

**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	02	19

 to 

YYYY	MM	DD
2010	12	31

- 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

ZHAO

First Name

KATHY

Middle Initial

**Mailing Address**

Suite/Unit No.

Street No.

Street Name

3488

SOUTHWICK STREET

City/Town

MISSISSAUGA

Province

ON

Postal Code

L5M 7L4

Telephone No. (incl. area code)

Business

Home

Fax No.

Email Address

Kathy.zhao67@hotmail.com

Name of office for which the candidate sought election

Peel District School Board Trustee

Ward Name or No. (if any)

9 &amp; 10

Name of Municipality

The City of Mississauga

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

1. My spending limit (as issued by clerk) was	\$ 48,306.65
2. Surplus (or deficit) from previous election	\$ -
3. Total contributions received (from Schedule 1)	\$ 5,145.00
4. My total campaign expenses that were subject to the spending limit were (from Box C)	\$ 5,085.75
5. My total campaign expenses that were not subject to the spending limit were (from Box C)	\$ 481.56
6. Total of all campaign expenses (from Box C)	\$ 5,567.31
7. Election campaign surplus/deficit from current election (from Box E)	\$ (422.31)
8. Contributions refunded to candidate or spouse (from Box E)	\$
9. Amount paid to clerk (from Box E)	\$

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

From  
YYYY MM DD  
2010 02 19

To  
YYYY MM DD  
2010 12 31

For Candidate  
**KATHY ZHAO**

**INCOME**

Candidate's surplus from immediately preceding election released by the clerk	+	\$
Contributions from candidate	+	\$ 500.00
Contributions from spouse of candidate	+	\$ 1500.00
All other contributions	+	\$ 3,145.00
Revenue from fund-raising functions not deemed a contribution (from Schedule 2, Part III)	+	\$
Interest income	+	\$
Other (provide full details)		
1.	+	\$
2.	+	\$
3.	+	\$

**Total Campaign Period Income** = **\$ 5,145.00** C1

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

<b>Expenses Subject to Spending Limit</b>		
Advertising	+	\$ 1,523.49
Bank charges	+	\$
Brochures	+	\$ 1,881.45
Interest on loan	+	\$
Inventory contributed to candidate's campaign (Schedule 3)	+	\$
Meetings hosted	+	\$ 87.45
Nomination filing fee	+	\$ 100.00
Office expenses	+	\$ 195.29
Phone and/or Internet	+	\$ 78.07
Salaries and benefits/honoraria/professional fees	+	\$
Signs	+	\$ 1,130.00
Other (provide full details)		
1. Election day training	+	\$ 50.00
2. Event for Lisgar Resident Association	+	\$ 40.00
3.	+	\$
<b>Subtotal</b>	=	<b>\$ 5,085.75</b>

C2

<b>Expenses Not Subject to Spending Limit</b>		
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	+	\$ 481.56
Expenses related to candidate's disability (provide details)		
1.	+	\$
2.	+	\$
3.	+	\$
Other (provide full details)		
1.	+	\$
2.	+	\$
3.	+	\$
<b>Subtotal</b>	=	<b>\$ 481.56</b>

C3

**Total Campaign Period Expenses (C2) + (C3)** = **\$ 5,567.31** C4

**Excess (Deficiency) of Income over Expenses (C1) - (C4)** = **\$ (422.31)**

**Assets**

Cash	- - - - - +	\$
Accounts receivable	- - - - - +	\$
Value of inventory retained (from Schedule 4)	- - - - - +	\$
Other (provide full details)		
1.	+ _____	\$
2.	+ _____	\$
3.	+ _____	\$

**Total Assets** - - - - - = \$

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

Accounts payable	- - - - - +	\$
Borrowings, overdraft	- - - - - +	\$
Other (provide full details)		
1.	+ _____	\$
2.	+ _____	\$
3.	+ _____	\$

**Total Liabilities** - - - - - = \$

**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)	- - - - - +	\$ (422.31)	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)	- - - - - =	\$ (422.31)	
Deduct: Any refund of contributions to the candidate or spouse (only if there is a surplus)	- - - - - -	\$ -	
<b>Total Determination</b>	- - - - - =	\$ (422.31)	<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 \_\_\_\_\_

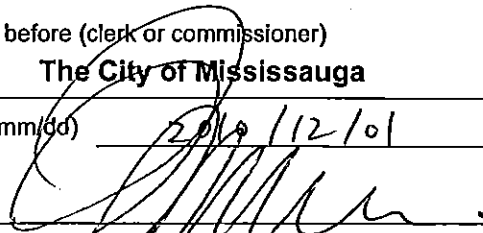
**Box F: Declaration**

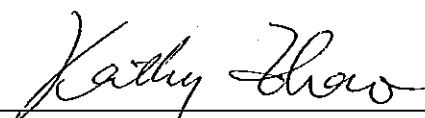
I, KATHY ZHAO, a candidate in the municipality of The City of Mississauga, hereby declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

Declared before (clerk or commissioner)

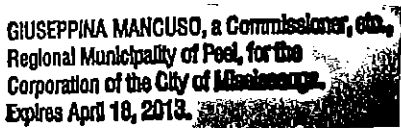
in The City of Mississauga

on (yyyy/mm/dd) 2010/12/01

  
Signature of Clerk or Commissioner

  
Signature of Candidate

DEC 3, 2010  
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
Metro College	203 College St. Suite 305 Toronto, ON M5T 1P9	Gary Zhen	Gary Zhen	\$ 600.00
Standford International College	1011 Eglinton Ave. East Unit 7 - Miss. ON L4W 1K4	David Ding	David Ding	\$ 300.00
Toronto College of Technology	33 City Centre Drive. Suite 240 Miss. ON L5B 2N5	Paul Pu	Paul Pu	\$ 745.00
Victoria College of Technology	200 Consumers Road Unit 118. Toronto ON. M2J 4R4	Maria Sun	Maria Sun	\$ 200.00
				\$
				\$
				\$
<input type="checkbox"/> Additional information is listed on separate supplementary attachment				<b>Total</b> \$ 1845.00

**Table 3: Contributions in goods or services (Note: must also be reported as expenses in Box C)**

Name	Address	Goods or Services	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Additional information is listed on separate supplementary attachment
 **Total** \$ 0.00

**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>	- - - - -	= \$	<input style="width: 100px;" type="text"/>

*WIA*

**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>	- - - - -	= \$	<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>	- - - - -	= \$	<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	