

**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	

 to 

YYYY	MM	DD
2022	10	24

- 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 <i>O'HEARY</i>	Given Name(s) <i>BRIAN</i>
Office for Which the Candidate Sought Election <i>DEPUTY MAYOR</i>	Ward Name or Number (if any)
Municipality <i>OWEN SOUND ONTARIO</i>	

Spending Limit General \$	Parties and Other Expressions of Appreciation \$	Contribution Limit Contributions from Candidate and Spouse \$
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I did not accept any contributions or incur any expenses. (Complete Boxes A and B only)

**Box B: Declaration**

I, *Brian O'Heary*, declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.

*Brian O'Heary*  
Signature of Candidate

*2022/10/24*  
Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd) <i>2022/11/21</i>	Time Filed <i>11:51am</i>	Initial of Candidate or Agent (if filed in person) <i>BO</i>	Signature of Clerk or Designate <i>[Signature]</i>
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## Box C: Statement of Campaign Income and Expenses

### LOAN

Name of bank or recognized lending institution \_\_\_\_\_

Amount borrowed  
\$ \_\_\_\_\_

### INCOME

Total amount of all contributions (from line 1A in Schedule 1)	+ \$	<u>600.00</u>
Revenue from items \$25 or less	+ \$	_____
Sign deposit refund	+ \$	_____
Revenue from fundraising events not deemed a contribution (from Part III of Schedule 2)	+ \$	_____
Interest earned by campaign bank account	+ \$	_____
Other (provide full details)		
1. _____	+ \$	_____
2. _____	+ \$	_____
3. _____	+ \$	_____
4. _____	+ \$	_____
5. _____	+ \$	_____
6. _____	+ \$	_____

**Total Campaign Income (Do not include loan)**

= \$ \_\_\_\_\_ **C1**

### EXPENSES (Note: Include the value of contributions of goods and services)

#### 1. Expenses subject to general spending limit

Inventory from previous campaign used in this campaign  
(list details in Table 2 of Schedule 1)

Advertising

Brochures/flyers

Signs (including sign deposit)

Meetings hosted

Office expenses incurred until voting day

Phone and/or internet expenses incurred until voting day

Salaries, benefits, honoraria, professional fees incurred until voting day

Bank charges incurred until voting day

Interest charged on loan until voting day

Other (provide full details)

1. <u>POSTAGE</u>	+ \$	<u>2511.43</u>
2. _____	+ \$	_____
3. _____	+ \$	_____
4. _____	+ \$	_____
5. _____	+ \$	_____
6. _____	+ \$	_____

**Total Expenses subject to general spending limit**

= \$ 8707.78 **C2**

#### 2. Expenses subject to spending limit for parties and other expressions of appreciation

1. _____	+ \$	_____
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2.	_____	+ \$	_____
3.	_____	+ \$	_____
4.	_____	+ \$	_____
5.	_____	+ \$	_____
<b>Total Expenses subject to spending limit for parties and other expressions of appreciation</b>		= \$	<b>C3</b>

**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.	_____	+ \$	_____
<b>Total Expenses not subject to spending limits</b>		= \$	<b>C4</b>

**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)	+ \$	_____	<b>D1</b>
If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign	- \$	_____	
Surplus (or deficit) for the campaign	= \$	_____	<b>D2</b>

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).	+ \$	
<b>Less:</b> Ineligible contributions paid or payable to the contributor Contributions paid or payable to the clerk, including contributions from anonymous sources exceeding \$25	- \$	
	- \$	
<b>Total Amount of Contributions (record under Income in Box C)</b>	<b>= \$</b>	<b>1A</b>

## 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 (\$)
	2022/09/01	8000.00
	2022/10/14	251.80
<b>Total</b>		8251.80

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 (\$)
<b>Total</b>				

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 (\$)
JEFF + KIM ROBINS		2022/10/18	600. <sup>00</sup>	
<b>Total</b>			600. <sup>00</sup>	

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 (\$)
<b>Total</b>				

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

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**Schedule 2 – Fundraising Events and Activities**

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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)**= \$ \_\_\_\_\_

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

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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)
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**Contact Information**

Last Name or Single Name	Given Name(s)	Licence Number
--------------------------	---------------	----------------

**Address**

Suite/Unit Number	Street Number	Street Name
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Municipality	Province	Postal Code
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Telephone Number	Email Address
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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

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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.

