

Instructions:

All candidates must complete Boxes A and B. Candidates who receive contributions or incur expenses beyond the nomination fee must complete Boxes C, D, Schedule 1, and Schedule 2 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	09	12

 to

YYYY	MM	DD
2014	10	27

- 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

Candidate’s name as shown on the ballot

Last Name

MACKENZIE

Given Name(s)

Allan Lloyd

Name of office for which the candidate sought election

Councilor

Ward name or no. (if any)

ONE

Name of Municipality

Port Hope

Spending limit issued by clerk

\$ 12,900.75

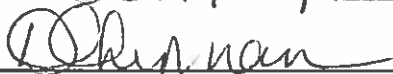
- I did not accept any contributions or incur any expenses other than the nomination fee. (Complete Box A and B only)

Box B: Declaration

I, Allan Mackenzie, a candidate in the municipality of Port Hope, 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 Municipality of Port Hope

 on (yyyy/mm/dd) 2014/11/18


Signature of Clerk or Commissioner

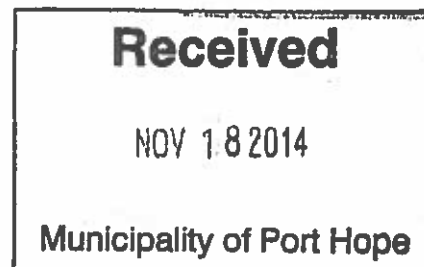
2014/11/18

Date Filed in the Clerk’s Office (yyyy/mm/dd)



Signature of Candidate

Dale Marie Chipman,
a Commissioner, etc., Province of Ontario,
for the Corporation of the
Municipality of Port Hope.
Expires April 5, 2015.



Box D: Calculation of Surplus or Deficit

Excess (deficiency) of income over expenses (Income – Total Expenses) (C1 – C4)	+ \$ 4.72	D1
Eligible deficit carried forward by the candidate from the last election	- \$ _____	D2
Total (D1 – D2)	= \$ _____	
If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign	- \$ 4.72	
Surplus (or deficit) for the campaign	= \$ _____	D3

If line D3 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.

Amount of \$ _____ paid to municipal clerk in the municipality of _____.

Table 2: Monetary contributions from corporations or unions

Name (Legal and Carrying on Business As)	Full Address	President or Business Manager	Authorized Representative	Amount \$

Additional information is listed on separate supplementary attachment **Total**

Table 3: Contributions in goods or services from individuals other than candidate or spouse
 (Note: must also be recorded as expenses in Box C)

Name	Full Address	Description of Goods or Services	Value \$

Additional information is listed on separate supplementary attachment **Total**

Schedule 2 – Fundraising Events and Activities

Fundraising Event/Activity

Complete a separate schedule for each event or activity held

Additional schedule(s) attached

Description of fundraising event/activity _____

Date of event/activity (yyyy/mm/dd) _____

Part I – Ticket Revenue

Admission charge (per person)

(If there are a range of ticket prices, attach complete breakdown of all ticket sales)

_____	+	\$ _____	2A
Number of tickets sold	X	_____	2B
Total Ticket Revenue (2A x 2B) (Include in Schedule 1)			= \$ _____

Part II – Other revenue deemed a contribution

(provide details (e.g. revenue from goods sold in excess of fair market value))

1. _____	+	\$ _____
2. _____	+	\$ _____
3. _____	+	\$ _____
4. _____	+	\$ _____
5. _____	+	\$ _____

Total Part II Revenue (include in Schedule 1) = \$ _____

Part III – Other revenue not deemed a contribution

(provide details (e.g. contributions of \$10 or less; market value of goods or services sold))

1. _____	+	\$ _____
2. _____	+	\$ _____
3. _____	+	\$ _____
4. _____	+	\$ _____
5. _____	+	\$ _____

Total Part III Revenue (include in Box C) = \$ _____

Part IV – Expenses related to fundraising event or activity (provide details)

