

# FORM AR-1: CONSTITUENCY ASSOCIATION ANNUAL FINANCIAL STATEMENTS

## Checklist

Before you send in this return make sure that:

- it is signed by the chief financial officer
- the signed auditor's report is included
- the Chief Electoral Officer's copies of all used official tax credit receipts are included
- all required schedules are completed and attached

## IMPORTANT

If any of the above items are missing, your return will not be considered filed. Financial statements are due on May 31.

Make sure that:

- a copy of your auditor's invoice is enclosed with the return
- the contributor's copy of all cancelled/voided official tax credit receipts is included

## PLEASE NOTE

You will find the checklist in Guideline G06, paragraph 32 helpful. The Chief Electoral Officer's staff is always available to provide assistance. You may also download this file from our internet site.

Please contact us at:

Elections Ontario  
Election Finances Division  
51 Rolark Drive  
Toronto ON M1R 3B1

Telephone: (416) 325-9401

Toll Free: 1-866-566-9066

Fax: (416) 325-9466

Email: [electfin@elections.on.ca](mailto:electfin@elections.on.ca)

Internet Address: <http://www.elections.on.ca>



## Election Finances Division

51 ROLARK DRIVE  
TORONTO, ONTARIO M1R 3B1

Telephone: (416) 325-9401  
Toll Free: 1-866-566-9066  
FAX: (416) 325-9466


### AR-1 Constituency Association Annual Financial Statements

*Disponible aussi en français.*

Constituency Association Information	
ED No.:	Electoral District:
Political Party:	
Chief Financial Officer	
First Name:	Last Name:
Business Tel.:	Home Tel.:
Fax:	Email:
Address:	
City:	Postal Code:

Certification of Chief Financial Officer	
<p>I, _____ (Name of Chief Financial Officer), have prepared these financial statements and the supporting schedules as set out herein for _____ (Name of Constituency Association) and hereby certify that to the best of my knowledge and belief the financial statements and supporting schedules are true and correct.</p>	
<p>_____</p> <p><i>Signature of Chief Financial Officer</i></p>	<p>_____</p> <p><i>Date</i></p>

<b>Notes to Financial Statements for the year ended:</b>	<b>December 31, 20__</b>	<b>(Period End Date)</b>
<p><b>Accounting Policies</b></p> <p>The accounting policies and procedures are determined by the Act and the Chief Electoral Officer through its Guidelines. These are considered appropriate for compliance with the Act.</p> <p><b>Contributions</b></p> <ul style="list-style-type: none"> <li>▪ Individuals, corporations, trade unions and other organizations are limited by the Act in the amount which they may contribute in a year or an election;</li> <li>▪ The Chief Electoral Officer requires that an official tax credit receipt be issued for each contribution;</li> <li>▪ Contributions of goods and services are recorded at their fair commercial value.</li> </ul> <p><b>Expenses</b></p> <ul style="list-style-type: none"> <li>▪ The Act imposes spending limits on the campaign period expenses of candidates and political parties. Campaign period expenses are defined in the Act and the Guidelines;</li> <li>▪ The Act requires all expenses be recorded at their fair commercial value.</li> </ul> <p>Inventory of campaign materials consists primarily of _____ and is valued at fair commercial value. Inventory other than campaign materials is valued at cost.</p> <p>Capital assets, consisting primarily of _____, are expensed in the year of acquisition and are included in the statement of assets and liabilities at a nominal amount.</p>		



# AR-1 Constituency Association Annual Financial Statements

Disponible aussi en français.