*PAID BY CHEQUE*



*JEFF DEPOSIT  
ROBINS*

4519 02 \*\*\*\*\*52 19 18OCT2022 13:44  
 Receipt: A0000002771010 SD50-1288

808 2nd Avenue East  
 Owen Sound, ON N4K 2H4  
 Phone: 519-376-1440  
 Fax: 519-371-0511

Account: Savings Primary  
 Deposit

Receipt Number: 1120451  
 HST Number: 10693 0381 RT0001  
 Date: 2022-08-11 Initials: MP  
 ELECTION FEE O'LEARY

CAD Deposit  
 Cheque Summary  
 Total CAD Cheques Deposited: 1  
 Total CAD Cheque Amount: \$600.00

A hold may apply to cheque deposits..  
 Total CAD Deposit: \$600.00

<u>Roll/Account</u>	<u>Description</u>	<u>Amount</u>
CL99	ELECTION REGISTRATION FEE	\$100.00
	Subtotal:	\$100.00
	HST:	\$0.00
	Total Receipt:	\$100.00
	<u>Payment Received</u>	
	CHEQUE	\$100.00

Account Balance: \$2,659.45

Total Monies Received: \$100.00  
 Rounding: \$0.00  
 Amount Returned: \$0.00

Printed on: 2022-08-12 At: 8:51:31 AM

Visit our Website  
[owensound.ca](http://owensound.ca)  
 \*\* Thank you \*\*



SOUND  
 LC0015 OV  
 SOUND Canada Post/Postes Canada  
 OWEN SOUND STN MAIN  
 SS0201 OV 901 3RD AVE E  
 SOUND OWEN SOUND, ON N4K 0A0  
 SS0202 OV  
 SOUND 2022/10/05 09:10 OVEREEM, Michele  
 CC394017 W/G 2  
 SS0203 OV  
 SOUND SFSB Number/Numéro SPPE 9883533  
 SS0205 OV canadapost.ca/solutionsforsmallbusiness  
 SOUND  
 SS0206 OV  
 SOUND  
 SS0207 OWEN 512 0 18  
 SOUND

Canada Post/Postes Canada  
 OWEN SOUND STN MAIN  
 901 3RD AVE E  
 OWEN SOUND, ON N4K 0A0  
 GST/TPS#119321495

2022/10/05 09:18:42 Michele  
 CC394017 W/G 2

SFSB Number/Numéro SPPE: 9883533

H \$1,729.83  
 N MAIL STNDRD 50G/COUR QUAR STD 50G

ADS Barcode Number/Le numéro de la  
 FDCQ:0064754434

Product Size/Taille du produit:  
 Standard

Number of items/Nombre d'articles:  
 9999

Weight per item (g)/Poids par article  
 (g):9

Price per item (\$)/Tarif par article  
 (\$):0.1730

H -\$86.49  
 Discount/Escompte

H \$609.65  
 N MAIL STNDRD 50G/COUR QUAR STD 50G

ADS Barcode Number/Le numéro de la  
 FDCQ:0064754433

Product Size/Taille du produit:  
 Standard

Number of items/Nombre d'articles:  
 3524

Weight per item (g)/Poids par article  
 (g):8

Price per item (\$)/Tarif par article  
 (\$):0.1730

H -\$30.48  
 Discount/Escompte

You saved: \$116.97/Vous avez sauve: 116,97

SUBTL/SOUS-TOTAL \$2,222.51  
 HST/TVH \$288.92  
 TOTAL \$2,511.43

Visa \$2,511.43

Tell us how we did today. Complete the survey at canadapostsurvey.ca or text survey to 55555 and enter to WIN one of two \$250 Prepaid Visa Cards. (Standard message and data rates would apply for text message.)

