



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) 2010 09 01 to 2010 10 25

- 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: BROCKLEBANK DENNIS B
Mailing Address: 1225 Brock 4
City/Town: SUNDERLAND Province: ON Postal Code: L0C1H0
Telephone No.: 705-357-1894
Name of office for which the candidate sought election: PUBLIC SCHOOL TRUSTEE
Ward Name or No. (if any): UxBRIDGE/BROCK

Box B: Summary of Campaign Income and Expenses

Table with 2 columns: Description and Amount. Row 1: My spending limit (as issued by clerk) was \$ 25,000.00

Box C: Statement of Campaign Period Income and Expenses

From YYYY	MM	DD	To YYYY	MM	DD	For Candidate
2010	09	01	2010	10	25	DENNIS BROCKLEBANK

INCOME

Candidate's surplus from immediately preceding election released by the clerk	+	\$
Contributions from candidate	+	\$
Contributions from spouse of candidate	+	\$
All other contributions	+	\$
Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III)	+	\$
Interest income	+	\$
Other (provide full details)		
1. <i>Nominee Free Rec'd</i>	+	\$ 100
2.	+	\$
3.	+	\$

Total Campaign Period Income = \$ C1

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

Expenses Subject to Spending Limit

Advertising	+	\$
Bank charges	+	\$
Brochures	+	\$
Interest on loan	+	\$
Inventory contributed to candidate's campaign (Schedule 3)	+	\$
Meetings hosted	+	\$
Nomination filing fee	+	\$ 100 1000
Office expenses	+	\$
Phone and/or Internet	+	\$ 200.00
Salaries and benefits/honoraria/professional fees	+	\$
Signs	+	\$
Other (provide full details)		
1.	+	\$
2.	+	\$
3.	+	\$

Subtotal = \$ 300.00 C2

Expenses Not Subject to Spending Limit

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

Subtotal = \$ 300.00 C3

Total Campaign Period Expenses (C2) + (C3) = \$ C4

Excess (Deficiency) of Income over Expenses (C1) - (C4) = \$ C4

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

Assets

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

Liabilities and Excess (Deficiency) of Income over Expenses

Accounts payable	-----	+	\$	
Borrowings, overdraft	-----	+	\$	
Other (provide full details)				
1.	-----	+	\$	
2.	-----	+	\$	
3.	-----	+	\$	
Total Liabilities	-----	=	\$	

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)	-----	+	\$		E1
Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction	-----	-	\$		E2
Surplus (or deficit) for the campaign period (E1) – (E2)	-----	=	\$		
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	-----	-	\$		
Total Determination	-----	=	\$		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 _____

Box F: Declaration

I, DENNIS BROCKLEBANK, a candidate in the municipality of UXBRIDGE / BRCK, 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 TOWNSHIP of UXBRIDGE
 on (yyyy/mm/dd) 2011/03/22
Diane Stephen
 Signature of Clerk or Commissioner
2011/03/22
 Date Filed in the Clerk's Office (yyyy/mm/dd)

[Signature]
 Signature of Candidate

**Diane Stephen, a Commissioner, etc.,
 Regional Municipality of Durham, while
 Deputy Clerk of the Corporation of the
 Township of Uxbridge.**

Table 2: Monetary contributions from unions or corporations

Name (Legal and Carrying on Business As)	Address	President or Business Manager	Cheque Signatory	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

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 YYYY	MM	DD	Description of event or activity
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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 78)**

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	