
**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	JULY	22

 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		First Name		Middle Initial	
			McCron		James		D	
Mailing Address								
Suite/Unit No.		Street No.		Street Name				
		318		Sunset Blvd				
City/Town						Province		Postal Code
Stouffville						on		14a3a4
Telephone No. (incl. area code)				Fax No.		Email Address		
Business		Home				jmccron@sympatico.ca		
		9056408958						
Name of office for which the candidate sought election						Ward Name or No. (if any)		
councillor						ward 5		
Name of Municipality								
Stouffville								

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

1. My spending limit (as issued by clerk) was - - - - -	\$ 8,581.90
2. Surplus (or deficit) from previous election - - - - -	\$ 0.00
3. Total contributions received (from Schedule 1) - - - - -	\$ 6,050.00
4. My total campaign expenses that were subject to the spending limit were (from Box C) - - -	\$ 4,298.32
5. My total campaign expenses that were not subject to the spending limit were (from Box C) - -	\$ 0.00
6. Total of all campaign expenses (from Box C) - - - - -	\$ 4,298.32
7. Election campaign surplus/deficit from current election (from Box E) - - - - -	\$ 1,751.68
8. Contributions refunded to candidate or spouse (from Box E) - - - - -	\$ 1,751.68
9. Amount paid to clerk (from Box E) - - - - -	\$ 0.00

**Box C: Statement of Campaign Period Income and Expenses**

From YYYY MM DD To YYYY MM DD For Candidate  
 2010 July 22 2010 10 25 James D. McCron

**INCOME**

Candidate's surplus from immediately preceding election released by the clerk	+	\$	0.00
Contributions from candidate	+	\$	1,400.00
Contributions from spouse of candidate	+	\$	1,400.00
All other contributions	+	\$	3,250.00
Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III)	+	\$	0.00
Interest income	+	\$	0.00
Other (provide full details)			
1.	+	\$	
2.	+	\$	
3.	+	\$	

**Total Campaign Period Income** = \$ **6,050.00** C1

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

**Expenses Subject to Spending Limit**

Advertising	+	\$	440.70
Bank charges	+	\$	35.85
Brochures	+	\$	2,169.60
Interest on loan	+	\$	
Inventory contributed to candidate's campaign (Schedule 3)	+	\$	
Meetings hosted	+	\$	
Nomination filing fee	+	\$	0
Office expenses	+	\$	199.68
Phone and/or Internet	+	\$	
Salaries and benefits/honoraria/professional fees	+	\$	
Signs	+	\$	633.93
Other (provide full details)			
1. postage	+	\$	691.28
2. wood and hardware for signage	+	\$	127.28
3.	+	\$	

**Subtotal** = \$ **4,298.32** 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** = \$ C3

**Total Campaign Period Expenses (C2) + (C3)** = \$ **4,298.32** C4

**Excess (Deficiency) of Income over Expenses (C1) - (C4)** = \$ **1,751.68**

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

**Assets**

Cash	+	\$	0.00	
Accounts receivable	+	\$		
Value of inventory retained (from Schedule 4)	+	\$	0.00	
Other (provide full details)				
1.	+	\$		
2.	+	\$		
3.	+	\$		
<b>Total Assets</b>				= \$

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

Accounts payable	+	\$	0.00	
Borrowings, overdraft	+	\$		
Other (provide full details)				
1.	+	\$		
2.	+	\$		
3.	+	\$		
<b>Total Liabilities</b>				= \$

**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)	+	\$	1751.68	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)	-	\$	1,751.68	
<b>Total Determination</b>	=	\$		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 \_\_\_\_\_

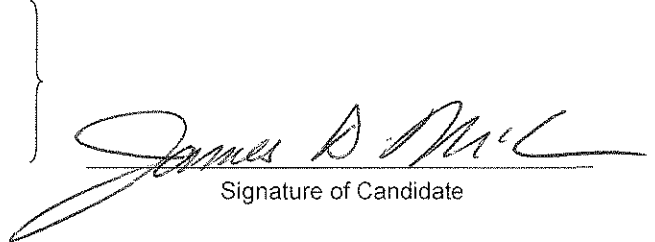
**Box F: Declaration**

I, James D. McCron, a candidate in the municipality of Stouffville, 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 TOWN OF WHITCHURCH-STOUFFVILLE  
on (yyyy/mm/dd) 2011/3/17

  
Signature of Clerk or Commissioner  
Karen Ewart, a Commissioner, etc.,  
Regional Municipality of York, for the Corporation  
of the Town of Whitchurch-Stouffville.

  
Signature of Candidate

March 17, 2011  
Date Filed in the Clerk's Office (yyyy/mm/dd)



**Table 2: Monetary contributions from unions or corporations**

Name (Legal and Carrying on Business As)	Address	President or Business Manager	Cheque Signatory	Amount
Jonjo Limited	80 Perivale Cres Scarborough Ontario	G.Odwyer	J.Odwyer	\$ 250.00
Atok Corp	318 Sunset Blvd Stouffville Ontario	A. MacLean	A. MacLean	\$ 750.00
Checker Flag Leasing	4-5845 Luke rd. Mississauga. Ontario	J. Odwyer	J. Odwyer	\$ 750.00
				\$
				\$
				\$
				\$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment				<b>Total</b> \$ <b>1,750.00</b>

**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**

\$ <b>0.00</b>
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**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.	- - - +	\$ <input type="text"/>
2.	- - - +	\$ <input type="text"/>
3.	- - - +	\$ <input type="text"/>
4.	- - - +	\$ <input type="text"/>
5.	- - - +	\$ <input type="text"/>
6.	- - - +	\$ <input type="text"/>
7.	- - - +	\$ <input type="text"/>
8.	- - - +	\$ <input type="text"/>
<b>Total Part II Revenue (include in Schedule 1)</b>	- - - - - =	\$ <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.	- - - +	\$ <input type="text"/>
2.	- - - +	\$ <input type="text"/>
3.	- - - +	\$ <input type="text"/>
4.	- - - +	\$ <input type="text"/>
5.	- - - +	\$ <input type="text"/>
6.	- - - +	\$ <input type="text"/>
7.	- - - +	\$ <input type="text"/>
8.	- - - +	\$ <input type="text"/>
<b>Total Part III Revenue (include in Box C)</b>	- - - - - =	\$ <input type="text"/>

**Part IV – Expenses Related to Fund-Raising Function**

Venue - - - - -	- - - +	\$ <input type="text"/>
Event advertising - - - - -	- - - +	\$ <input type="text"/>
Food and drink - - - - -	- - - +	\$ <input type="text"/>
Entertainment - - - - -	- - - +	\$ <input type="text"/>

Other (provide full details)

1.	- - - +	\$ <input type="text"/>
2.	- - - +	\$ <input type="text"/>
3.	- - - +	\$ <input type="text"/>
4.	- - - +	\$ <input type="text"/>
5.	- - - +	\$ <input type="text"/>
6.	- - - +	\$ <input type="text"/>
7.	- - - +	\$ <input type="text"/>
8.	- - - +	\$ <input type="text"/>
<b>Total Part IV Expenses (include in Box C)</b>	- - - - - =	\$ <input type="text"/>

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