Parlez-nous de votre expérience

© 2011 Canada Post

TRANSACTION RECORD

OWEN SOUND STN MAIN  
 901 3RD AVE E  
 OWEN SOUND, ON N4K 0A0

TYPE: PURCHASE  
 ACCT: VISA  
 AMOUNT: \$ 2511.43

CARD NUMBER: \*\*\*\*\*9720  
 DATE/TIME: 2022-10-05 09:18:26  
 REFERENCE #: 66535766 0010018550 C  
 AUTH #: 048063  
 VISA CREDIT  
 A000000031010  
 0080008000 F800

INVOICE NUMBER 215275

01 Approved - Thank You 027

IMPORTANT - retain this copy for  
 your records

CUSTOMER COPY



# Neighbourhood Mail™ Delivery Slip

# Feuille de dépôt Courrier de quartier<sup>MC</sup>

Upon receipt  
Sur réception or/ou

Delivery Start Date Premier jour  
Year Année Month Mois Day Jour

### Customer Identification Identification du client

Customer Name Nom du client <i>Bria</i>	Customer/Acct No. N° du client/compte
Mailed by (Name and complete address) Expédié par (nom et adresse complète) <i>34</i>	Customer/Acct No. N° du client/compte

### Delivery Instructions Instructions de livraison

Delivery Office Address Adresse du bureau de livraison <i>3500 rd Arc E</i>
---

### Title of mail piece Titre de l'article

Title of mail piece Titre de l'article <i>Re-e</i>	<input type="checkbox"/> Version specific Version spécifique
--	---

### Statement of Mailing No. N° de déclaration de dépôt

Statement of Mailing No. N° de déclaration de dépôt	Office of payment Bureau de paiement
--	---

Weight per item (g) Poids par article (g) <i>109</i>	Items per bundle Articles par liasse <i>100</i>	Number of residue items Nombre des articles résiduels <i>34</i>
Number of containers Nombre de conteneurs <i>10</i>	Number of bundles Nombre de liasses <i>35</i>	Total Number of items Nombre total des articles <i>3534</i>

### FSA(s), Delivery Mode(s) and Number(s) RTA, mode(s) de livraison et numéro(s)

Indicate specific FSA(s), Delivery Mode(s) and Number(s): Précisez les RTA, les modes de livraison et numéros:  
*utes, les 55.*

### Coverage - indicate if delivery required to: Couverture - indiquez le mode de distribution:

<input type="checkbox"/> Houses Domiciles	<input type="checkbox"/> Apartments Appartements	<input type="checkbox"/> Farms Fermes	<input type="checkbox"/> Businesses Commerces
---	--	---------------------------------------	---

<b>Size Selection</b>	<b>Dimensions</b>	<b>Thickness/Épaisseur</b>
<input type="checkbox"/> Standard Up to 30.5 X 15.24 cm (12" X 6") <input type="checkbox"/> Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)	<input type="checkbox"/> Oversize 1 Up to 30.5 x 28 cm (12 X 11") <input type="checkbox"/> Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)	<input type="checkbox"/> Oversize 2 Up to 35.56 X 28 cm (14" X 11") <input type="checkbox"/> Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)
		<input type="checkbox"/> More than 1.91 cm (0,75") <input type="checkbox"/> Plus de 1,91 cm (0,75 po)



0 064 754 433

FOR CPC USE ONLY		A L'USAGE DE LA SCP SEULEMENT	
Receipt - Office of Delivery Signature	Réception - Bureau de livraison Date	Delivery completed Signature	Livraison complétée Date

Mailer Copy

Copie de l'expéditeur

2



# Neighbourhood Mail™ Delivery Slip

# Feuille de dépôt Courrier de quartier<sup>MC</sup>

Upon receipt  
Sur réception or/ou

Delivery Start Date Premier jour  
Year Année Month Mois Day Jour

### Customer Identification Identification du client

Customer Name Nom du client <i>Bria</i>	Customer/Acct No. N° du client/compte
Mailed by (Name and complete address) Expédié par (nom et adresse complète) <i>34</i>	Customer/Acct No. N° du client/compte

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---

### Title of mail piece Titre de l'article

Title of mail piece Titre de l'article <i>Re-e</i>	<input type="checkbox"/> Version specific Version spécifique
--	---

