

Ministry of Municipal Affairs and Housing

Financial Statement – Auditor's Report Candidate – Form 4

Municipal Elections Act, 1996 (Section 88.25)

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) 2 0 2 2 0 7 2 1 to 2 0 2 2 1 2 3 1 | | | | | |
|---|---------|---|--|---------------------------------|--|
| ✓ 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 Desmarais | | Given Name(s) Angie | | | |
| Office for Which the Candidate Sought Election Councillor | | Ward Name or N Two | Ward Name or Number (if any) Two | | |
| Municipality Port Colborne | | | | | |
| Spending Limit | | Contribution Limit | | | |
| General Parties and Other Expre \$7,786.30 \$778.63 | | Other Expressions of Appreciatio | ons of Appreciation Contributions from Candidate and Spouse \$5,655.60 | | |
| ✓ I did not accept any contributions or incur any expenses. (Complete Boxes A and B only) | | | | | |
| Box B: Declaration | | | | | |
| I, Angie Desmarais | | | 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 | | | 2023/03 | /11 Date (yyyy/mm/dd) | |
| Date Filed (yyyy/mm/dd) Time F | iled Ir | Initial of Candidate or Agent (if filed i | | Signature of Clerk or Designate | |
| 2093/03/12 19. | 31 pm | | | C. Madder | |