

FORM CR-5 LEADERSHIP CONTESTANT CONTEST REPORTING PERIOD FINANCIAL STATEMENT

Checklist

Before you send in this return make sure that:

- it is signed by the chief financial officer and leadership contestant
- the signed auditor's report is included
- all required schedules are completed and attached

IMPORTANT

If any of the above items are missing, your return will not be considered filed.

PLEASE NOTE

You will find the checklist in Guideline G16, paragraph 30, helpful.

The Chief Electoral Officer's staff is always available to provide assistance.

Make sure that a copy of your auditor's invoice is enclosed with the return.

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

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



Election Finances Division

51 ROLARK DRIVE
TORONTO, ONTARIO M1R 3B1

Telephone: (416) 325-9401
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FAX: (416) 325-9466

CR-5 Leadership Contestant Contest Reporting Period Financial Statement

Disponible aussi en français.

Leadership Contestant Information		Reporting Period: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd	
Political Party:			
Leadership Contestant			
First Name:		Last Name:	
Business Tel.:		Home Tel.:	
Fax:		Email:	
Address:			
City:		Postal Code:	
Chief Financial Officer			
First Name:		Last Name:	
Business Tel.:		Home Tel.:	
Fax:		Email:	
Address:			
City:		Postal Code:	

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

Certification of Leadership Contestant	
I, _____ (Name of Leadership Contestant), a contestant for the leadership of the _____ (Political Party) hereby certify that to the best of my knowledge and belief these contest reporting period financial statements and supporting schedules as set out herein are true and correct.	
_____	_____
<i>Signature of Leadership Contestant</i>	<i>Date</i>



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Auditor's Report

(Attach auditor's invoice.)

To _____ (Name of CFO), Chief Financial Officer for _____ (Name of Leadership Contestant), Leadership Contestant:

I/we have audited the statement of income and expenses of _____ (Leadership Contestant), leadership contestant for the leadership of the _____ (Political Party) held on _____. 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 a leadership contest, it is impracticable through auditing procedures to determine that the accounting records of _____ in accordance with accounting procedures established by the Chief Electoral Officer and I was/we were not able to determine whether any adjustments might be necessary to receipts and disbursements.

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, this financial statement presents fairly the information contained in the accounting records on which the statement is based in its Guidelines for Chief Financial Officers.

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.

Signature of Auditor

Date

***Comments:**

Audit Fee:

Auditor

First Name:

Last Name:

Professional Designation:

CA CGA

License No.:

Firm Name:

Business Tel.:

***Home Tel.:**

Fax:

Email:

Address:

City:

Postal Code:

Contact Person (if different from above)

First Name:

Last Name:

(* Items marked with an asterisk are optional.)



Notes to Financial Statements for the Contest Period:

From:

To:

Accounting Policies

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.

Contributions

- Individuals, corporations, trade unions and other organizations are not limited by the Act in the amount which they may contribute to a leadership contestant in a contest period;
- Contributions of goods and services are recorded at their fair commercial value.

Expenses

- The Act does not impose spending limits on the contest period expenses of leadership contestants. Campaign period expenses are defined in the Act and the Guidelines;
- The Act requires all expenses be recorded at their fair commercial value.



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Statement of Income and Expenses

Statement of Income and Expenses from:

to:

(Contest Period)

Income

Line 001	Contributions (from Schedule 2).....	
Line 002	Fund-Raising Activities (from Schedule 3).....	
Line 003	Interest Income.....	
Line 004	Leadership Contestant's Deposit Refund.....	
Line 005	Social functions and general collections (from Schedule 4).....	
Line 006	Transfers Received (from Schedule 5).....	
Line 007	Other Revenue (provide full details below).....	