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Weight per item (g) Poids par article (g) <i>109</i>	Items per bundle Articles par liasse <i>100</i>	Number of residue items Nombre des articles résiduels <i>34</i>
Number of containers Nombre de conteneurs <i>10</i>	Number of bundles Nombre de liasses <i>35</i>	Total Number of items Nombre total des articles <i>3534</i>

### FSA(s), Delivery Mode(s) and Number(s) RTA, mode(s) de livraison et numéro(s)

Indicate specific FSA(s), Delivery Mode(s) and Number(s): Précisez les RTA, les modes de livraison et numéros:  
*utes, les 55.*

### Coverage - indicate if delivery required to: Couverture - indiquez le mode de distribution:

<input type="checkbox"/> Houses Domiciles	<input type="checkbox"/> Apartments Appartements	<input type="checkbox"/> Farms Fermes	<input type="checkbox"/> Businesses Commerces
---	--	---------------------------------------	---

<b>Size Selection</b>	<b>Dimensions</b>	<b>Thickness/Épaisseur</b>
<input checked="" type="checkbox"/> Standard Up to 30.5 X 15.24 cm (12" X 6") <input type="checkbox"/> Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po)	<input type="checkbox"/> Oversize 1 Up to 30.5 x 28 cm (12 X 11") <input type="checkbox"/> Surdimensionné 1 Jusqu'à 30,5 cm X 28 cm (12 po X 11 po)	<input type="checkbox"/> Oversize 2 Up to 35.56 X 28 cm (14" X 11") <input type="checkbox"/> Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)
		<input type="checkbox"/> More than 1.91 cm (0,75") <input type="checkbox"/> Plus de 1,91 cm (0,75 po)



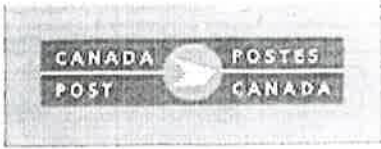
0 064 754 434

FOR CPC USE ONLY		A L'USAGE DE LA SCP SEULEMENT	
Receipt - Office of Delivery Signature	Réception - Bureau de livraison Date	Delivery completed Signature	Livraison complétée Date

Mailer Copy

Copie de l'expéditeur

2



16.2 CENTS  
x 13523 =

Print Close

# Canada Post - Business and Residential Counts and Maps

	HOUSES	APARTMENTS	FARMS	TOTAL RESIDENTIAL	BUSINESSES	TOTAL DISTRIBUTION
CANADA	8,763	3,383	260	12,406	1,117	13,523
Ontario	8,763	3,383	260	12,406	1,117	13,523
URBAN	8,763	3,383	260	12,406	1,117	13,523
Owen Sound	8,763	3,383	260	12,406	1,117	13,523
Owen Sound LCD Main	8,763	3,383	260	12,406	1,117	13,523
N4K	8,763	3,383	260	12,406	1,117	13,523
GD0001 OWEN SOUND	1	12,146	0	1	2	3
LB0001 OWEN SOUND	0	0	0	0	1	1
LB0001 OWEN SOUND PO	97	0	1	98	279	377
LC0001 OWEN SOUND	346	438	0	784	6	790
LC0002 OWEN SOUND	447	196	0	643	10	653
LC0003 OWEN SOUND	635	231	0	866	15	881
LC0004 OWEN SOUND	375	237	0	612	35	647
LC0005 OWEN SOUND	464	26	0	490	10	500
LC0006 OWEN SOUND	489	142	0	631	55	686
LC0007 OWEN SOUND	405	371	0	776	161	937
LC0008 OWEN SOUND	410	229	0	639	105	744
LC0009 OWEN SOUND	484	269	0	753	77	830
LC0010 OWEN SOUND	462	205	0	667	9	676
LC0011 OWEN SOUND	439	118	0	557	70	627
LC0012 OWEN SOUND	447	119	0	566	0	566
LC0013 OWEN SOUND	497	341	0	838	22	860
LC0014 OWEN	248	24	0	272	14	286

(SIGNS)

**From:** Jarrett Rawn [jarrett@imprintguy.com](mailto:jarrett@imprintguy.com)  
**Subject:** Fwd: Aclick Inc. - Order 51369  
**Date:** Sep 9, 2022 at 5:40:27 PM  
**To:** [olearyb@rogers.com](mailto:olearyb@rogers.com)

Hey boss, let me know if this is sufficient.  
J



Thank you for your interest in Aclick Inc. products. Your order has been received.