1. _____	+	\$ _____
2. _____	+	\$ _____
3. _____	+	\$ _____
4. _____	+	\$ _____
5. _____	+	\$ _____
6. _____	+	\$ _____
7. _____	+	\$ _____
8. _____	+	\$ _____

Total Part IV Expenses (include in Box C) = \$ _____



Branch: 0314 PORT HOPE
113 WALTON STREET
PORT HOPE, ON

Date: Oct 28, 2014, 12:36 PM
Ref #: 00554794 6 - ZLIP

From: 314-52***31
Debit Memo Transfer
ALLAN MAC
1,049.22

To: 314-5***84
Credit Transfer
MACKENZIE A
1,049.22

Account Balance:
314-52***31: 7.36

Customer Signature

X

Banking can be this comfortable



Branch: 0314 PORT HOPE
113 WALTON STREET
PORT HOPE, ON

Date: Oct 28, 2014, 12:35 PM
Ref #: 00554790 6 - ZLIP

From: 314-5***84
Debit Memo Transfer
MACKENZIE A
1,059.22

To: 314-52***31
Credit Transfer
ALLAN MAC
1,059.22

Banking can be this comfortable

WORKS

DOCUMENT SOLUTIONS

Allan Mackenzie
Allan MacKenzie

PaperWorks
67 John Street,
Port Hope ON L1A 2Z4
T: 905-885-2611
F: 905-885-6177
renee@paperworks.on.ca
www.paperworks.on.ca
GST#89013 0479 RT0001

Invoice

No. **34653**

Date 9/19/2014

Customer P.O. No.

QUANTITY	DESCRIPTION	AMOUNT
5,000	Election flyer, 8.5 x 11 White 123 Anthem gloss 80lb Skid lots, printed 4 colors front in Cmyk ink, 4 colors back in Cmyk ink Open file - minimum charge. From a print ready PDF. 6 Normal cut	633.51
Taken by: Please pay from this invoice. Thank you for your order! 2% interest is charged on all amounts owing over 60 days		Wanted: Allan MacKenzie Election flyer SUBTOTAL 633.51 H.S.T. 82.36 TOTAL 715.87

Phone Number: 905 375 99

E-mail Address: lial3434@live.ca

Order Details

Code	Quantity	Description	Unit Price	Subtotal
Custom Signs	100	One Color/ 2 Sided Custom Poly-Bag Sign; Size - 20 Height x24 Width (inches) WIRE - STAND 33" x 23" x 33"	2.95	295.00
shipping	1	Pick Up	0.00	0.00
HST	1	Canadian HST Charaed	38.35	38.35
Canadian Dollar Total				333.35

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1049.22

Account Activity - Historical Details

COMMUNITY PLAN PLUS - 314 5212531 \$2.37

October 2014

Balance as of Nov 18, 2014: \$2.37

Available Balance as of Nov 18, 2014*: \$2.37

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Date	Description	Debit	Credit	Balance
Oct 28, 2014	TRANSFER		1,059.22	\$1,056.58
Oct 28, 2014	TRANSFER	1,049.22		\$7.36
Oct 31, 2014	MONTHLY PLAN FEE	4.95		\$2.41
Oct 31, 2014	OVERDRAFT INTEREST	0.04		\$2.37
Date	Description	Debit	Credit	Balance

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*Includes available overdraft limit and any funds subject to a hold.

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Account Activity - Historical Details

COMMUNITY PLAN PLUS - 314 5212531 \$2.37

September 2014

Balance as of Nov 18, 2014: \$2.37

Available Balance as of Nov 18, 2014*: \$2.37

[Bottom](#)

Date	Description	Debit	Credit	Balance
Sep 15, 2014	OPEN ACCOUNT	0.00		\$0.00
Sep 30, 2014	MONTHLY PLAN FEE	2.64		(\$2.64)
Date	Description	Debit	Credit	Balance

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