



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 08 20 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 Last Name da Silva First Name Manuel Middle Initial

Mailing Address Suite/Unit No. 55 Street No. Street Name Beaversbrook

City/Town Cambridge Province ON Postal Code N1P 1G9

Telephone No. (incl. area code) Business Home 519-622-3039 Fax No. 905-670-1387 Email Address mdasilva@stainlessprocess.com

Name of office for which the candidate sought election Waterloo Catholic School Trustee Ward Name or No. (if any)

Name of Municipality Cambridge

Box B: Summary of Campaign Income and Expenses

- 1. My spending limit (as issued by clerk) was \$ 23,550
2. Surplus (or deficit) from previous election \$
3. Total contributions received (from Schedule 1) \$
4. My total campaign expenses that were subject to the spending limit were (from Box C) \$
5. My total campaign expenses that were not subject to the spending limit were (from Box C) \$
6. Total of all campaign expenses (from Box C) \$
7. Election campaign surplus/deficit from current election (from Box E) \$
8. Contributions refunded to candidate or spouse (from Box E) \$
9. Amount paid to clerk (from Box E) \$

Box C: Statement of Campaign Period Income and Expenses

From YYY Y MM DD To YYY Y MM DD

For Candidate *Manuel da Silva*

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. _____	+	\$	_____
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	+	\$	<i>100.00</i>
Office expenses	+	\$	_____
Phone and/or Internet	+	\$	_____
Salaries and benefits/honoraria/professional fees	+	\$	_____
Signs	+	\$	_____
Other (provide full details)			
1. _____	+	\$	_____
2. _____	+	\$	_____
3. _____	+	\$	_____

Subtotal = \$ _____ 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 = \$ *100.00* C3

Total Campaign Period Expenses (C2) + (C3) = \$ *100.00* C4

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

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

Assets

Cash	----- +	\$	<u>111</u>	
Accounts receivable	----- +	\$	<u>111</u>	
Value of inventory retained (from Schedule 4)	----- +	\$	<u>111</u>	
Other (provide full details)				
1.	----- +	\$	<u>111</u>	
2.	----- +	\$	<u>111</u>	
3.	----- +	\$	<u>111</u>	
Total Assets	----- =	\$	<u>111</u>	

Liabilities and Excess (Deficiency) of Income over Expenses

Accounts payable	----- +	\$	<u>111</u>	
Borrowings, overdraft	----- +	\$	<u>111</u>	
Other (provide full details)				
1.	----- +	\$	<u>111</u>	
2.	----- +	\$	<u>111</u>	
3.	----- +	\$	<u>111</u>	
Total Liabilities	----- =	\$	<u>111</u>	

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)	----- +	\$	<u>111</u>	E1
Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction	----- -	\$	<u>111</u>	E2
Surplus (or deficit) for the campaign period (E1) – (E2)	----- =	\$	<u>111</u>	
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	----- -	\$	<u>111</u>	
Total Determination	----- =	\$	<u>0</u>	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 0

Box F: Declaration

I, Manuel da Silva, a candidate in the municipality of Cambridge, 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) 2011/03/02
I. Sa Melo
 Signature of Clerk or Commissioner
2011/03/02
 Date Filed in the Clerk's Office (yyyy/mm/dd)

Manuel da Silva
 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
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total	\$

Additional information is listed on separate supplementary attachment

Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)

Name	Address	Goods or Services	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			Total

Additional information is listed on separate supplementary attachment

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

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)			\$

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