To view your order details and status click on the link below:

[https://www.aclick.ca/index.php?route=account/order/info&order\\_id=51369](https://www.aclick.ca/index.php?route=account/order/info&order_id=51369)

#### Order Details

**Order ID:** 51369  
**Payment Method:** Credit Card  
**Shipping Method:** Pickup From Store

**E-mail:** [jarrett@imprintguy.com](mailto:jarrett@imprintguy.com)  
**Telephone:** [5193749202](tel:5193749202)  
**IP Address:** 173.32.107.139  
**Order Status:** Pending

#### Payment Address

William Rawn  
ImprintGuy  
806 9th St East  
Owen Sound N4K1R2  
Ontario  
Canada

#### Shipping Address

William Rawn  
ImprintGuy  
806 9th St East  
Owen Sound N4K1R2  
Ontario  
Canada

P/O : Brian O'Leary Campaign

Product	Model	Quantity	Price	Total
4mm COROPLAST - uv direct print ( 5+ whole sheets, online order				

only)

- Ready Time : 18:00 Wednesday Sep 07

- 24X16 (250)

- Double Side : Same image

- Flute Direction: yes

- H-Stake: yes

Sheet  
Material

250 \$1,104.00 \$1,104.00

**Sub-Total:** \$1,104.00

**Pickup From Store:** \$0.00

**HST:** \$143.52

**Total:** \$1,247.52

Please reply to [printing@xlibrints.ca](mailto:printing@xlibrints.ca) if you have any questions.

# POST CARDS (RACK CARDS)

Begin forwarded message:

**From:** SinaLite Support  
<[support@sinalite.com](mailto:support@sinalite.com)>

**Subject:** We have received your order:  
**CT600981851**

**Date:** September 17, 2022 at 9:35:06 AM  
EDT

**To:** Jarrett Rawn <[jarrett@imprintguy.com](mailto:jarrett@imprintguy.com)>



335 Steelcase Road, East. Markham, ON L3R 1G3  
HST# 829672146RT0001

Your order number: **CT600981851**

You can review the status of your order at anytime by clicking [here](#). Once your order is ready to ship, you will receive a notification.

**Billing Address**

William Rawn  
ImprintGuy  
806 9th st east  
Owen sound, Ontario, N4k1r2  
Canada  
T: [5193240202](tel:5193240202)

**Shipping Address**

William Rawn  
ImprintGuy  
806 9th st east  
Owen sound, Ontario, N4k1r2  
Canada  
T: [5193240202](tel:5193240202)

<b>Order Date</b>	September 17, 2022 at 9:35:02 a.m. EDT
<b>Payment Method</b>	Paypal Express - 0LP00150DK883364A
<b>Shipping Method</b>	Customer Pickup in Markham, ON Facility - Fixed

Item Number	Item Name	Item Details	Subtotal
5447159	Postcards 16pt + AQ <a href="#">View Back Card</a>	Stock: 16PT Printed 2 Sides (4/4) Size: 4 x 8 Qty: 15000 Coating: Gloss AQ Bundling: Single band - 100s Turnaround: 4 - 5 Business Days + 1 Day	\$648.00
			<b>Subtotal</b> \$648.00
			<b>Shipping &amp; Handling</b> \$0.00
			<b>Tax</b> \$84.24
			<b>Grand Total</b> \$732.24

Have a question?  
[Create a support ticket](#)  
 Call us at 1-888-689-2309

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 discounts and more!



