.	+	\$
5.	+	\$
6.		\$
7.	+	\$
8.	<u> </u>	\$
Total Part II Revenue (include in Schedule 1)		\$ 0
Part III. – Other Revenue Not Deemed A Contribution Provide full details (e.g., contributions of \$10 or less; revenue from refreshments)	ant cold at coat)	
	·	Φ.
1.		\$
2.	+	\$
3.		\$
4.	+	\$
5.	+	\$
6.	+	\$
7.	+	\$
8.		\$
Total Part III Revenue (include in Box C)	=	\$ 0
Part IV – Expenses Related to Fund-Raising Function		
Venue		\$
Event advertising		\$
Food and drink	+	\$
Entertainment	+	\$
Other (provide full details)		
1.	+	\$
2.	<u> </u>	\$
3.	+	\$
4.	+	\$
5.	+	\$
6.	+	\$
7	+	\$
8.	+	\$
Total Part IV Expenses (include in Box C)	=	S &-

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ichedule 3 – Inven Used	in Candidate's Camp		·		
Description	Date Acquired (yyyy/mm/dd)	Supplier	Unit Value	Quantity	Total Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$	_	\$
			\$		\$
,			\$		\$
			\$		\$
			\$		\$
otal Value of Invento	ory from Previous Camp	aign Used in Candida	te's Campaign		\$ 0
chedule 4 – Inven	tory of Campaign Goo	ods and Materials at	The End of Campaign		
escription	Date Acquired (yyyy/mm/dd)	Supplier	Unit Value	Quantity	Total Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
	<u>_</u> _				
			\$		\$
			\$		\$
			\$		\$
			\$		\$
,			\$ \$ \$		\$ \$ \$
,			\$ \$ \$ \$		\$ \$ \$

Auditor's Report Municipal Elections Act, 1996 (Section 78)	and the property of the same of		THE RESERVE OF THE PROPERTY OF
A candidate who has received contributions or incurred must be done in accordance with generally accepted at set out the scope of the examination provide an opinion as to the completeness and	uditing standards and mus	st:	
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	1		
City/Town		Province	Postal Code
Telephone No. (incl. area code) Fax No.		Email Address	

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