

# Ministry of Municipal Affairs and Housing

# **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 03 25 to 2014 12 31                                                |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Primary filing reflecting finances to December 31 (or 45 <sup>th</sup> day after vo | oting day in a by-election)                                             |
| Supplementary filing including finances after December 31 (or 45 <sup>th</sup> d    | ay after voting day in a by-election)                                   |
| Box A: Name of Candidate and Office                                                 |                                                                         |
| Candidate's name as shown on the ballot                                             |                                                                         |
| Last Name Mo HNS                                                                    | Given Name(s)                                                           |
| Name of office for which the candidate sought election                              | Ward name or no. (if any)                                               |
| Name of Municipality  FET AWAWA                                                     |                                                                         |
| Spending limit issued by clerk  \$ 16, 228.50                                       |                                                                         |
| I did not accept any contributions or incur any expenses other than t               | he nomination fee. (Complete Box A and B only)                          |
| Box B: Declaration                                                                  |                                                                         |
| 1. Jon MOHNS                                                                        | , a candidate in the municipality of                                    |
| PETAWAWA                                                                            | , hereby declare that to the best of my knowledge and belief that these |
| financial statements and attached supporting schedules are true and co              | rrect.                                                                  |
| Declared before (clerk or commissioner) in the                                      |                                                                         |
| on (yyyy/mm/dd) 2014 / DEC / O2 Signature of Clerk or Commissioner                  | Signature of Candidate                                                  |
| 2014/02C/02  Date Filed in the Clerk's Office (yyyy/mm/dd)                          | _                                                                       |

Dawn Recoskie, a Commissioner, etc., County of Renfrew, while Deputy Clerk of the Corporation of the Town of Petawawa.

| Box C: Statement of Campaign Income and Expenses                                               | 2                        |
|------------------------------------------------------------------------------------------------|--------------------------|
| LOAN                                                                                           | 1 1 1                    |
| Name of bank or recognized lending institution                                                 | a launt                  |
| Amount borrowed \$                                                                             | pus                      |
| INCOME                                                                                         |                          |
| Total amount of all contributions (From line 1A in Schedule 1)                                 | +\$ 1904.10              |
| Refund of nomination filing fee                                                                | +\$ 100.00               |
| 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                                                                                              | _ + <u>\$</u>            |
| 2                                                                                              | + \$                     |
| 3                                                                                              | + \$                     |
| Total Campaign Income (Do not include loan)                                                    | = \$ 2004.10 C1          |
| EXPENSES (Note: include the value of contributions of goods and services)                      |                          |
| Expenses subject to spending limit                                                             |                          |
| Nomination filing fee                                                                          | +\$ /00.00               |
| Inventory from previous campaign used in this campaign (list details in Table 5 of Schedule 1) | +\$ 904.10               |
| Advertising                                                                                    | +\$ 212.42 *             |
| Brochures/flyers                                                                               | + \$ 403.43              |
| 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                                                         | +\$ 5.66 *               |
| Interest charged on loan until voting day                                                      | + \$                     |
| Other (provide full details)                                                                   |                          |
| 1                                                                                              | + \$                     |
| 2.                                                                                             | + \$                     |
| 3.                                                                                             | + \$                     |
| Total Expenses subject to spending limit                                                       | = \$ 1625.61 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                                                          | + \$ 1/9./6              |
| 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                                                                                              | _ + <u>\$</u>            |
| 2.                                                                                             | + \$                     |
| 3.                                                                                             | + \$                     |
| Other (provide full details)                                                                   |                          |
| 1                                                                                              | _ + \$                   |
| 2.                                                                                             | + \$                     |
| 3.                                                                                             | + \$                     |
| Total Expenses not subject to spending limit                                                   | $=$ \$\frac{1/9.16}{0}C3 |
| Total Campaign Expenses (C2 + C3)                                                              | = \$ // 44, // C4        |
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# Box D: Calculation of Surplus or Deficit

Excess (deficiency) of income over expenses (Income – Total Expenses) (C1 – C4)

Eligible deficit carried forward by the candidate from the last election

If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign

Surplus (or deficit) for the campaign

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

## Schedule 1 - Contributions

### Part I - Summary of Contributions

Contribution from candidate (include the value of inventory listed in Table 5)

Contribution from spouse

+ \$ 1904.10

Total value of contributions not exceeding \$100 per contributor

- Include ticket revenue, contributions in money, goods and services where the total contribution from a contributor is \$100 or less (do not include contributions from candidate or spouse).
- + \$ 🔿

Total value of contributions exceeding \$100 per contributor (from line 1B; list details in Tables 1 – 4)

 Include ticket revenue, contributions in money, goods and services where the total contribution from a contributor exceeds \$100 (do not include contributions from candidate or spouse).