Owen Sound Attack Hockey Club

# Invoice

P.O. Box 1420  
1900 3rd Ave. E.  
Owen Sound  
N4K 6T5

Date: 9/1/2022  
Invoice #: 7976145

Invoice To  
Brian O'Leary

P.O. No.                      Terms                      Project

Description	Qty	Rate	Amount
Election PA announcements at the following five home games-October 1,7,8,15 &19 There will be three max 30 second commercials at each of these games	1	450.00	450.00
GST On Sales		13.00%	58.50

OWEN SOUND ATTACK STORE  
~~1900 3RD AVE E~~  
OWEN SOUND, ON N4K2M6  
5193717452

### DEBIT SALE

MID: 5771311                      REF#: 00000001  
TID: 002                              RRN: 00000001  
Batch #: 570                              08:45:53  
09/27/22  
APPR CODE: 006225  
Trace: 00167835  
DEBIT/SAVING                      Chip  
\*\*\*\*\*5219

**AMOUNT                      \$508.50**

APPROVED

INTERAC  
AID: A000000277010  
TVR: 00 80 00 80 00  
TSE: E8 00

PIN VERIFIED BY CARD ISSUER. ACCOUNT WILL BE DEBITED WITH THE ABOVE AMOUNT (OR CREDITED IF CREDIT VOUCHER). RETAIN THIS COPY FOR STATEMENT VERIFICATION

THANK YOU - MERCI  
CUSTOMER COPY

Thank you for supporting the Owen Sound Attack

**Total**                              \$508.50  
**Payments/Credits**                      \$0.00  
**Balance Due**                              \$508.50

*pd 9/27/22*





Statement Date  
9/30/2022



Phone: 519-376-2030 Fax: 519-371-4242 HST # R100424316  
accountsreceivable@bayshorebroadcasting.ca

BRIAN O'LEARY FOR MUNICIPAL ELECTION  
343 5TH AVE WEST  
OWEN SOUND, ONTARIO N4K 0E4 CANADA

Statement Date  
9/30/2022

REMITTANCE ADVICE  
Please detach and return with payment



Phone: 519-376-2030 Fax: 519-371-4242 HST # R100424316  
accountsreceivable@bayshorebroadcasting.ca

BRIAN O'LEARY FOR MUNICIPAL ELECTION  
343 5TH AVE WEST  
OWEN SOUND, ONTARIO N4K 0E4 CANADA

Advertiser Id: 4808

Sales Rep: LEMON, JANE

Date	Description	Ref#	Debits	Credits
9/23/2022	Payment, Thank You	EFTcatmwwqs \$2,000		(\$1,064.36)
9/23/2022	Payment, Thank You	EFTcatmwwqs \$2,000		(\$935.64)
9/26/2022	Payment, Thank You	EFTcavqsosz \$1701.8		(\$318.76)
9/26/2022	Payment, Thank You	EFTcavqsosz \$1701.8		(\$1,383.12)
<p>A/R 519-376-2030 EXT 210 accountsreceivable@bayshorebroadcasting.ca TERMS: Net 30 Days - 2% Service Charge on Overdue Accounts            RETURN ADDRESS: PO BOX 280 OWEN SOUND ON N4K 5P5            NET 30 DAYS 2% SERVICE CHARGE ON OVERDUE ACCOUNTS</p>				
Jun +	Jul	Aug	Sep	Total
\$ 0.00	\$ 0.00	\$ 0.00	(\$3,701.88)	(\$3,701.88)
Balance Due				(\$3,701.88)

Sales Rep: LEMON, JANE

Advertiser Id: 4808

Date	Ref#	Amount
9/23/2022	Pmt EFTcatmwwqs \$2,000	(\$1,064.36)
9/23/2022	Pmt EFTcatmwwqs \$2,000	(\$935.64)
9/26/2022	Pmt EFTcavqsosz \$1701.8	(\$318.76)
9/26/2022	Pmt EFTcavqsosz \$1701.8	(\$1,383.12)
<p>Aging Analysis</p>		
Jun +		\$0.00
Jul		\$0.00
Aug		\$0.00
Sep		(\$3,701.88)
Balance Due		(\$3,701.88)

Charges or Payments received after this date will appear on next statement  
 Terms: NET 30 DAYS 2% SERVICE CHARGE ON OVERDUE ACCOUNTS



Statement Date  
10/31/2022

Statement Date  
10/31/2022



Phone: 519-376-2030 Fax: 519-371-4242 HST # R100424316  
accountsreceivable@bayshorebroadcasting.ca

