

Instructions

All candidates must complete Boxes A and B. Candidates who receive contributions or incur expenses 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 their spouse) shall be immediately paid to the clerk who is responsible for the conduct of the election.

For the campaign period from (day clerk received nomination)

| | | |
|------|----|----|
| YYYY | MM | DD |
| 2022 | 08 | 18 |

 to

| | | |
|------|----|----|
| YYYY | MM | DD |
| 2022 | 09 | 01 |

- Initial filing reflecting finances from start of campaign to December 31 (or 45 days after voting day in a by-election)
- Supplementary filing reflecting finances from start of campaign to end of extended campaign period

Box A: Name of Candidate and Office

Candidate's name as shown on the ballot

Last Name or Single Name

Petrucchi

Given Name(s)

Nick

Office for Which the Candidate Sought Election

Trustee

Ward Name or Number (if any)

Thorold / Merritt

Municipality

St. Catharines

Spending Limit

General
\$

Parties and Other Expressions of Appreciation
\$

Contribution Limit

Contributions from Candidate and Spouse
\$


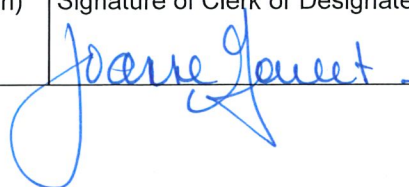
I did not accept any contributions or incur any expenses. (Complete Boxes A and B only)

Box B: Declaration

I, NICK PETRUCCI, declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.


Signature of Candidate

2022/09/01
Date (yyyy/mm/dd)

| | | | |
|-------------------------|----------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Date Filed (yyyy/mm/dd) | Time Filed | Initial of Candidate or Agent (if filed in person) | Signature of Clerk or Designate |
| <u>2022/09/01</u> | <u>11:07am</u> |  |  |

| | | | |
|---------------------------------------------------------------------------------------------------|-------|------|-----------|
| 2. | _____ | + \$ | _____ |
| 3. | _____ | + \$ | _____ |
| 4. | _____ | + \$ | _____ |
| 5. | _____ | + \$ | _____ |
| Total Expenses subject to spending limit for parties and other expressions of appreciation | | = \$ | C3 |

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 | _____ | + \$ | _____ |
| Phone and/or internet expenses incurred after voting day | _____ | + \$ | _____ |
| Salaries, benefits, honoraria, professional fees incurred after voting day | _____ | + \$ | _____ |
| Bank charges incurred after voting day | _____ | + \$ | _____ |
| Interest charged on loan after voting day | _____ | + \$ | _____ |
| Expenses related to recount | _____ | + \$ | _____ |
| Expenses related to controverted election | _____ | + \$ | _____ |
| Expenses related to compliance audit | _____ | + \$ | _____ |
| Expenses related to candidate's disability (provide full details) | | | |
| 1. | _____ | + \$ | _____ |
| 2. | _____ | + \$ | _____ |
| 3. | _____ | + \$ | _____ |
| 4. | _____ | + \$ | _____ |
| 5. | _____ | + \$ | _____ |
| Other (provide full details) | | | |
| 1. | _____ | + \$ | _____ |
| 2. | _____ | + \$ | _____ |
| 3. | _____ | + \$ | _____ |
| 4. | _____ | + \$ | _____ |
| 5. | _____ | + \$ | _____ |
| Total Expenses not subject to spending limits | | = \$ | C4 |

Total Campaign Expenses (C2 + C3 + C4) = \$ **C5**

Box D: Calculation of Surplus or Deficit

| | | | |
|---------------------------------------------------------------------------------------------------|-------|------|-----------|
| Excess (deficiency) of income over expenses (Income minus Total Expenses) (C1 – C5) | _____ | + \$ | D1 |
| If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign | _____ | - \$ | |
| Surplus (or deficit) for the campaign | | = \$ | 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 is responsible for the conduct of the election.

Schedule 1 – Contributions

Part I – Summary of Contributions

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|
| Contributions in money from candidate and spouse | + \$ | |
| Contributions in goods and services from candidate and spouse (include value listed in Table 1 and Table 2) | + \$ | |
| Total value of contributions not exceeding \$100 per contributor • Include ticket revenue, contributions in money, goods and services where the total contribution from a contributor is \$100 or less (do not include contributions from candidate or spouse). | + \$ | |
| Total value of contributions exceeding \$100 per contributor (from line 1B; list details in Table 3 and Table 4) • Include ticket revenue, contributions in money, goods and services where the total contribution from a contributor exceeds \$100 (do not include contributions from candidate or spouse). | + \$ | |
| Less: Ineligible contributions paid or payable to the contributor | – \$ | |
| Contributions paid or payable to the clerk, including contributions from anonymous sources exceeding \$25 | – \$ | |
| Total Amount of Contributions (record under Income in Box C) | = \$ | 1A |

Part II – Contributions from candidate or spouse

Table 1: Contributions in goods or services

| Description of Goods or Services | Date Received (yyyy/mm/dd) | Value (\$) |
|----------------------------------|-------------------------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

Additional information is listed on separate supplementary attachment, if completed manually.

Table 2: Inventory of campaign goods and materials from previous municipal campaign used in this campaign
(Note: Value must be recorded as a contribution from the candidate and as an expense.)

| Description | Date Acquired (yyyy/mm/dd) | Supplier | Quantity | Current Market Value (\$) |
|--------------|-------------------------------|----------|----------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Additional information is listed on separate supplementary attachment, if completed manually.

Part III – Contributions exceeding \$100 per contributor – individuals other than candidate or spouse

Table 3: Monetary contributions from individuals other than candidate or spouse

| Name | Full Address | Date Received (yyyy/mm/dd) | Amount Received (\$) | Amount Returned to Contributor or Paid to Clerk (\$) |
|--------------|--------------|-------------------------------|-------------------------|------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Additional information is listed on separate supplementary attachment, if completed manually.

**Table 4: 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 | Date Received (yyyy/mm/dd) | Value (\$) |
|--------------|--------------|-------------------------------------|-------------------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Additional information is listed on separate supplementary attachment, if completed manually.

**Total for Part III – Contributions exceeding \$100 per contributor
(Add totals from Table 3 and Table 4 and record the total in Part 1 – Summary of Contributions)** \$ _____ **1B**

Schedule 2 – Fundraising Events and Activities

Complete a separate schedule for each event or activity held.

 Additional schedule(s) attached, if completed 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 all ticket sales)

Number of tickets sold x _____ 2B

Total Part I (2A X 2B) (include in Part I of 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 (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 sold for \$25 or less)

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

Total Part III (include under Income in Box C) = \$ _____**Part IV – Expenses related to fundraising event or activity**

Provide details

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

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

Auditor's Report – *Municipal Elections Act, 1996* (Section 88.25)

A candidate who has received contributions or incurred expenses in excess of \$10,000 must attach 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 | |

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

Report is attached

Personal information, if any, collected on this form is obtained under the authority of sections 88.25 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.