

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	07	28

 to

YYYY	MM	DD
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			First Name		Middle Initial
Last Name COLLENS			KEITH		"SKIP"
					R
Mailing Address					
Suite/Unit No.	Street No.	Street Name			
1	352	DUNDAS ST. W.			
City/Town			Province	Postal Code	
CAMBRIDGE			ONT	N1R5R2	
Telephone No. (incl. area code)		Fax No.		Email Address	
Business	Home				
	5194972267				
Name of office for which the candidate sought election				Ward Name or No. (if any)	
WATERLOO REGION DISTRICT School BOARD TRUSTEE					
Name of Municipality					
CAMBRIDGE NORTH DUMFRIES					

Box B: Summary of Campaign Income and Expenses

1. My spending limit (as issued by clerk) was	\$ NIL
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)	\$ NIL
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)	\$ NIL
7. Election campaign surplus/deficit from current election (from Box E)	\$ NIL
8. Contributions refunded to candidate or spouse (from Box E)	\$ NIL
9. Amount paid to clerk (from Box E)	\$ NIL

Box C: Statement of Campaign Period Income and Expenses

From			To			For Candidate
YYYY	MM	DD	YYYY	MM	DD	
2010	07	28	2010	10	25	SKIP COLLENS

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	- - - - -	+	\$ 1
Other (provide full details)			
1.	+	\$	N
2.	+	\$	
3.	+	\$	
Total Campaign Period Income	- - - - -	=	\$.00 C1

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

Expenses Subject to Spending Limit			
Advertising	- - - - -	+	\$
Bank charges	- - - - -	+	\$
Brochures	- - - - -	+	\$
Interest on loan	- - - - -	+	\$ N
Inventory contributed to candidate's campaign (Schedule 3)	- - - - -	+	\$
Meetings hosted	- - - - -	+	\$
Nomination filing fee	- - - - -	+	\$ 100.00
Office expenses	- - - - -	+	\$
Phone and/or Internet	- - - - -	+	\$
Salaries and benefits/honoraria/professional fees	- - - - -	+	\$ N
Signs	- - - - -	+	\$
Other (provide full details)			
1.	+	\$	
2.	+	\$	
3.	+	\$	
Subtotal	- - - - -	=	\$ 100.00 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	- - - - -	+	\$ N
Voting day party / appreciation notices	- - - - -	+	\$
Expenses related to candidate's disability (provide details)			
1.	+	\$	N
2.	+	\$	
3.	+	\$	
Other (provide full details)			
1.	+	\$	N
2.	+	\$	
3.	+	\$	
Subtotal	- - - - -	=	\$ C3
Total Campaign Period Expenses (C2) + (C3)	- - - - -	=	\$ C4
Excess (Deficiency) of Income over Expenses (C1) - (C4)	- - - - -	=	\$

Table 2: Monetary contributions from unions or corporations

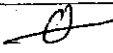

Name (Legal and Carrying on Business As)	Address	President or Business Manager	Cheque Signatory	Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment				Total \$ 

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			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.				+	\$
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 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