

# Financial Statement – Subsequent Expenses – Form 5 Municipal Elections Act, 1996 (Section 88.32)

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### Instructions

This form must be completed by any candidate or registered third party who has:

- incurred costs related to a compliance audit, after the supplementary filing period has passed; and
- · applied for the return of their surplus funds from the clerk in order to defray those costs.

Any surplus funds remaining when the costs have been defrayed shall be immediately paid to the clerk who was responsible for the conduct of the election.

A new form must be completed and filed with the clerk 90 days after the surplus was returned to the candidate or third party advertiser, and every 90 days thereafter, until:

- · the costs are defrayed and any remaining surplus has been paid to the clerk, or
- · there is no surplus remaining.

, YYYY MM .	DD YYYY MM	DD .		
For the reporting period from 2022 05 0	04 to 2022 10	a4	_	
Box A: Name of Candidate and Office				
Candidate's name as shown on ballot				
Last Name or Single Name	Given Name(s)			
<u>Gadoury - East</u>	Sharan			
Office for Which the Cardidate Sought Election	Ward Name or Number (if any)			
Municipality Town of Latchford.				
Box B: Name of Registered Third Party				:
Name of Registered Third Party	Municipality	· ···		· · · · · ·
Official Representative (if trade union or corporation)	<u> </u>		-	
Last Name or Single Name	Given Name(s)			
Box C: Summary of Expenses			<del></del>	
Surplus at Start of Reporting Period	•	\$	Ø	(A)
Expenses related to compliance audit (provide full details)				_
1. Office Expense	+\$ 31.28			
2. Fluers.	+\$ 48.02			
3. Signs	+\$793.26	<del></del>		
4.	+ \$	<b>—</b>		
5.	+ \$	<b></b>		
Total Expenses		= \$ Q	<del>1</del> 2.5	그 (B)
Surplus Remaining (A) — (B)		= \$	LIN.O	Ŧ.,
Amount Paid to Clerk (if applicable)		\$		<del></del>
4 <b>1</b> . 1				

Box D: Declaration			
1. Sharon	Gadoury-Eas	, decl	are that to the best of my knowledge and
	ements and attached supporting s		correct.
Signature of Candidate	Seast or Registered Third Party (or Office	cial Representative)	2022/11/15 Date (yyyy/mm/dd)
Time Filed	Date Filed (yyyy/mm/dd)	Signature of Clerk or	Designate
8:30 Am	2012/11/16		



# Financial Statement — Auditor's Report Third Party — Form 8 Municipal Elections Act, 1996 (Section 88.29)

### Instructions

All registrants must complete Boxes A, B, C and D and Schedule 1. All registrants must complete Schedule 2 as appropriate. Registrants 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 registrant or, if the registrant is an individual, their spouse) shall be immediately paid to the clerk who was responsible for the conduct of the election.

For the campaign period	7777 from 2023	MM DD	to 2022 10	1a4
Initial filing reflecting final	ances from start of c	ampaign to Dece	ember 31 (or 45 days after v	oting day in a by-election)
_			in to end of extended camp	·
Box A: Name of Regis	strant		,	
Name of Registrant (individ	ual, trade union or o	orporation)		
Official Representative (nar	ne of person signing	on behalf of trad	le union or corporation)	···
Last Name or Single Name	_ 1		Given Name(s)	
Gadoury	<u>- East</u>		Sharon	
Municipality Town of	Latchfor	rd.		
Spending Limit – General \$ 7700.00			Spending Limit – Parties ar \$	nd Other Expressions of Appreciation
Box B: Declaration			• •	
I. Shorton to the best of my knowledge	Gadow and belief that thes		<u> </u>	r official representative), declare that ng schedules are true and correct.
	Registrant (or Office	ial Representativ		Date (lyyy/mm/dd)
Date Filed (yyyy/mm/dd)	Time Filed	Initial of Registra or Agent (if filed	ant, Official Representative in person)	Signature of Clerk or Designate