<b>Auditor's Report</b>		<i>(Attach auditor's invoice.)</i>
To _____ (Name of CFO), Chief Financial Officer of the _____ (Name of Constituency Association):		
I/we have audited the statement of assets and liabilities of _____ (Constituency Association) as at December 31, 20__ (Period End Date) and the statement of income and expenses for the year then ended. These financial statements are the responsibility of the chief financial officer. My/our responsibility is to express an opinion on these financial statements based on my/our audit.		
Except as explained in the following paragraph, I/we conducted my/our audit in accordance with generally accepted auditing standards. Those standards require that I/we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the chief financial officer as well as evaluating the overall financial statement presentation.		
Due to the nature of the types of transactions inherent in organizations of this type, it is impracticable through auditing procedures to determine that the accounting records include all income and expenses for the year. Accordingly, my/our verification of these transactions was limited to the amounts recorded in the accounting records of the association and I was/we were not able to determine whether any adjustments might be necessary to income and expenses, assets or liabilities, and surplus/deficit.		
In my/our opinion, except for the effect of adjustments, if any, which I/we might have determined to be necessary had I/we been able to satisfy myself/ourselves as to the completeness of the records as described in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the association as at December 31, 20__ (Period End Date) and the income and expenses for the year then ended in accordance with the accounting principles disclosed in the notes to the financial statements.		
The Act does not require me/us to report, nor was it practicable for me/us to determine, that contributions reported include only those which may be properly retained in accordance with the provisions of the Act.		
_____ <i>Signature of Auditor</i>		_____ <i>Date</i>
<b>*Comments:</b>	<b>Audit Fee:</b>	
<b>Auditor</b>		
<b>First Name:</b>		<b>Last Name:</b>
<b>Professional Designation:</b> CA <input type="checkbox"/> CGA <input type="checkbox"/>		<b>License No.:</b>
<b>Firm Name:</b>		
<b>Business Tel.:</b>		<b>*Home Tel.:</b>
<b>Fax:</b>		<b>Email:</b>
<b>Address:</b>		
<b>City:</b>		<b>Postal Code:</b>
<b>Contact Person (if different from above)</b>		
<b>First Name:</b>		<b>Last Name:</b>

(\* Items marked with an asterisk are optional.)



**AR-1 Constituency Association Annual Financial Statements**  
 Disponible aussi en français.

<b>Statement of Assets and Liabilities</b>		
<i>Statement of Assets and Liabilities as at:</i> December 31, 20__ (Period End Date)		
<b>Assets</b>		
Line 001	Cash .....	<input style="width: 90%;" type="text"/>
Line 002	Accounts Receivable (from Schedule 9).....	<input style="width: 90%;" type="text"/>
Line 003	Inventory and Prepaid Expenses (from Schedule 7) .....	<input style="width: 90%;" type="text"/>
Line 004	Bonds, Stocks, and Other Securities .....	<input style="width: 90%;" type="text"/>
Line 005	Capital Assets.....	<input style="width: 90%;" type="text"/>
Line 006	Other Assets (provide full details below) .....	<input style="width: 90%;" type="text"/>
	<u>Description</u> .....	<u>Amount</u>
	.....	.....
	.....	.....
<b>Line 007</b>	<b>Total Assets</b> .....	<input style="width: 90%;" type="text"/>
<b>Liabilities and Surplus</b>		
Line 008	Accounts Payable (from Schedule 10) .....	<input style="width: 90%;" type="text"/>
Line 009	Borrowings and Overdraft (from Schedule 1) .....	<input style="width: 90%;" type="text"/>
Line 010	Other Liabilities (provide full details below).....	<input style="width: 90%;" type="text"/>
	<u>Description</u> .....	<u>Amount</u>
	.....	.....
	.....	.....
Line 011	Surplus (Deficit) .....	<input style="width: 90%;" type="text"/>
<b>Line 012</b>	<b>Total Liabilities and Surplus (Deficit)</b> .....	<input style="width: 90%;" type="text"/>



**AR-1 Constituency Association Annual Financial Statements**  
*Disponible aussi en français.*

**Statement of Income and Expenses**

**Statement of Income and Expenses from: January 1 to December 31, 20\_\_ (Period End Date)**

**Income**

Line 013	Candidates' Surplus (attach explanation of variance).....	
Line 014	Contributions (from Schedule 2) .....	
Line 015	Fund-Raising Activities (from Schedule 3) .....	
Line 016	Interest Income .....	
Line 017	Membership Fees .....	
Line 018	Social functions and general collections (from Schedule 4).....	
Line 019	Transfers Received (from Schedule 5) .....	
Line 020	Other Revenue (provide full details below) .....	

