

**Instructions**

This form must be completed by any candidate or registered third party who has:

- incurred costs related to a compliance audit, 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 immediately paid to the clerk who was responsible for the conduct of the election.

A new form must be completed and filed with the clerk 90 days after the surplus was returned to the candidate or third party advertiser, 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.

<b>For the reporting period from</b>	YYYY	MM	DD	to	YYYY	MM	DD
--------------------------------------	------	----	----	----	------	----	----

**Box A: Name of Candidate and Office**

Candidate's name as shown on ballot

Last Name or Single Name	Given Name(s)
--------------------------	---------------

Office for Which the Candidate Sought Election	Ward Name or Number (if any)
--	------------------------------

Municipality

**Box B: Name of Registered Third Party**

Name of Registered Third Party	Municipality
--------------------------------	--------------

Official Representative (if trade union or corporation) Last Name or Single Name	Given Name(s)
---	---------------

**Box C: Summary of Expenses**

**Surplus at Start of Reporting Period** \$ \_\_\_\_\_ (A)

Expenses related to compliance audit (provide full details)

1.		+ \$	
2.		+ \$	
3.		+ \$	
4.		+ \$	
5.		+ \$	

**Total Expenses** = \$ \_\_\_\_\_ (B)

**Surplus Remaining (A) – (B)** = \$ \_\_\_\_\_

**Amount Paid to Clerk (if applicable)** \$ \_\_\_\_\_

---

**Box D: Declaration**

---

I, \_\_\_\_\_, declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

\_\_\_\_\_  
Signature of Candidate or Registered Third Party (or Official Representative)

\_\_\_\_\_  
Date (yyyy/mm/dd)

---

Time Filed	Date Filed (yyyy/mm/dd)	Signature of Clerk or Designate

---