Box C: Statement of Campaign Income and Expenses		
LOAN		
Name of bank or recognized lending institution		Amount borrowed \$
INCOME		
Total amount of all contributions (from line 1A in Schedule 1)	+ \$	
Revenue from items \$25 or less	+ \$	
Sign deposit refund	+ \$	
Revenue from fundraising events not deemed a contribution	_	
(from Part III of Schedule 2)	+ \$	
Interest earned by campaign bank account	+ \$	
Other (provide full details)	•	
1.	+ \$	
2.	_+ \$	
3.	_++	•
4.	++	
5.	+ \$	
6.	++	<i>→</i>
Total Campaign Income (Do not include loan)		= \$ () C1
EXPENSES (Note: Include the value of contributions of goods and s	on inoc)	
<del>-</del>	services)	
Expenses subject to general spending limit     Inventory from previous campaign used in this campaign		
(list details in Table 2 of Schedule 1)	+ \$	
Advertising	+ \$	
Brochures/flyers	+ \$ UR.03	
Signs (including sign deposit)	+\$ 793.36	
Meetings hosted	+ \$	
Office expenses incurred until voting day	+\$ 31.28	
Phone and/or internet expenses incurred until voting day	+ \$	
Salaries, benefits, honoraria, professional fees incurred until voting day	+ \$	
Bank charges incurred until voting day	+ \$	
Interest charged on loan until voting day	+ \$	
Other (provide full details)	•	
1.	+ \$	
2.	+ \$	
3.	+ \$	
4.		
5.	<del>_</del>	
6.	+ \$	
Total Expenses subject to general spending limit	_ <del></del>	•
	0101.	<b>'-</b>
<ol><li>Expenses subject to spending limit for parties and other expression</li></ol>		
1.	+ \$	

2.	+ \$	
3.	+ \$	
4.	+ \$	<del></del>
5.	+ \$	<del></del>
Total Expenses subject to spending limit for parties and other expressions of appreciation	= \$ Ø	
3. Expenses not subject to spending limits		
Accounting and audit	+ \$	
Cost of fundraising events/activities (list details in Part IV of Schedule 2)	+ \$	
Office expenses incurred after voting day	+ \$	<del></del>
Phone and/or internet expenses incurred after voting day	+ \$	<del></del>
Salaries, benefits, honoraria, professional fees incurred after voting day	+ \$	
Bank charges incurred after voting day	+ \$	
Interest charged on loan after voting day	+ \$	<del></del>
Expenses related to recount	+ \$	
Expenses related to controverted election	+ \$	<del></del>
Expenses related to compliance audit	+ \$	<del></del>
Expenses related to candidate's disability (provide full details)		
1	+ \$	
2.	+ \$	
3.	+ \$	
4.	+ \$	
5.	+ \$	<del></del>
Other (provide full details)		
1.	+ \$	
2.	+ \$	<del></del>
3.	+ \$	
4.	+ \$	<del></del>
5.	+ \$	<del>_</del>
Total Expenses not subject to spending limits	=\$ Ø	C4
Total Campaign Expenses (C2 + C3 + C4)		 
Box D: Calculation of Surplus or Deficit	: *	
Excess (deficiency) of income over expenses (Income minus Total Expenses) (C1 – C5)	+ \$ 872.57	D1
If there is a surplus, deduct any refund of registrant's or spouse's contributions to the campaign	- \$ Ø	
Surplus (or deficit) for the campaign		= \$ Ø D2

If line D2 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.