<i>Description</i>	<i>Amount</i>

**Line 021 Total Income.....**

**Expenses**

Line 022	Accounting .....	
Line 023	Audit .....	
Line 024	Advertising .....	
Line 025	Bank Charges .....	
Line 026	Brochures.....	
Line 027	Candidates' Deficit (attach explanation of variance) .....	
Line 028	Conventions, Workshops, and Meetings Attended .....	
Line 029	Fund-Raising Expenses (from Schedule 3) .....	
Line 030	Furniture and Equipment.....	
Line 031	Insurance and Utilities .....	
Line 032	Interest .....	
Line 033	Inventory Decrease (Increase) (from Schedule 7) .....	
Line 034	Meetings Hosted .....	
Line 035	Nomination Expenses .....	
Line 036	Office and Equipment Rental .....	
Line 037	Office Supplies and Stationary.....	
Line 038	Postage and Courier .....	
Line 039	Prepaid Expenses Decrease (Increase) (from Schedule 7).....	
Line 040	Professional Fees .....	
Line 041	Research and Polling .....	
Line 042	Salaries and Benefits .....	
Line 043	Signs .....	
Line 044	Social Functions.....	
Line 045	Telecommunications (fax, telephone, cable).....	
Line 046	Transfers Paid Out (from Schedule 5) .....	
Line 047	Travel .....	
Line 048	Web and Internet.....	
Line 049	Other Expenses (provide full details below) .....	

<i>Description</i>	<i>Amount</i>

**Line 050 Total Expenses.....**

**Line 051 Period Surplus (Deficit) .....**

**Line 052 Prior Year Reported Surplus (Deficit) .....**

**Line 053 Adjustments (attach supporting document).....**

**Line 054 Campaign Period Income Statement (from Schedule 8) .....**

**Line 055 Surplus (Deficit) at End of Reporting Period.....**



# AR-1 Constituency Association Annual Financial Statements

Disponible aussi en français.

<b>Schedule 1: Borrowings and Overdraft</b>		(Attach separate schedule for each indebtedness.)
<b>Financial Institution</b>		
Institution:		
Address:		
City:	Postal Code:	
Check if mailing address is same as address: <input type="checkbox"/>		
<b>Mailing Address:</b>		
City:		
Postal Code:		
Line 101	Amount Borrowed.....	
Line 102	Amount Outstanding at the End of the Period .....	
<b>Guarantors</b>		(Attach supplementary list if required)
First Name:	Last Name:	Amount of Guarantee
Address:		
City:	Postal Code:	
First Name:	Last Name:	
Address:		
City:	Postal Code:	
First Name:	Last Name:	
Address:		
City:	Postal Code:	
First Name:	Last Name:	
Address:		
City:	Postal Code:	
First Name:	Last Name:	
Address:		
City:	Postal Code:	
First Name:	Last Name:	
Address:		
City:	Postal Code:	
First Name:	Last Name:	
Address:		
City:	Postal Code:	
First Name:	Last Name:	
Address:		
City:	Postal Code:	



**Schedule 2: Contributions and Official Tax Credit Receipt Form Reconciliation**

**Part 1 – Contributions**

Line 201	From a single source totalling more than \$100.00 (complete Part 2) .....	_____
Line 202	Less – Returned or payable to the contributor .....	_____
Line 203	– Paid or payable to the Chief Electoral Officer .....	_____
<b>Line 204</b>	<b>Net amount from a single source totalling more than \$100.00 .....</b>	<input type="text"/>
Line 205	From a single source totalling \$100.00 or less .....	_____
Line 206	Less – Returned or payable to the contributor .....	_____
Line 207	– Paid or payable to the Chief Electoral Officer .....	_____
<b>Line 208</b>	<b>Net amount from a single source totalling \$100.00 or less .....</b>	<input type="text"/>
Line 209	<b>Total Contributions .....</b>	<input type="text"/>
Line 210	From anonymous sources .....	_____
Line 211	Amount of Contributions Paid or Payable to the Chief Electoral Officer (Line 203 + Line 207 + Line 210) .....	_____

**Part 2 – List of Contributors Whose Contributions Totalled More than \$100** (Attach supplementary list if required.)

<b>Name:</b>			<b>Amount</b>
<b>Address:</b>			
<b>City:</b>	<b>Postal Code:</b>		
<b>Name:</b>			<b>Amount</b>
<b>Address:</b>			
<b>City:</b>	<b>Postal Code:</b>		
<b>Name:</b>			<b>Amount</b>
<b>Address:</b>			
<b>City:</b>	<b>Postal Code:</b>		
<b>Name:</b>			<b>Amount</b>
<b>Address:</b>			
<b>City:</b>	<b>Postal Code:</b>		
<b>Name:</b>			<b>Amount</b>
<b>Address:</b>			
<b>City:</b>	<b>Postal Code:</b>		

