

**Financial Statement – Auditor's Report
Form 4**

Municipal Elections Act, 1996 (Section 78)

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
2010	SEPT	9

 to

YYYY	MM	DD
2010	OCT	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

Last Name

ROWE

First Name

RICHARD

Middle Initial

G

Mailing Address

Suite/Unit No.

Street No.

Street Name

1

DOWMES AVE.

City/Town

PICTON

Province

ON

Postal Code

K0K 2T0

Telephone No. (incl. area code)

Business

Home

Fax No.

Email Address

R. G. Rowe @ Sympatico . ca

Name of office for which the candidate sought election

COUNCILLOR

Ward Name or No. (if any)

1

Name of Municipality

CORPORATION OF THE COUNTY OF PRINCE EDWARD

Box B: Summary of Campaign Income and Expenses

- | | | |
|---------------------------------------------------------------------------------------------|----|---------|
| 1. My spending limit (as issued by clerk) was | \$ | 7602.70 |
| 2. Surplus (or deficit) from previous election | \$ | NIL |
| 3. Total contributions received (from Schedule 1) | \$ | NIL |
| 4. My total campaign expenses that were subject to the spending limit were (from Box C) | \$ | 799.35 |
| 5. My total campaign expenses that were not subject to the spending limit were (from Box C) | \$ | NIL |
| 6. Total of all campaign expenses (from Box C) | \$ | 799.35 |
| 7. Election campaign surplus/deficit from current election (from Box E) | \$ | NIL |
| 8. Contributions refunded to candidate or spouse (from Box E) | \$ | 100.65 |
| 9. Amount paid to clerk (from Box E) | \$ | 0 |

Box C Statement of Campaign Period Income and Expenses

From
YYYY MM DD
2010 SEPT 9

To
YYYY MM DD
2010 OCT 25

For Candidate

RICHARD G. ROWE

INCOME

Candidate's surplus from immediately preceding election released by the clerk	+	\$	NIL
Contributions from candidate	+	\$	400.00
Contributions from spouse of candidate	+	\$	NIL
All other contributions	+	\$	NIL
Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III)	+	\$	NIL
Interest income	+	\$	NIL
Other (provide full details)			
1.	+	\$	NIL
2.	+	\$	NIL
3.	+	\$	NIL

Total Campaign Period Income = \$ 400.00 C1

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

Expenses Subject to Spending Limit

Advertising	+	\$	NIL
Bank charges	+	\$	12.90
Brochures	+	\$	186.45
Interest on loan	+	\$	NIL
Inventory contributed to candidate's campaign (Schedule 3)	+	\$	NIL
Meetings hosted	+	\$	NIL
Nomination filing fee - 100.00 as per Section 69.11	+	\$	100.00
Office expenses	+	\$	NIL
Phone and/or internet	+	\$	NIL
Salaries and benefits/honoraria/professional fees	+	\$	NIL
Signs	+	\$	NIL
Other (provide full details)			
1.	+	\$	NIL
2.	+	\$	NIL
3.	+	\$	NIL

Subtotal = \$ 299.35 C2

Expenses Not Subject to Spending Limit

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

Subtotal = \$ NIL C3

Total Campaign Period Expenses (C2) + (C3) = \$ 299.35 C4

Excess (Deficiency) of income over Expenses (C1) - (C4) = \$ 100.65

Box D: Statement of Assets and Liabilities as at Oct 25, 2010

Assets		
Cash	+	\$ Nil
Accounts receivable	+	\$ Nil
Value of inventory retained (from Schedule 4)	+	\$ Nil
Other (provide full details)		
1.	+	\$ Nil
2.	+	\$ Nil
3.	+	\$ Nil
Total Assets		\$ Nil
Liabilities and Excess (Deficiency) of Income over Expenses		
Accounts payable	+	\$ Nil
Borrowings, overdraft	+	\$ Nil
Other (provide full details)		
1.	+	\$ Nil
2.	+	\$ Nil
3.	+	\$ Nil
Total Liabilities		\$ Nil

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)	+	\$ 200.65	E1
Deduct: Any deficit carried forward by the candidate from immediately preceding election If the offices are with respect to the same jurisdiction	-	\$ Nil	E2
Surplus (or deficit) for the campaign period (E1) – (E2)	=	\$ 200.65	
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	-	\$ 200.65	
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 _____

Box F: Declaration

I, RICHARD G. ROWE, a candidate in the municipality of PRINCE EDWARD, 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) November 1, 2010
Kim White
 Signature of Clerk or Commissioner
Nov 1, 2010
 Date Filed in the Clerk's Office (yyyy/mm/dd)

[Signature]
 Signature of Candidate

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 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)					\$ <input type="text"/>

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)					\$ <input type="text"/>

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)					\$ <input type="text"/>

Auditor's Report**Municipal Elections Act, 1996 (Section 8)**

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