Don't Descriptions of Contributions						<del></del>
Part I – Summary of Contributions						,
Contributions in money from registrant and Contributions in goods and services from re spouse(include value listed in Table 1 and 1	gistrant and (if indivi		+ \$ + \$			
Total value of contributions not exceeding \$ Include ticket revenue, contributions in m where the total contribution from a contrib (do not include contributions from registra	vices	+ \$				
Total value of contributions exceeding \$100 (from line 1B; list details in Tables 3-6)	•					
<ul> <li>Include ticket revenue, contributions in m where the total contribution from a contrib (do not include contributions from registra</li> </ul>	outor exceeds \$100	vices	+ \$			
Less: Ineligible contributions returned or pa Contributions paid or payable to the o	-		- \$			
from anonymous sources exceeding			- \$			
Total Amount of Contributions (record under Income in Box C)			= \$		1A	
Part II - Contributions from registran	t or spouse					
Table 1: Contributions in goods or service	-					
Description of Goods or Services			··	Date	Received	Value (\$)
					//mm/dd)	
				1		
			_			
	<del></del>			<del>- </del>		
· · · · · · · · · · · · · · · · · · ·				-		
					Total	
Additional information is listed on separa	ate supplementary at	lachment i	f completed	manually.		
Additional information is listed on separa  Table 2: Inventory of campaign goods an  Note: Value must be recorded as a contr	d materials from p	evious mu	ınicipal can	npaign us		ampalgn
Additional information is listed on separa Table 2: Inventory of campaign goods an (Note: Value must be recorded as a contr Description	ed materials from pribution from the re  Date Acquired	revious mu gistrant ar	ınicipal can	npaign us		Current Marke
Table 2: Inventory of campaign goods an Note: Value must be recorded as a conti	d materials from pribution from the re	revious mu gistrant ar	ınicipal can	npaign us	ed in this c	
Table 2: Inventory of campaign goods an Note: Value must be recorded as a conti	ed materials from pribution from the re  Date Acquired	revious mu gistrant ar	ınicipal can	npaign us	ed in this c	Current Marke
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Table 2: Inventory of campaign goods an (Note: Value must be recorded as a conti	ed materials from pribution from the re  Date Acquired	revious mu gistrant ar	ınicipal can	npaign us	ed in this c	Current Marke

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Name .		Full	Address				Received //mm/dd)	R	Amount eceived (\$)	Amount Return to Contributor Paid to Clerk (S
										•
					,					
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
					_		Total			
_	mation is listed on a contributions from			•		if com	pleted ma	nual	y.	
Name (legal and carrying on business as)	Full Address	All COL	Preside Busine Manage	ent or ss	Authorize Represent		Date Receiv (yyyy/mm	ed	Amount Received (\$)	Amount Return to Contributor Paid to Clerk
								• • • • • • • • • • • • • • • • • • • •		
			<u> </u>							
					i					
						_				
										•
					<u></u>		То	tal		
Additional infor	mation is listed on s	separat	te supple:	nentary a	attachment,	if com			y.	J
Table 5: Contribu	tions in goods or:	service	es from i	ndividua						
(Note: Must also i Name	Full Address	pense:		C.) Descript	ion of	Doto	Received	1]	Value (\$)	Amount Retur

Name ·	Full Address	Descri Goods	ption of or Services		Received /y/mm/dd)	Value (\$)	Amount Returned to Contributor or Paid to Clerk (\$)
			:				
				-			
					Total		
Additional inform	ation is listed on separa	ite supplementar	, attachment, i	f com	pleted manual	ly.	•
(Note: Must also be	contributions from cor recorded as Expense		de unions				
Name (legal and carrying on	Full Address	President or Business	Authorized Representa		Date Received (yyyy/mm/dd)		Amount Returned to Contributor or
business as)		Manager			(3) 3) Minimach		Paid to Clerk (\$)
business as)		Manager			уууулшоаау		Paid to Clerk (\$)
business as)		Manager			уууулшыса		Paid to Clerk (\$)
business as)		Manager		-	уууулшыса		Paid to Clerk (\$)
business as)		Manager			уууулшыаау		Paid to Clerk (\$)
business as)		Manager			уууулшыса		Paid to Clerk (\$)
business as)		Manager					Paid to Clerk (\$)
	ation is listed on separa		attachment	Com	Total		Paid to Clerk (\$)