**Part 3 – Official Tax Credit Receipt Form Reconciliation** (Provide serial numbers for each category.)

		<b>Quantity</b>
Line 212	Official tax credit receipts on hand at beginning of period .....	_____
Line 213	Supply received during period .....	_____
Line 214	Valid official tax credit receipts issued .....	( <input type="text"/> )
Line 215	Cancelled .....	( <input type="text"/> )
Line 216	Lost or destroyed .....	( <input type="text"/> )
Line 217	Replacement official tax credit receipts issued .....	( <input type="text"/> )
Line 218	Used during campaign period .....	( <input type="text"/> )
Line 219	Unused returned to Chief Electoral Officer .....	( <input type="text"/> )
<b>Line 220</b>	<b>Remaining at end of period .....</b>	<input type="text"/>



**AR-1 Constituency Association Annual Financial Statements**  
*Disponible aussi en français.*

<b>Schedule 3: Fund-Raising Activities</b>							
<b>Name of Event:</b>	<b>Date:</b> /     /     (MM / DD / YY)						
<b>Description of Event:</b>							
Line 301	Admission/Item charge (per person) * .....						
Line 302	Portion deemed a contribution .....						
Line 303	Number of tickets/items sold .....						
* If admission/item charge per person is not consistent, provide complete breakdown of all ticket/item sales.							
<b>Revenue From Event</b>							
Line 304	Total revenue from tickets/items sold (Line 301 x Line 303) .....						
Line 305	Less – Amount included in contributions – Schedule 2, Part 1 (Line 302 x Line 303) .....						
Line 306	Other Revenue (provide full details below) .....						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;"><i>Description</i></th> <th style="width: 30%; text-align: left;"><i>Amount</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	<i>Description</i>	<i>Amount</i>				
<i>Description</i>	<i>Amount</i>						
<b>Line 307</b>	<b>Total revenue not treated as contribution (Line 304 – Line 305 + Line 306).....</b> <input style="width: 100px;" type="text"/>						
Line 308	Total expenses incurred .....						

*To add additional Fund Raising Activities, please copy this page, fill out as necessary, and include with your application.*

<b>Schedule 4: Social Functions and General Collections at Meetings</b>	
<i>Attach separate schedule for each function held.</i>	
<b>Name of Function:</b>	<b>Date:</b> /     /     (MM / DD / YY)
<b>Description of Function:</b>	
<b>Location:</b>	
Line 401	<b>Event income</b> .....
Line 402	Total expenses incurred .....

*To add additional Social Functions, please copy this page, fill out as necessary, and include with your application.*



**AR-1 Constituency Association Annual Financial Statements**  
 Disponible aussi en français.

**Schedule 5: Transfers**

(Attach supplementary lists if required.)

<b>Transfers Received</b>					
<b>From Party</b>					
<i>Date</i> (M/D/Y)	.....				<i>Amount</i>
/ /					_____
/ /					_____
/ /					_____
Line 501	Total From Party (provide full details above) .....				<input style="width: 100px;" type="text"/>
<b>From Constituency Associations</b>					
<i>Date</i> (M/D/Y)	<i>ED #</i>	<i>Electoral District Name</i>			<i>Amount</i>
/ /					_____
/ /					_____
/ /					_____
Line 502	Total From Constituency Associations (provide full details above) .....				<input style="width: 100px;" type="text"/>
<b>From Candidates</b>					
<i>Date</i> (M/D/Y)	<i>ED #</i>	<i>ED Name</i>	<i>Last Name</i>	<i>First Name</i>	<i>Amount</i>
/ /					_____
/ /					_____
/ /					_____
Line 503	Total From Candidates (provide full details above).....				<input style="width: 100px;" type="text"/>
<b>Line 504</b>	<b>Total Transfers Received (Line 501 + Line 502 + Line 503) .....</b>				<input style="width: 100px;" type="text"/>
<b>Transfers Paid Out</b>					
<b>To Party</b>					
<i>Date</i> (M/D/Y)	.....				<i>Amount</i>
/ /					_____
/ /					_____
/ /					_____
Line 505	Total To Party (provide full details above).....				<input style="width: 100px;" type="text"/>
<b>To Constituency Associations</b>					
<i>Date</i> (M/D/Y)	<i>ED #</i>	<i>Electoral District Name</i>			<i>Amount</i>
/ /					_____
/ /					_____
/ /					_____
Line 506	Total To Constituency Association (provide full details above) .....				<input style="width: 100px;" type="text"/>
<b>To Candidates</b>					
<i>Date</i> (M/D/Y)	<i>ED #</i>	<i>ED Name</i>	<i>Last Name</i>	<i>First Name</i>	<i>Amount</i>
/ /					_____
/ /					_____
/ /					_____
Line 507	Total To Candidates (provide full details above).....				<input style="width: 100px;" type="text"/>
<b>Line 508</b>	<b>Total Transfers Paid Out (Line 505 + Line 506 + Line 507) .....</b>				<input style="width: 100px;" type="text"/>







