

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
2014	05	02

 to

YYYY	MM	DD
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

Name of Candidate

Last Name

Pennell

First Name

Roy

Middle Initial

A

Mailing Address

Suite/Unit No.

Street No.

Street Name

1239

Salem

Rd.

City/Town

R.R. #1

Consecow

Province

Ont

Postal Code

K0K1T0

Telephone No. (incl. area code)

Business

Home

613-969-8099

Fax No.

Email Address

Name of office for which the candidate sought election

Councilor

Ward Name or No. (if any)

4

Name of Municipality

County of Prince Edward

Box B: Summary of Campaign Income and Expenses

1. My spending limit (as issued by clerk) was	\$ 9,343.50
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 spending limit were (from Box C)	\$ 657.85
5. My total campaign expenses that were not subject to the spending limit were (from Box C)	\$ 0
6. Total of all campaign expenses (from Box C)	\$ 657.85
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
 2014 05 02 2014 12 31 Roy Pennell

INCOME

Candidate's surplus from immediately preceding election released by the clerk	+	\$	0
Contributions from candidate	+	\$	657.85
Contributions from spouse of candidate	+	\$	0
All other contributions	+	\$	0
Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III)	+	\$	0
Interest income	+	\$	0
Other (provide full details)			
1.	+	\$	0
2.	+	\$	
3.	+	\$	
Total Campaign Period Income			\$ 657.85 C1

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

Expenses Subject to Spending Limit

Advertising	+	\$	452.00
Bank charges	+	\$	30.85
Brochures	+	\$	50.00
Interest on loan	+	\$	0
Inventory contributed to candidate's campaign (Schedule 3)	+	\$	0
Meetings hosted	+	\$	0
Nomination filing fee	+	\$	100.00
Office expenses	+	\$	0
Phone and/or Internet	+	\$	0
Salaries and benefits/honoraria/professional fees	+	\$	0
Signs	+	\$	452.00
Other (provide full details)			
1.	+	\$	
2.	+	\$	
3.	+	\$	
Subtotal			\$ 657.85 C2

Expenses Not Subject to Spending Limit

Accounting and audit	+	\$	0
Costs of fund-raising function (from Schedule 2, Part IV)	+	\$	0
Expenses related to compliance audit	+	\$	0
Expenses related to controverted elections	+	\$	0
Expenses related to recounts	+	\$	0
Voting day party / appreciation notices	+	\$	0
Expenses related to candidate's disability (provide details)			
1.	+	\$	0
2.	+	\$	
3.	+	\$	
Other (provide full details)			
1.	+	\$	0
2.	+	\$	
3.	+	\$	
Subtotal			\$

Total Campaign Period Expenses (C2) + (C3) = **\$ 657.85** C4
Excess (Deficiency) of Income over Expenses (C1) - (C4) = **\$ 0**

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

Assets	
Cash	+ \$ 0
Accounts receivable	+ \$ 0
Value of inventory retained (from Schedule 4)	+ \$ 0
Other (provide full details)	
1.	+ \$ 0
2.	+ \$ 0
3.	+ \$ 0
Total Assets	= \$ 0

Liabilities and Excess (Deficiency) of Income over Expenses

Accounts payable	+ \$ 0
Borrowings, overdraft	+ \$ 0
Other (provide full details)	
1.	+ \$ 0
2.	+ \$ 0
3.	+ \$ 0
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)	+ \$ 0	E1
Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction	- \$ 0	E2
Surplus (or deficit) for the campaign period (E1) – (E2)	= \$ 0	
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	- \$ 0	
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 0

Box F: Declaration

I, Roy A Pennell, a candidate in the municipality of WARD 4 Prince Edward County 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 County of Prince Edward
 on (yyyy/mm/dd) 2015, March 10
Kim White
 Signature of Clerk or Commissioner
2015 March 10
 Date Filed in the Clerk's Office (yyyy/mm/dd)

Roy A Pennell
 Signature of Candidate

Schedule 1 – Contributions

Part I – Contribution

Contribution from candidate	----- +	\$ 657.85	
Contribution from spouse	----- +	\$ 0	
Total from each single contributor totalling more than \$100			
<ul style="list-style-type: none"> • 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 	----- +	\$	
Total from each single contributor totalling \$100 or less			
<ul style="list-style-type: none"> • 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 	----- +	\$	
*Note: Goods and services must also be reported as expenses in Box C			
Less: Contribution returned or payable to the contributor	----- -	\$	
Contribution paid or payable to the clerk	----- -	\$	1A
Total Amount of Contribution	----- =	\$ 657.85	
Total contribution from anonymous sources	----- =	\$	1B
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

Name	Address	Amount
		\$
		\$
		\$
		\$
		\$
		\$
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		\$
		\$
		\$
		\$
		\$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment		Total \$ 0

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			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 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)		\$

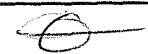
Part IV – Expenses Related to Fund-Raising Function

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 . ,*

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	