4ACCOR MANINA

Schedule 2 - Fundraising Events and Activities			
Complete à separate schedule for each event or activity held.	Additional schedul	e(s) attached, if co	ompleted manually.
Fundraising Event/Activity 1			***
Description of fundraising event/activity			
Date of event/activity (yyyy/mm/dd)	-		
Part I – Ticket revenue			
Admission charge (per person)	\$	2A	
(If there are a range of ticket prices, attach complete breakdown of a	all ticket sales)		
Number of tickets sold	×	2B	
Total Part I (2A X 2B) (include in Part I of Schedule 1)	<del></del>	= 5	<u> </u>
Part II - Other revenue deemed a contribution			
Provide details (e.g., revenue from goods sold in excess of fair mark	(et value)		
1.	+ \$		
2.	+ \$		
3.	+ \$		
4.	+ \$		
5.	+ \$	····	
Total Part II (include in Part I of Schedule 1)  Part III - Other revenue not deemed a contribution  Provide details (e.g., contribution of \$25 or less; goods or services s	oid)	= 9	<b>.</b>
1	+ \$		
2.	+ \$	·	
3.	+ \$	<del></del>	
4.	+ \$		
5	+ \$		
Total Part III (include under income in Box C)		= 9	<b>5</b>
Part IV – Expenses related to fundraising event or activity	•		
Provide details			
1	+ \$	<del></del>	
2.	+ \$		
3.	+ \$		
4.	+ \$		
5.	+ \$		
Total Part IV Expenses (include under Expenses in Box C)		= \$	<b>;</b>

Auditor's Report Municipal Elections Act, 1996 (\$	Section 88.25)		
A registrant who has received contribu	rtions or incurred expense	es in excess of \$10,000 must at	tach an auditor's report.
Professional Designation of Auditor			
Municipality			Date (yyyy/mm/dd)
Contact Information		·	
Last Name or Single Name		Given Name(s)	Licence Number
Address			
Suite/Unit Number   Street Number	Street Name		
Municipality		Province	Postal Code
Telephone Number	Email Address	<u> </u>	
The report must be done in accordance set out the scope of the examin		auditing standards and must:	·
<ul> <li>provide an opinion as to the cormisstatement</li> </ul>		of the financial statement and v	whether it is free of material
Report is attached			

Personal information, if any, collected on this form is obtained under the authority of sections 88.29 and 95 of the *Municipal Elections Act*, 1996. Under section 88 of the *Municipal Elections Act*, 1996 (and despite anything in the *Municipal Freedom of Information and Protection of Privacy Act*) documents and materials filed with or prepared by the clerk or any other election official under the *Municipal Elections Act*, 1996 are public records and, until their destruction, may be inspected by any person at the clerk's office at a time when the office is open. Campaign financial statements shall also be made available by the clerk in an electronic format free of charge upon request.



# Notice of Extension of Campaign Period - Form 6

Municipal Elections Act, 1996 (Sections 88.24, 88.28)

### Instructions

- To be completed and filed with the clerk by a candidate or registered third party requesting an extension of the campaign period due to a deficit.
- This notice must be filed on or before December 31 in the year of a regular election and 45 days after voting day in the case of a by-election.

Box A: Name of Candidate and Office	
Name of Candidate	
Last Name or Single Name	Given Name(s)
Office for Which the Candidate Sought Election	Ward Name or Number (if any)
Municipality	
Box B: Name of Registered Third Party	
Name of Registered Third Party	Municipality
Official Representative (If trade union or corporation)	
Last Name or Single Name	Given Name(s)
Box C: Declaration	
ι,	, hereby give notice and declare to the clerk
that I (or the registered third party that I represent) have a deficit with section 88.24.	t and wish the campaign period to be extended in accordance
Signature of Candidate or Registered Third Party (or Offici	al Representative) Date (yyyy/mm/dd)



THANK YOU/MERCI! CUSTOMER COPY

lakeviewsigns@gmail.com 705-679-5493

### INVOICE

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BILL TO hace	on Sadoury Case	DATE HIL	027/307
	etchford, En.		
	POJ.INO	-	
		_ PO # ———	<del> </del>
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	DESCRIPTION	UNIT PRICE	AMQUNT
4 3x4	signs (dution)	@ 93.n	372.00
LAKEVIEW SIGNS 306 ELLIOT ST HAILEYBURY ON POJINO 7056795493			
DEBIT SALE	( V 7")	·	
ID: 6032479 ID: 001 REF#: 00000136 latch #: 032 RRN: 00000002 6/28/22 12:53:31	Object in		
APPR CODE: 146885 Frace: 00305137 DEBIT/CHEQUING Chip			
AMOUNT \$420.36			
APPROVED			
nteruc AID: A0000002771010			
TVR: 00 80 00 80 00 FSI: E8 00		Sub-total	312.00
PIN VERIFIED BY CARD ISSUER. ACCOUNT HILL BE DEBITED HITH THE ABOVE ABOUNT FOR CREDITED IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION		HST TOTAL DUE	49.36

Thank you for your business!

