



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.

For the campaign period from (day candidate filed nomination) 2010 06 02 to 2010 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

Name of Candidate: CAREY, BRODERICK, J
Mailing Address: 7 WILLIAM ST
City/Town: INGERSON, Province: ONT, Postal Code: N5C1M2
Telephone No.: 579-485-1083, Fax No.: 579-425-0154, Email Address: BRODERICKCAREY@SYMPATICO.CA
Name of office for which the candidate sought election: COUNCILLOR
Name of Municipality: INGERSON

Box B: Summary of Campaign Income and Expenses

Table with 9 rows detailing campaign income and expenses, including spending limit, surplus/deficit, contributions received, and amount paid to clerk.

Box D: Statement of Assets and Liabilities as at _____, 20

Assets	
Cash	+ \$ 0
Accounts receivable	+ \$ 0
Value of inventory retained (from Schedule 4)	+ \$ 666.90
Other (provide full details)	
1.	+ \$
2.	+ \$
3.	+ \$
Total Assets	= \$ 666.90
Liabilities and Excess (Deficiency) of Income over Expenses	
Accounts payable	+ \$ 0
Borrowings, overdraft	+ \$ 0
Other (provide full details)	
1.	+ \$
2.	+ \$
3.	+ \$
Total Liabilities	= \$ 0

Box E: Statement of Determination of Surplus or Deficit and Disposition of Surplus

Part I - Determination of Surplus or Deficit	
Amount of excess (deficiency) of income over expenses (from Box C)	+ \$ E1
Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction	- \$ E2
Surplus (or deficit) for the campaign period (E1) - (E2)	= \$ 29.83
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	- \$ 29.83
Total Determination	= \$ 0 E3

Part II - Disposition of Surplus
 If line E3 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.
 Surplus paid to the municipal clerk of the municipality of _____

Box F: Declaration

I, BRODERICK CAREY, a candidate in the municipality of INGERSOLL, 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 Town of Ingersoll
 on (yyyy/mm/dd) 2011/05/31
Marsha L Paley
 Signature of Clerk or Commissioner
2011/03/21
 Date Filed in the Clerk's Office (yyyy/mm/dd)

[Signature]
 Signature of Candidate

MARSHA PALEY, Clerk, by virtue of the office
a Commissioner for taking Affidavits
 Pursuant to R.S.O. 1990, c. C.17, s.1(2)
 in the Town of Ingersoll, County of Oxford

Table 2: Monetary contributions from unions or corporations

Name (Legal and Carrying on Business As)	Address	President or Business Manager	Cheque Signatory	Amount
OXFORD REGIONAL LABOUR COUNCIL	P.O. Box 1634 WOODSTOCK, ONT	BRODERICK CAREY	LINDA SMITH	\$ 750.00
CAW LOCAL 1106	600 WABANAKI DR KITCHENER, ON N2C 2K4	Bill McLACHLAN	SHAWN ROUSSE	\$ 300.00
USW LOCAL 291P	P.O. BOX 187 INGERSOLL, ON N5C 3K5	KELLY HOSKIN	BERNIE GALINSKI	\$ 100.00
				\$
				\$
				\$
				\$

Additional information is listed on separate supplementary attachment Total \$ 1150.00

Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)

Name	Address	Goods or Services	Amount
			\$ 0
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Additional information is listed on separate supplementary attachment Total \$

Total Part II Contributions \$

**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
SIGNS & STAKES	2006/10/11	ACTOR SCREEN PRINTING 492 POND MILL RD LANSING MI NSC 459	\$ 6.67	100	\$ 666.90
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total Value of Inventory from Previous Campaign Used In Candidate's Campaign					\$ 666.90

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
LAWN SIGNS & STAKES	2006/10/11	ACTOR SCREEN PRINT	\$ 6.67	100	\$ 666.90
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
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			\$		\$
			\$		\$
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			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total Value of Inventory of Campaign Goods and Materials					\$ 666.90



Ontario

Ministry of Municipal Affairs and Housing

Financial Statement – Subsequent Expenses Form 5
Municipal Elections Act, 1996 (Section 79.1)

Instructions

This form must be completed by any candidate who has:
- incurred costs related to a recount, compliance audit, or application for a controverted election after the supplementary filing period has passed; and
- applied for the return of their surplus funds from the clerk in order to defray those costs.

This form must be completed and filed with the clerk 90 days after surplus was returned to the candidate, and every 90 days thereafter, until:
- the costs are defrayed and any remaining surplus has been paid to the clerk, or
- there is no surplus remaining.

Any surplus funds remaining when the costs have been defrayed shall be paid immediately over the clerk who was responsible for the conduct of the election.

For the reporting period from YYYY MM DD to YYYY MM DD

Box A: Name of Candidate and Office

Name of Candidate Last Name, First Name, Middle Initial, Mailing Address, City/Town, Province, Postal Code, Telephone No., Fax No., Email Address, Name of office for which the candidate sought election, Ward Name or No., Name of Municipality

Box B: Summary of Expenses

Summary of Expenses table with categories: Surplus Returned from Clerk, Expenses related to recount, Expenses related to application for controverted election, Expenses related to compliance audit, Total Expenses, Surplus Remaining (A) - (B), Amount Paid to Clerk.

Box C: Declaration

I, _____, a candidate in the municipality of _____, 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 _____ on (yyyy/mm/dd) _____

Signature of Clerk or Commissioner

Signature of Candidate

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



Notice of Extension of Campaign Period – Form 6
Municipal Elections Act, 1996 (Sections 68, 82.1)

Instructions

- To be completed and filed with the clerk by candidates or registrants requesting an extension of the campaign period due to a deficit.
This notice must be filed on or before December 31 in the year of a regular election and 45 days after voting day in the case of a by-election.

Name of Candidate and Office/Registrant and Question
Name of Candidate/Registrant
Last Name First Name Middle Initial
Mailing Address
Suite/Unit No. Street No. Street Name
City/Town Province Postal Code
Telephone No. (incl. area code)
Business Home Fax No. Email Address
Name of office for which the candidate sought election or the question for which the registrant incurred expenses Ward name or no. (if any)
Name of Municipality

Declaration

I, _____, the candidate/registrant mentioned above hereby give notice and declare to the clerk that I have a deficit and wish the campaign period to be extended in accordance with section 68.

Declared before me

at the _____
of _____
in the _____ of _____
this _____ day of _____, 20_____

Signature of Clerk

Date (yyyy/mm/dd)



Signature of Candidate/Registrant

Date (yyyy/mm/dd)

NOTE: THESE FORMS MAY BE OBTAINED AT www.forms.ssb.gov.on.ca