



Financial Statement – Auditor’s Report Form 4

Municipal Elections Act, 1996 (Section 78)

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) 2014 01 10 to 2014 10 27

- 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: DIXON Given Name(s): EVA

Name of office for which the candidate sought election: Councilor Ward name or no. (if any): 5

Name of Municipality: Norfolk County

Spending limit issued by clerk \$

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, EVA DIXON, 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 Norfolk County

on (yyyy/mm/dd) 2015 March 9

Signature of Clerk or Commissioner

Signature of Candidate

2015 March 9

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

SUSAN DIANA WAKELING, a Commissioner, etc., Province of Ontario, for the Corporation of Norfolk County. Expires March 11, 2016.

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)	=	\$	0	
If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign	-	\$		
Surplus (or deficit) for the campaign	=	\$	0	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 \$

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 \$

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)

= \$ _____

Stripe Art Inc.

262 Queensway W
 Simcoe, ON N3Y 2N1
 (519) 428-5282 Fax (519) 426-0250
 Bus. No. 873766604

GST/HST No.

873766604

Invoice

Date	Invoice #
9/3/2014	SA2491

Invoice To

Eva Dixon

PAID
09/08/2014

P.O. No.	Terms

Description	Qty	Rate	Amount
coroplast election signs	25	10.00	250.00
steel step stakes	25	2.50	62.50
Freight		10.00	10.00
HST (ON) on sales		13.00%	41.93
Thank you for your business.	Total		\$364.43

Thank you for your business.

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(519) 428-5282 Fax (519) 426-0250
Bus. No. 873766604

GST/HST No.

873766604

Invoice

Date	Invoice #
9/23/2014	SA119888

Invoice To

Eva Dixon

PAID
11/08/2014

P.O. No.	Terms

Description	Qty	Rate	Amount
4' x 4' election sign HST (ON) on sales	1	140.00 13.00%	140.00 18.20
Total			\$158.20

Thank you for your business.

Thank you for your business.