+ \$ 0 - \$ - \$

**Less:** Contributions returned or payable to the contributor

Contributions paid or payable to the clerk, including contributions from anonymous sources exceeding \$10

Total Amount of Contributions (Record in Box C)

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 | Full Address | Amount \$ |
|------|--------------|-----------|
|      | w            |           |
|      |              |           |
|      |              |           |
|      |              |           |
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|                                                     |                |                   | the state of the s |                                  |           |
|-----------------------------------------------------|----------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------|
| Name                                                |                | Full Address      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  | Amount \$ |
|                                                     |                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
|                                                     |                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
| Additional information is I                         | isted on separ | rate supplementar | y attachment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total                            |           |
| Table 2: Monetary contributi                        | one from cor   | norations or unic | nne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                  |           |
| Name (Legal and Carrying on                         |                |                   | President or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Authorized                       | Amount \$ |
| Business As)                                        | Full Addres    | <b>5</b>          | Business Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Representative                   | Amount    |
|                                                     |                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
|                                                     |                | 7,                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
|                                                     |                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
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| Additional information is I                         | isted on sepa  | rate supplementar | y attachment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Total                            |           |
| Table 3: Contributions in go<br>(Note: must also be | ods or servic  | es from individua | als other than candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | or spouse                        |           |
| Name                                                | 1000140445     | Full Address      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Description of Goods or Services | Value \$  |
|                                                     |                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
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|                                                     | FS.            |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |           |
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| Name                                     | Full Address                  | Description of Goods or Services | Value \$ |
|------------------------------------------|-------------------------------|----------------------------------|----------|
|                                          |                               |                                  |          |
|                                          |                               |                                  |          |
|                                          |                               |                                  |          |
|                                          |                               |                                  |          |
| Additional information is listed on sepa | rate supplementary attachment | Total                            |          |

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| Table 4: Contributions in                                     | i goods ( | or services from (            | corporations or union            | is (Note: must als           | o be recorded as expens          | ses in Box C)     |
|---------------------------------------------------------------|-----------|-------------------------------|----------------------------------|------------------------------|----------------------------------|-------------------|
| Name of Corporation<br>(Legal and Carrying on<br>Business As) | Full Add  | dress                         | President or<br>Business Manager | Authorized<br>Representative | Description of Goods or Services | Value \$          |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
| -                                                             |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  | 9                            |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
| Additional information  Total Part II Contribution            |           |                               |                                  | t I – Summary)               | Total                            | \$ 1E             |
| Part III – Inventory Table 5: Inventory of Ca                 | mpaign (  | Goods and Materi              |                                  | ımpaign used in th           | nis Campaign<br>xpense)          |                   |
| Description                                                   |           | Date Acquired<br>(yyyy/mm/dd) | Supplier                         |                              | Quantity                         | Total Value \$    |
| Bag Signs                                                     |           | 2006/10/10                    | Heather Cap<br>Signs             | 398.46                       | 100                              | 3-98.46<br>505.64 |
| Signs                                                         |           | 2010/9/13                     | //                               | 505.64                       | 100                              | 505.64            |
|                                                               |           | , ,                           |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              | =                                |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |
|                                                               |           |                               |                                  |                              |                                  |                   |

| Description                      | Date Acquired (yyyy/mm/dd) | Supplier             | Current Market<br>Value \$ | Quantity | Total Value \$ |
|----------------------------------|----------------------------|----------------------|----------------------------|----------|----------------|
|                                  |                            |                      |                            |          |                |
|                                  |                            |                      |                            |          |                |
| Additional information is listed | on separate supp           | lementary attachment |                            | Total    | 90410          |

| Schedule 2 – Fundraising Events and Activities                                                                                          |         |      |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------|------|
| Fundraising Event/Activity Complete a separate schedule for each event or activity held                                                 |         |      |
| Additional schedule(s) attached                                                                                                         |         | 1    |
| Description of fundraising event/activity                                                                                               |         |      |
| Date of event/activity (yyyy/mm/dd)                                                                                                     |         |      |
| Post I. Tieket Paverus                                                                                                                  |         |      |
| Part I – Ticket Revenue  Admission charge (per person)  (If there are a range of ticket prices, attach complete breakdown of all ticket | + \$    |      |
| sales) Number of tickets sold                                                                                                           | + \$ 2A |      |
| Total Ticket Revenue (2A X 2B) (Include in Schedule 1)                                                                                  | X2B     | = \$ |
| Total Ticket Revenue (2A A 2D) (include in Schedule 1)                                                                                  |         | - Ψ  |
| Deat II. Other recovered a contribution                                                                                                 |         |      |
| 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                                                                                                                                       | Τ Ψ     | = \$ |
| 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)                                                                                               | (4)     | = \$ |

| 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 a | auditor's report.        |
| Professional Designation of Auditor                                        |                     |                                        |                          |
| Municipality                                                               |                     |                                        | Date (yyyy/mm/dd)        |
| Contact Information                                                        |                     |                                        |                          |
| Last Name                                                                  |                     | First Name                             | Licence Number           |
| Address                                                                    |                     |                                        |                          |
| Suite/Unit No. Street No. S                                                | treet Name          |                                        |                          |
| City/Town                                                                  |                     | Province                               | Postal Code              |
| Telephone No. (including area code) ext.                                   | ax No.              | Email Address                          |                          |
| The report must be done in accordance with ge                              | enerally accepted a | uditing standards and must:            |                          |
| set out the scope of the examination                                       |                     |                                        |                          |
| <ul> <li>provide an opinion as to the complete<br/>misstatement</li> </ul> | ness and accuracy   | of the financial statement and whethe  | r it is free of material |
| 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.

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