<b>Schedule 7: Inventory and Prepaid Expenses (Continued)</b>					
<b>Closing</b>					
<i>Inventory of Campaign Goods and Materials</i>					
Description	Date Acquired (M/D/Y)	Supplier	Unit Value	Quantity	Total Value
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				
<b>Line 704 Total Campaign Goods and Materials.....</b>					<input style="width: 100px;" type="text"/>
<i>Prepaid Expenses</i>					
Description	Date Incurred (M/D/Y)	Supplier	Amount		
<i>Advertising deposits and pre-writ production costs</i>	/ /				
<i>Insurance</i>	/ /				
<i>Office Rent</i>	/ /				
<i>Telephone</i>	/ /				
<i>Utilities</i>	/ /				
<i>Other expenses (list below)</i>					
	/ /				
	/ /				
<b>Line 705 Total Prepaid Expenses .....</b>					<input style="width: 100px;" type="text"/>
<b>Line 706 Value of Closing Inventory and Prepaid Expenses (Line 704 + Line 705) .....</b>					<input style="width: 100px;" type="text"/>
<b>Inventory</b>					
Line 707	Opening Inventory (Line 701) .....				
Line 708	Closing Inventory (Line 704) .....				
<b>Line 709</b>	<b>Inventory decrease (increase) [Line 701 – Line 704] .....</b>				
					<input style="width: 100px;" type="text"/>
<b>Prepaid Expenses</b>					
Line 710	Opening Prepaid Expenses (Line 702) .....				
Line 711	Closing Prepaid Expenses (Line 705) .....				
<b>Line 712</b>	<b>Prepaid expenses decrease (increase) .....</b>				
					<input style="width: 100px;" type="text"/>



**Schedule 8: Campaign Period Income Statement**

*To be completed only when the Constituency Association is required to file a campaign period statement of income and expenses relating to a General Election or By-Election.*

Line 801	(a) <i>Where the Writ was issued in the current reporting period and the campaign period does not end until the next reporting period.</i> Excess of campaign income over expenses (expenses over income) as at the end of the reporting period .....	
<b>OR</b>		
Line 802	(b) <i>Where the Writ was issued in the prior reporting period and the campaign period ends in the current reporting period.</i> Surplus (Deficit) reported for the campaign period (form CR-3) .....	
Line 803	Less the excess of campaign income over expenses (expense over income) reported in prior period financial statements (form AR-1, Schedule 8, item [a]). .....	
Line 804	Balance of Campaign Period Surplus.....	
<b>OR</b>		
Line 805	(c) <i>Where the Writ was issued and the campaign period ends in the current reporting period.</i> Surplus (Deficit) reported for the campaign period (form CR-3) .....	

**Schedule 9: List of Accounts Receivable**

<i>Original Date of Charge (M/D/Y)</i>	<i>Debtor</i>	<i>Nature of Receivable</i>	<i>Amount</i>
/ /			
/ /			
/ /			
/ /			
<b>Line 901</b>	<b>Total Accounts Receivable .....</b>		

**Schedule 10: List of Accounts Payable**

<i>Original Date of Charge (M/D/Y)</i>	<i>Supplier</i>	<i>Nature of Charge</i>	<i>Amount</i>
/ /			
/ /			
/ /			
/ /			
<b>Line 1001</b>	<b>Total Accounts Payable .....</b>		