REMITTANCE ADVICE  
Please detach and return with payment



Phone: 519-376-2030 Fax: 519-371-4242 HST # R100424316  
accountsreceivable@bayshorebroadcasting.ca

BRIAN O'LEARY FOR MUNICIPAL ELECTION  
343 5TH AVE WEST  
OWEN SOUND, ONTARIO N4K 0E4 CANADA

BRIAN O'LEARY FOR MUNICIPAL  
ELECTION  
343 5TH AVE WEST  
OWEN SOUND, ONTARIO N4K 0E4  
CANADA

Advertiser Id: 4808

Sales Rep: LEMON, JANE

Sales Rep: LEMON, JANE

Advertiser Id: 4808

Date	Description	Ref#	Debits	Credits
10/31/2022	Inv: CFOS Brian O'Leary Munic	4808-00003-0000	\$935.64	
9/23/2022	Payment, Thank You	EFTcatmwwqs \$2,000		(\$935.64)
10/31/2022	Inv: CKYC - Brian O'Leary Muni	4808-00004-0000	\$1,383.12	
9/26/2022	Payment, Thank You	EFTcavqsosz \$1701.8		(\$318.76)
9/23/2022	Payment, Thank You	EFTcatmwwqs \$2,000		(\$1,064.36)
10/31/2022	Inv: CIXK Brian O'Leary Munic	4808-00006-0000	\$1,383.12	
9/26/2022	Payment, Thank You	EFTcavqsosz \$1701.8		(\$1,383.12)
<p>A/R 519-376-2030 EXT 210 accountsreceivable@bayshorebroadcasting.ca TERMS: Net 30 Days - 2% Service Charge on Overdue Accounts</p> <p>RETURN ADDRESS: PO BOX 280 OWEN SOUND ON N4K 5P5 NET 30 DAYS 2% SERVICE CHARGE ON OVERDUE ACCOUNTS</p>				
Jul +	Aug	Sep	Oct	Total
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$0.00
Balance Due				\$0.00

Date	Ref#	Amount
10/31/2022	Inv 4808-00003-0000	\$935.64
9/23/2022	Pmt EFTcatmwwqs \$2,000	(\$935.64)
10/31/2022	Inv 4808-00004-0000	\$1,383.12
9/26/2022	Pmt EFTcavqsosz \$1701	(\$318.76)
9/23/2022	Pmt EFTcatmwwqs \$2,000	(\$1,064.36)
10/31/2022	Inv 4808-00006-0000	\$1,383.12
9/26/2022	Pmt EFTcavqsosz \$1701	(\$1,383.12)
<p>Aging Analysis</p>		
Jul +		\$0.00
Aug		\$0.00
Sep		\$0.00
Oct		\$0.00
Balance Due		\$0.00

Charges or Payments received after this date will appear on next statement  
Terms: NET 30 DAYS 2% SERVICE CHARGE ON OVERDUE ACCOUNTS



Phone: 519-376-2030 Fax: 519-371-4242 HST # R100424316  
accountsreceivable@bayshorebroadcasting.ca

**BRIAN O'LEARY FOR MUNICIPAL**

Remit To:  
BAYSHORE BROADCASTING CORP  
270 9th. Street East  
PO BOX 280  
HST # R100424316  
OWEN SOUND, ON N4K 5P5  
Phone: 519-376-2030

Invoice:	4808-00003-0000
E-Invoice:	4808-3-0
Station:	CFOS-AM
EI Code:	(None)
Date:	10/31/2022
<b>Total Due:</b>	<b>\$935.64</b>
Amt Paid:	

----- 8< --- Detach and return with payment. --- >8 -----

**BRIAN O'LEARY FOR MUNICIPAL ELECTION**  
343 5TH AVE WEST  
OWEN SOUND, ONTARIO N4K 0E4

**BRIAN O'LEARY FOR MUNICIPAL ELECTION**

PO #: A/R APP CAVQSZH  
Agy Code:  
Est#:  
Product: See Detailed  
Buyer: BRIAN O'LEARY