# Lakeview Signs

lakeviewsigns@gmail.com 705-679-5493

INVOICE

1134 ŝ

DATE

BILL TO

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AMOUNT UNIT PRICE 0

DESCRIPTION

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LAKEVIEW SIGNS 306 ELLIOT ST HAILEYBURY ON POJINO 7056795493

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Sub-total

HST

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TOTAL DUE

### **DEBIT SALE**

MID: 6032479

TID: 001 Batch #: 032 REF#: 00000128 RRN: 00000002

Thank you for your business!

05/30/22

APPR CODE: 126996

Trace: 00573408 DEBIT/CHEQUING \*\*\*\*\*\*\*\*\*\*8635

Chip

10:03:02

AMOUNT

\$372.90

**APPROVED** 

Interac AID: A0000002771010 TVR: 00 80 00 80 00 TSI: F8 00

PIN VERIFIED BY CARD ISSUER. ACCOUNT WILL BE DEBITED WITH THE ABOVE ANOUNT (OR CREDITED IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION

THANK YOU/MERC!

CHIETOMED CODY

### Town of Latchford

10 Main Street P.O. Box 10 Latchford, ON

Tel: (705)676-2416 Fax: (705)676-2121

Sold To		
SHARON GAD	OURY-EAST-1	
	•	
		•

## **Sales Receipt**

Date	Sale No.	
9/1/2022	4174	

Cheque No.	Payment Method	Project
	Interac Debit	

Description	Qty	Rate	Amount
170 COPIES OF CAMPAIGN FLYERS HST (ON) on sales	170	0.25 13.00%	42.50 5.53
TOWN DE LATCHFORD  10 MAIN STREET LATCHFORD, ON POJINO 7058762416  DEBIT SALE			
REF#: 00000001  REF#: 00000001  RRN: 00000001  12:40:47  APPR CODE: 136642  Trace: 00115852  DEBIT/CHEQUING  Chip			
AMOUNT \$48.03			
APPROVED			
Interac AID: A0000002771010 TVR: 00 80 00 80 00 TSI: E8 00			
PIN VERIFIED BY CARD ISSUER, ACCOUNT HILL BE  OFFITED HITH THE ABOVE AROUNT (OR CREDITED IF CREDIT VOUCHER) RETAIN THIS COPY FOR STATEMENT VERIFICATION		Total	\$48.03
RETAIN THIS COPY FOR STATEMENT VERIFICATION		•	

THANK YOU / MERCH

CUSTOMER COPY

Canada Post/Postes Canada LATCHFORD PO 52 MITCHELL ST LATCHFORD, ON POJ 1NO GST/TPS#119321495

2022/09/01

12:53:55

Monique

CC452025 W/G 1

\$27.68

N MAIL STNDRD 50G/COUR QUAR STD 50G

ADS Barcode Number/Le numéro de la FDCQ:0064913915

Product Size/Taille du produit:
Standard
Number of items/Nombre d'articles:160
Weight per item (g)/Poids par article

(g):2Price per item (\$)/Tarif par article (\$):0.1730

\$27.68 SUBTL/SOUS-TOTAL \$3.60 HST/TVH \$31.28 TOTAL

Debit/Débit

\$31.28

Tell us how we did today. Complete the survey at canadapostsurvey.ca or text survey to 55555 and enter to WIN one of two \$250 Prepaid Visa Cards. (Standard message and data rates would apply for text message.)/ Parlez-nous de votre expérience aujourdóhui. Répondez au sondage sur le site sondagepostescanada.ca ou envoyez un message texte à sondage au 55555 et courez la chance de GAGNER loune des deux cartes Visa prépayées de 250\$. (Les frais standard pour les messages textes et les



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WWW.CANADAPOST.CA/WWW.POSTESCANADA.CA

données sóappliquent.)