



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)

YYYY	MM	DD
2010	01	01

 to

YYYY	MM	DD
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

Last Name

COLLINGWOOD

First Name

ERIC

Middle Initial

E

Mailing Address

Suite/Unit No.

Street No.

Street Name

253

VIBERT Rd

RR#2

City/Town

Thunder Bay

Province

ON

Postal Code

P7C 4V1

Telephone No. (incl. area code)

Business

683-4543

Home

935-3187

Fax No.

Email Address

COLLINGWOOD@Shannon-WRE.
TBAYTEL

Name of office for which the candidate sought election

COUNCILLOR

Ward Name or No. (if any)

Name of Municipality

OLIVER PAIPOONGE

Box B: Summary of Campaign Income and Expenses

- | | |
|---|------------------------|
| 1. My spending limit (as issued by clerk) was - - - - - | \$ 8,908 ³⁰ |
| 2. Surplus (or deficit) from previous election - - - - - | \$ 0 |
| 3. Total contributions received (from Schedule 1) - - - - - | \$ 1,214 ⁴⁴ |
| 4. My total campaign expenses that were subject to the spending limit were (from Box C) - - - | \$ 1,214 ⁴⁴ |
| 5. My total campaign expenses that were not subject to the spending limit were (from Box C) - - | \$ |
| 6. Total of all campaign expenses (from Box C) - - - - - | \$ 1,214 ⁴⁴ |
| 7. Election campaign surplus/deficit from current election (from Box E) - - - - - | \$ 0 |
| 8. Contributions refunded to candidate or spouse (from Box E) - - - - - | \$ 0 |
| 9. Amount paid to clerk (from Box E) - - - - - | \$ 0 |

Box C: Statement of Campaign Period Income and Expenses

From YYYY	MM	DD	To YYYY	MM	DD	For Candidate
2010	01	01	2010	12	31	ERIC E Collingwood

INCOME

Candidate's surplus from immediately preceding election released by the clerk	+	\$	
Contributions from candidate	- - - - -	+	\$ 1,114 ⁴⁴
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)			
1. Nomination fee Refund	+	\$	100 ⁰⁰
2.	+	\$	
3.	+	\$	

Total Campaign Period Income - - - - - = \$ 1,214⁴⁴ C1

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

Expenses Subject to Spending Limit

Advertising	- - - - -	+	\$ 252 ⁰⁰
Bank charges	- - - - -	+	\$ -
Brochures	- - - - -	+	\$ 615 ⁰⁰
Interest on loan	- - - - -	+	\$
Inventory contributed to candidate's campaign (Schedule 3)	- - - - -	+	\$
Meetings hosted	- - - - -	+	\$
Nomination filing fee	- - - - -	+	\$ 100 ⁰⁰
Office expenses	- - - - -	+	\$
Phone and/or Internet	- - - - -	+	\$
Salaries and benefits/honoraria/professional fees	- - - - -	+	\$
Signs	- - - - -	+	\$
Other (provide full details)			
1. Web site Domain	+	\$	122 ⁰⁷
2. Web site	+	\$	125 ³²
3.	+	\$	

Subtotal - - - - - = \$ 1,214⁴⁴ 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) - - - - - = \$ C4

Excess (Deficiency) of Income over Expenses (C1) - (C4) - - - - - = \$

Box D: Statement of Assets and Liabilities as at

, 20

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

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		\$	E2
if the offices are with respect to the same jurisdiction	-	\$	
Surplus (or deficit) for the campaign period (E1) – (E2)	=	\$	
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	-	\$	
Total Determination	=	\$	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, ERIC E. COLLINGWOOD, a candidate in the municipality of OLIVER - PAIPOONGE, 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 Oliver Paipoonge
on (yyyy/mm/dd) Jan. 6 / 2011

Judy Jacobson
Signature of Clerk or Commissioner
Jan. 6 / 2011
Date Filed in the Clerk's Office



[Signature]
Signature of Candidate

Part I – Contribution

Contribution from spouse - - - - - + \$

- include all ticket revenue where ticket price exceeds \$100
- include all goods and services where value exceeds \$100*
- do not include contributions from candidate or spouse -

- include all ticket revenue where ticket price is \$100 or less
- include all goods and services where value is \$100 or less*
- do not include contributions from candidate or spouse -

Less: Contribution returned or payable to the contributor - - - - - \$

Contribution paid or payable to the clerk - - - - - \$

Total Amount of Contribution - - - - - = \$

Total contribution from anonymous sources	- - - - -	\$
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Amount of contributions paid or payable to the clerk (1A) + (1B) - - - - - = \$

Part II – List of Contributions from Each Single Contributor Totalling More than \$100

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

[illegible]

☐ Additional information is listed on separate supplementary attachment

Table 2: Monetary contributions from unions or corporations

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

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

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

Total Part II Contributions

\$

Schedule 2 – Fund-Raising Function

☐ Additional schedule for each event or activity held is/are listed on separate supplementary attachment(s)

Date YYYY	MM	DD	Description of event or activity
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Admission charge (per person)* (may not exceed individual contribution limit) - - - - - \$ 2A

*If admission charge per person is not consistent, attach complete breakdown 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 value)

1.	- - - +	\$
2.	- - - +	\$
3.	- - - +	\$
4.	- - - +	\$
5.	- - - +	\$
6.	- - - +	\$
7.	- - - +	\$
8.	- - - +	\$
Total Part II Revenue (include in Schedule 1)	- - - - - =	\$

Part III – Other Revenue Not Deemed A Contribution

Provide full details (e.g., contributions of \$10 or less; revenue from refreshment sold at cost)

1.	- - - +	\$
2.	- - - +	\$
3.	- - - +	\$
4.	- - - +	\$
5.	- - - +	\$
6.	- - - +	\$
7.	- - - +	\$
8.	- - - +	\$
Total Part III Revenue (include in Box C)	- - - - - =	\$

Part IV – Expenses Related to Fund-Raising Function

Venue	- - - - - +	\$
Event advertising	- - - - - +	\$
Food and drink	- - - - - +	\$
Entertainment	- - - - - +	\$
Other (provide full details)	- - - - - +	\$

1.	- - - +	\$
2.	- - - +	\$
3.	- - - +	\$
4.	- - - +	\$
5.	- - - +	\$
6.	- - - +	\$
7.	- - - +	\$
8.	- - - +	\$
Total Part IV Expenses (include in Box C)	- - - - - =	\$

**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
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total Value of Inventory from Previous Campaign Used in Candidate's Campaign					\$

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
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
Total Value of Inventory of Campaign Goods and Materials					\$

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. 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

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