

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 |
| 14 | 06 | 06 |

 to

| | | |
|------|----|----|
| YYYY | MM | DD |
| 14 | 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

Turmel

Given Name(s)

John

Name of office for which the candidate sought election

Mayor

Ward name or no. (if any)

Name of Municipality

Brantford

Spending limit issued by clerk

\$ 62797:60

- 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, John Turmel, a candidate in the municipality of Brantford, 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

City of Brantford

on (yyyy/mm/dd)

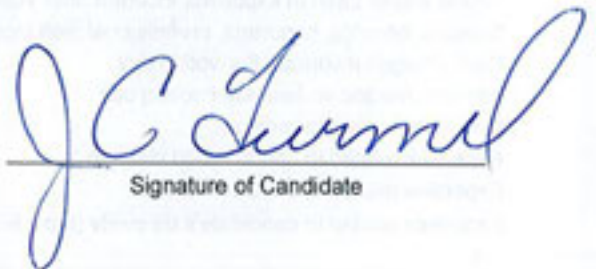
2015/03/17

Signature of Clerk or Commissioner


2015/03/17

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

Signature of Candidate



Tanya Nicole Daniels,
a Commissioner, etc.,
Province of Ontario, for the
Corporation of the City of Brantford,
Expires April 5, 2016.

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) + \$ _____
 Refund of nomination filing fee + \$ _____
 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) = \$ _____ C1

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

Expenses subject to spending limit

Nomination filing fee + \$ _____
 Inventory from previous campaign used in this campaign (list details in Table 5 of Schedule 1) + \$ _____
 Advertising + \$ _____
 Brochures/flyers + \$ _____
 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 + \$ _____
 Interest charged on loan until voting day + \$ _____
 Other (provide full details)
 1 _____ + \$ _____
 2 _____ + \$ _____
 3 _____ + \$ _____
Total Expenses subject to spending limit = \$ _____ 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 + \$ _____
 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 = \$ _____ C3
Total Campaign Expenses (C2 + C3) = \$ _____ C4

Box D: Calculation of Surplus or Deficit

| | | |
|--|------------|-----------|
| Excess (deficiency) of income over expenses (Income – Total Expenses) (C1 – C4) | + \$ _____ | D1 |
| Eligible deficit carried forward by the candidate from the last election | - \$ _____ | D2 |
| Total (D1 – D2) | = \$ _____ | |
| If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign | - \$ _____ | |
| Surplus (or deficit) for the campaign | = \$ _____ | 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 _____

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 \$ |
|--|--------------|----------------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <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 | | | |
| Name 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.

Financial Statement – Subsequent Expenses Form 5

Municipal Elections Act, 1996 (Section 78.1)

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.

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.

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.

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

Box A: Name of Candidate and Office

Candidate's Name as shown on ballot

Last Name

Given Name(s)

Name of office for which the candidate sought election

Ward Name or No. (if any)

Name of Municipality

Box B: Summary of Expenses

Surplus Returned from Clerk \$ (A)

Expenses related to recount (provide full details)

1. \$
2. \$
3. \$

Expenses related to application for controverted election (provide full details)

1. \$
2. \$
3. \$

Expenses related to compliance audit (provide full details)

1. \$
2. \$
3. \$

Total Expenses \$ (B)

Surplus Remaining (A) – (B) = \$

Amount Paid to Clerk (if applicable) \$

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)