Description	Amount

Line 008 Total Income

Expenses

Line 009	Accounting.....	
Line 010	Audit.....	
Line 011	Advertising.....	
Line 012	Bank Charges.....	
Line 013	Brochures.....	
Line 014	Leadership Contestant's Child Care Expenses.....	
Line 015	Leadership Contestant's Deposit.....	
Line 016	Leadership Contestant's Lost Salary Paid.....	
Line 017	Leadership Contestant's Personal Expenses.....	
Line 018	Conventions, Workshops, and Meetings Attended.....	
Line 019	Credit Card Maintenance Fees.....	
Line 020	Fund-Raising Expenses (from Schedule 3).....	
Line 021	Furniture and Equipment.....	
Line 022	Insurance and Utilities.....	
Line 023	Interest.....	
Line 024	Meetings Hosted.....	
Line 025	Office and Equipment Rental.....	
Line 026	Office Supplies and Stationary.....	
Line 027	Postage and Courier.....	
Line 028	Professional Fees.....	
Line 029	Research and Polling.....	
Line 030	Salaries and Benefits.....	
Line 031	Signs.....	
Line 032	Social Functions.....	
Line 033	Telecommunications (fax, telephone, cable).....	
Line 034	Transfers Paid Out (from Schedule 5).....	
Line 035	Travel.....	
Line 036	Victory Party.....	
Line 037	Web and Internet.....	
Line 038	Other Expenses (provide full details below).....	

Description	Amount

Line 039 Total Contest Reporting Period Expenses.....

Line 040 Surplus (Deficit) for the Contest Reporting Period



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Schedule 1: Borrowings and Overdraft		(Attach separate schedule for each indebtedness.)	
Financial Institution			
Institution Name:			
Address:			
City:		Postal Code:	
Line 101	Amount Borrowed.....	<input style="width:100%;" type="text"/>	
Line 102	Amount Outstanding at the End of the Contest Reporting Period	<input style="width:100%;" type="text"/>	
Guarantors		(Attach supplementary list if required)	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	
First Name:		Last Name:	Amount of Guarantee
Address:			
City:		Postal Code:	



Schedule 2: Contributions and Official Tax Credit Receipt Form Reconciliation

Part 1 – Contributions		Reporting Period: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd
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	_____
Line 204	Net amount from a single source totalling more than \$100.00	<input style="width: 100px;" 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	_____
Line 208	Net amount from a single source totalling \$100.00 or less	<input style="width: 100px;" type="text"/>
Line 209	Total Contributions	<input style="width: 100px;" 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.)

Name:		Amount
Address:		\$.
City:	Postal Code:	
Name:		Amount
Address:		\$.
City:	Postal Code:	
Name:		Amount
Address:		\$.
City:	Postal Code:	
Name:		Amount
Address:		\$.
City:	Postal Code:	
Name:		Amount
Address:		\$.
City:	Postal Code:	
Name:		Amount
Address:		\$.
City:	Postal Code:	



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Schedule 3: Fund-Raising Activities									
Name of Event:	Date: / / (MM / DD / YY)								
Description of Event:									
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.									
Revenue From Event									
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> <tr><td> </td><td> </td></tr> </tbody> </table>	<i>Description</i>	<i>Amount</i>						
<i>Description</i>	<i>Amount</i>								
Line 307	Total revenue not treated as contribution (Line 304 – Line 305 + Line 306)..... <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.

Schedule 4: Social Functions and General Collections at Meetings	
<i>Attach separate schedule for each function held.</i>	
Name of Function:	Date: / / (MM / DD / YY)
Description of Function:	
Location:	
Line 401	Event income <input style="width: 100px;" type="text"/>
Line 402	Total expenses incurred

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



Schedule 5: Transfers (Attach supplementary lists if required.)

Transfers Received

From Party

Date (M/D/Y)	Amount
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	

Line 501 Total From Party (provide full details above)

From Leadership Contestants

Date (M/D/Y)	Last Name	First Name	Amount
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Line 502 Total From Leadership Contestants (provide full details above)

Line 503 Total Transfers Received (Line 501 + Line 502)

Transfers Paid Out

To Party

Date (M/D/Y)	Amount
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	
/ /	

Line 504 Total To Party (provide full details above)

To Leadership Contestant

Date (M/D/Y)	Last Name	First Name	Amount
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			
/ /			

Line 505 Total To Leadership Contestants (provide full details above)

Line 506 Total Transfers Paid Out (Line 504 + Line 505)

