

**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	08	25

 to 

YYYY	MM	DD
2010	10	25

 Primary filing reflecting finances to December 31 (or 45<sup>th</sup> day after voting day in a by-election)

 Supplementary filing including finances after December 31 (or 45<sup>th</sup> day after voting day in a by-election)

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

Name of Candidate

Last Name

MITCHELL

First Name

ANDREA

Middle Initial

J.

Mailing Address

Suite/Unit No.

Street No.

Street Name

15

DAY STREET

City/Town

CAMBRIDGE

Province

ONTARIO

Postal Code

N1S 3R1

Telephone No. (incl. area code)

Business

Home

Fax No.

Email Address

79) 621-9475

519-621-9475

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Name of office for which the candidate sought election

PUBLIC SCHOOL TRUSTEE

Ward Name or No. (if any)

Name of Municipality

CAMBRIDGE (WATERLOO REGIONAL DISTRICT SCHOOL BOARD)

**Box B: Summary of Campaign Income and Expenses**

1. My spending limit (as issued by clerk) was	\$ 59,199.00
2. Surplus (or deficit) from previous election	\$ 0
3. Total contributions received (from Schedule 1)	\$ 1476.35
4. My total campaign expenses that were subject to the spending limit were (from Box C)	\$ 1476.35
5. My total campaign expenses that were not subject to the spending limit were (from Box C)	\$ 0
6. Total of all campaign expenses (from Box C)	\$ 1476.35
7. Election campaign surplus/deficit from current election (from Box E)	\$ 0
8. Contributions refunded to candidate or spouse (from Box E)	\$ 0
9. Amount paid to clerk (from Box E)	\$ 0



**Box D: Statement of Assets and Liabilities as at OCT. 25, 2010**

**Assets**

Cash	+	\$	0	
Accounts receivable	+	\$	0	
Value of inventory retained (from Schedule 4)	+	\$	0	
Other (provide full details)				
1.	+	\$		
2.	+	\$		
3.	+	\$		
<b>Total Assets</b>				= \$ 0

**Liabilities and Excess (Deficiency) of Income over Expenses**

Accounts payable	+	\$	0	
Borrowings, overdraft	+	\$	0	
Other (provide full details)				
1.	+	\$		
2.	+	\$		
3.	+	\$		
<b>Total Liabilities</b>				= \$ 0

**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)	+	\$	0	E1
Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction	-	\$	0	E2
Surplus (or deficit) for the campaign period (E1) – (E2)	=	\$	0	
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	-	\$	0	
<b>Total Determination</b>	=	\$	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, ANDREA J. MITCHELL, a candidate in the municipality of CAMBRIDGE, ONTARIO, 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 City of Cambridge  
 on (yyyy/mm/dd) January 25, 2011 (2011/01/25)  
[Signature]  
 Signature of Clerk or Commissioner  
January 25, 2011 (2011/01/25)  
 Date Filed in the Clerk's Office (yyyy/mm/dd)

[Signature]  
 Signature of Candidate

**I. SA MELO  
 DEPUTY CLERK  
 CITY OF CAMBRIDGE**



**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				<b>Total</b> \$ 0

**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			<b>Total</b> \$

**Total Part II Contributions**

\$ 0

**Schedule 2 – Fund-Raising Function**

Additional schedule for each event or activity held is/are listed on separate supplementary attachment(s)

Date			Description of event or activity
YYYY	MM	DD	

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.		+	\$
<b>Total Part II Revenue (include in Schedule 1)</b>			<b>\$</b>

**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.		+	\$
<b>Total Part III Revenue (include in Box C)</b>			<b>\$</b>

**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.		+	\$
<b>Total Part IV Expenses (include in Box C)</b>			<b>\$</b>

**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
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
<b>Total Value of Inventory from Previous Campaign Used in Candidate's Campaign</b>					\$

**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
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
<b>Total Value of Inventory of Campaign Goods and Materials</b>					\$

**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	