

**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 |
| 2014 | 05 | 13 |

 to

| | | |
|------|----|----|
| YYYY | MM | DD |
| 2014 | 09 | 12 |

- 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 REIL | First Name ROBIN | Middle Initial L. |
|--------------------------|----------------------------|-----------------------------|

Mailing Address

| | | |
|----------------|------------------------|---------------------------------|
| Suite/Unit No. | Street No. 9 | Street Name SCACE AVE |
|----------------|------------------------|---------------------------------|

| | | |
|--------------------------------|-----------------------|-------------------------------|
| City/Town BROCKVILLE | Province ON | Postal Code K6V 2A3 |
|--------------------------------|-----------------------|-------------------------------|

| | | | |
|--|-------------------------|----------------------------|---|
| Telephone No. (incl. area code) Business — | Home 345-4354 | Fax No. 345-7506 | Email Address robin.reil@cdsbeo.on.ca |
|--|-------------------------|----------------------------|---|

| | |
|---|---|
| Name of office for which the candidate sought election CATHOLIC SCHOOLS TRUSTEE | Ward Name or No. (if any) — 4 |
|---|---|

Name of Municipality
BROCKVILLE, SMITHS FALLS, LEEDS COUNTY,

Box B: Summary of Campaign Income and Expenses

- | | |
|---|-----------------------|
| 1. My spending limit (as issued by clerk) was - - - - - | \$ 10,119.55 ? |
| 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) - - - | \$ 100.00 |
| 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 YYYY MM DD To YYYY MM DD For Candidate

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 | = | \$ | 0 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 | + | \$ | 100.00 |
| Nomination filing fee | + | \$ | |
| Office expenses | + | \$ | |
| Phone and/or Internet | + | \$ | |
| Salaries and benefits/honoraria/professional fees | + | \$ | |
| Signs | + | \$ | |
| Other (provide full details) | + | \$ | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | 100.00 |
| 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 | + | \$ | |
| Voting day party / appreciation notices | + | \$ | |
| Expenses related to candidate's disability (provide details) | + | \$ | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Other (provide full details) | + | \$ | |
| 1. | + | \$ | |
| 2. | + | \$ | |
| 3. | + | \$ | |
| Subtotal | = | \$ | 2400.00 C3 |

Total Campaign Period Expenses (C2) + (C3)

| | | | |
|--|---|----|------------|
| Total Campaign Period Expenses (C2) + (C3) | = | \$ | 2500.00 C4 |
| Excess (Deficiency) of Income over Expenses (C1) - (C4) | = | \$ | 100.00 |

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, ROBIN L. REIL, a candidate in the municipality of BROOKVILLE SMITHS FARM & LEADS 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 Brockville
 on (yyyy/mm/dd) 2014/10/07
MacInnair
 Signature of Clerk or Commissioner
Oct 7 /14 2014/10/07
 Date Filed in the Clerk's Office (yyyy/mm/dd)

Rob L. Reil
 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 |
|--------------|----|----|----------------------------------|

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 | | |