



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 02 10 to 2010 12 31

- 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 MIKUSE, First Name PATRICIA, Middle Initial R

Mailing Address: Suite/Unit No., Street No., Street Name 7049 CON RD 4

City/Town: RR1 WYBRIDGE, Province: ONT, Postal Code: L9P 1R1

Telephone No. (incl. area code): Business, Home 905 852-0206, Fax No. 905 852-0206, Email Address: PRMIKUSE@SYMPATICO.CA

Name of office for which the candidate sought election: COUNCILLOR, Ward Name or No. (if any): WARD 3

Name of Municipality: TOWNSHIP OF WYBRIDGE

Box B: Summary of Campaign Income and Expenses

Table with 2 columns: Description and Amount. Rows include spending limit (\$9183.65), surplus/deficit from previous election (\$0), total contributions received (\$2400.00), total campaign expenses subject to limit, total campaign expenses not subject to limit (\$2778.44), total of all campaign expenses, election campaign surplus/deficit from current election (\$-78.44), contributions refunded to candidate or spouse, and amount paid to clerk.

**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	+	\$	<del>0</del>	
Contributions from candidate	- - - - -	+	\$	<del>0</del>
Contributions from spouse of candidate	- - - - -	+	\$	<del>0</del>
All other contributions	- - - - -	+	\$	2400.00
Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III)	- - - - -	+	\$	
Interest income	- - - - -	+	\$	
Other (provide full details)				
1. FILING FEE RETURNED	+	\$	100.00	
2. SIGN DEPOSIT RETURNED	+	\$	200.00	
3.	+	\$		

2700.00  
~~300.00~~ C1

**Total Campaign Period Income** - - - - - =

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

Expenses Subject to Spending Limit

Advertising	- - - - -	+	\$	1135.65
Bank charges	- - - - -	+	\$	<del>0</del>
Brochures	- - - - -	+	\$	226.63
Interest on loan	- - - - -	+	\$	
Inventory contributed to candidate's campaign (Schedule 3)	- - - - -	+	\$	635.60
Meetings hosted	- - - - -	+	\$	
Nomination filing fee	- - - - -	+	\$	100.00
Office expenses	- - - - -	+	\$	
Phone and/or Internet	- - - - -	+	\$	
Salaries and benefits/honoraria/professional fees	- - - - -	+	\$	
Signs	- - - - -	+	\$	135.60
Other (provide full details)				
1. GAS	+	\$	344.96	
2. SIGN DEPOSIT	+	\$	200.00	
3.	+	\$		

**Subtotal** - - - - - = \$ 2778.44 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** - - - - - = \$ 0.00

**Total Campaign Period Expenses (C2) + (C3)** - - - - - = \$ 2778.44 C4

**Excess (Deficiency) of Income over Expenses (C1) - (C4)** - - - - - = \$ - 78.44

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

<b>Assets</b>			
Cash	..... +	\$	
Accounts receivable	..... +	\$	
Value of inventory retained (from Schedule 4)	..... +	\$	500.00 + 500.00
Other (provide full details)			
1. PURCHASED "RE" TO ADD TO	..... +	\$	135.60
2. SIGN	..... +	\$	
3.	..... +	\$	
<b>Total Assets</b>	..... =		<b>\$ 635.60</b>

<b>Liabilities and Excess (Deficiency) of Income over Expenses</b>			
Accounts payable	..... +	\$	
Borrowings, overdraft	..... +	\$	
Other (provide full details)			
1.	..... +	\$	
2.	..... +	\$	
3.	..... +	\$	
<b>Total Liabilities</b>	..... =		<b>\$ 0</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)	..... +	\$	- 78.44	<b>E1</b>
Deduct: Any deficit carried forward by the candidate from immediately preceding election if the offices are with respect to the same jurisdiction	..... -	\$		<b>E2</b>
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)	..... -	\$		
<b>Total Determination</b>	..... =	\$	- 78.44	<b>E3</b>

**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, PAT MIKUSE, a candidate in the municipality of DURHAM, 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 TOWNSHIP of UXBRIDGE  
on (yyyy/mm/dd) 2011/02/07

Diana Stephen  
Signature of Clerk or Commissioner

Pat Mikuse  
Signature of Candidate

2011/02/07  
Date Filed in the Clerk's Office (yyyy/mm/dd)

Diana Stephen, a Commissioner, etc.,  
Regional Municipality of Durham, while  
Deputy Clerk of the Corporation of the  
Township of Uxbridge.



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

Name (Legal and Carrying on Business As)	Address	President or Business Manager	Cheque Signatory	Amount
QUAKER HILL SERVICES	P.O. BOX 851 WYBRIDGE L9P1N2	HEATHER HUNTER		\$ 100.00
HERITAGE RESTORATION INC.	4580 CON 6 RA4 WYB. L9P1R4	BRUCE HUNTLY		\$ 500.00
SUNPARK DEVELOPMENTS	139 MAIN ST UNIONVILLE #206 L3R 2G6	DOMENIC DI BERNARDO		\$ 500.00
1007283 ONT. INC.	36 KING ST. E. 701 TOR. ONT M5C2L9	ANGERO POLYZOTIS		\$ 150.00
MILLER PAVING.	500 MILLER AVE. MARKHAM L6G 1B2	LEO MCCARTHUR		\$ 300.00
				\$
				\$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment				<b>Total</b> \$ 1550.00

**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**

\$

**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
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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 style="width: 100px;" type="text"/>
2.	- - - +	\$ <input style="width: 100px;" type="text"/>
3.	- - - +	\$ <input style="width: 100px;" type="text"/>
4.	- - - +	\$ <input style="width: 100px;" type="text"/>
5.	- - - +	\$ <input style="width: 100px;" type="text"/>
6.	- - - +	\$ <input style="width: 100px;" type="text"/>
7.	- - - +	\$ <input style="width: 100px;" type="text"/>
8.	- - - +	\$ <input style="width: 100px;" type="text"/>
<b>Total Part II Revenue (include in Schedule 1)</b> - - - - -		<b>\$</b> <input style="width: 100px;" 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 style="width: 100px;" type="text"/>
2.	- - - +	\$ <input style="width: 100px;" type="text"/>
3.	- - - +	\$ <input style="width: 100px;" type="text"/>
4.	- - - +	\$ <input style="width: 100px;" type="text"/>
5.	- - - +	\$ <input style="width: 100px;" type="text"/>
6.	- - - +	\$ <input style="width: 100px;" type="text"/>
7.	- - - +	\$ <input style="width: 100px;" type="text"/>
8.	- - - +	\$ <input style="width: 100px;" type="text"/>
<b>Total Part III Revenue (include in Box C)</b> - - - - -		<b>\$</b> <input style="width: 100px;" type="text"/>

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

Venue - - - - -	- - - +	\$ <input style="width: 100px;" type="text"/>
Event advertising - - - - -	- - - +	\$ <input style="width: 100px;" type="text"/>
Food and drink - - - - -	- - - +	\$ <input style="width: 100px;" type="text"/>
Entertainment - - - - -	- - - +	\$ <input style="width: 100px;" type="text"/>
Other (provide full details)		

1.	- - - +	\$ <input style="width: 100px;" type="text"/>
2.	- - - +	\$ <input style="width: 100px;" type="text"/>
3.	- - - +	\$ <input style="width: 100px;" type="text"/>
4.	- - - +	\$ <input style="width: 100px;" type="text"/>
5.	- - - +	\$ <input style="width: 100px;" type="text"/>
6.	- - - +	\$ <input style="width: 100px;" type="text"/>
7.	- - - +	\$ <input style="width: 100px;" type="text"/>
8.	- - - +	\$ <input style="width: 100px;" type="text"/>
<b>Total Part IV Expenses (include in Box C)</b> - - - - -		<b>\$</b> <input style="width: 100px;" type="text"/>



**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