Invoice#:	4808-00003-0000
EI Code:	(None)
Date:	10/31/2022
Seller Tax ID:	100424316
Contract:	4808-00003
<b>Total Due:</b>	<b>\$935.64</b>

Payment Terms: NET 30 DAYS 2% SERVICE CHARGE ON OVERDUE ACCOUNTS

Salesrep: JANE LEMON

Description: CFOS Brian OLeary Municipal Election

**INVOICE SUMMARY**

Station	Type	Qty	Gross	HST: 100424316	Total
CFOS-AM	Spots	36	\$828.00	\$107.64	\$935.64

**INVOICE DETAIL**

**CFOS-AM**

**SPOT DETAILS**

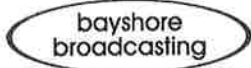
Date	Len	Times				Qty	Rate	Total
Mon 10/10/2022	30	07:37AM	10:22AM	12:27PM	05:14PM	4	\$23.00	\$92.00
Tue 10/11/2022	30	06:12AM	11:40AM	02:57PM		3	\$23.00	\$69.00
Wed 10/12/2022	30	08:19AM	10:40AM	04:55PM		3	\$23.00	\$69.00
Thu 10/13/2022	30	08:46AM	11:22AM	01:39PM	05:39PM	4	\$23.00	\$92.00
Fri 10/14/2022	30	07:12AM	09:37AM	12:24PM	04:46PM	4	\$23.00	\$92.00
Mon 10/17/2022	30	06:51AM	11:20AM	04:50PM		3	\$23.00	\$69.00
Tue 10/18/2022	30	07:14AM	09:48AM	01:22PM	05:14PM	4	\$23.00	\$92.00
Wed 10/19/2022	30	07:52AM	12:28PM	05:25PM		3	\$23.00	\$69.00
Thu 10/20/2022	30	08:18AM	10:38AM	02:42PM	04:50PM	4	\$23.00	\$92.00
Fri 10/21/2022	30	06:13AM	09:26AM	01:42PM	05:21PM	4	\$23.00	\$92.00
<b>CFOS-AM SPOT TOTALS:</b>						<b>36</b>		<b>\$828.00</b>

We warrant that the broadcast information shown on this invoice was taken from the official program log.

A/R: 519-376-2030 Ext. 210 AccountsReceivable@BayshoreBroadcasting.ca

Return Address: PO BOX 280, Owen Sound, ON N4K 5P5 Email: AccountsReceivable@BayshoreBroadcasting.ca

TERMS NET 30 DAYS - 2% SERVICE CHARGE ON OVERDUE ACCOUNTS



Phone: 519-376-2030 Fax: 519-371-4242 HST # R100424316  
accountsreceivable@bayshorebroadcasting.ca

**BRIAN O'LEARY FOR MUNICIPAL**

Remit To:  
BAYSHORE BROADCASTING CORP  
270 9th. Street East  
PO BOX 280  
HST # R100424316  
OWEN SOUND, ON N4K 5P5  
Phone: 519-376-2030

Invoice:	4808-00004-0000
E-Invoice:	4808-4-0
Station:	CKYC-FM
EI Code:	(None)
Date:	10/31/2022
<b>Total Due:</b>	<b>\$1,383.12</b>
Amt Paid:	

-----8-- Detach and return with payment. -->8-----

**BRIAN O'LEARY FOR MUNICIPAL ELECTION**  
343 5TH AVE WEST  
OWEN SOUND, ONTARIO N4K 0E4

**BRIAN O'LEARY FOR MUNICIPAL ELECTION**

PO #: A/R APP - CATMV  
Agy Code:  
Est#:  
Product: See Detailed  
Buyer: BRIAN O'LEARY

Invoice#:	4808-00004-0000
EI Code:	(None)
Date:	10/31/2022
Seller Tax ID:	100424316
Contract:	4808-00004
<b>Total Due:</b>	<b>\$1,383.12</b>

Payment Terms: NET 30 DAYS 2% SERVICE CHARGE ON OVERDUE ACCOUNTS

Salesrep: JANE LEMON

Description: CKYC - Brian O'leary Municipal Election

**INVOICE SUMMARY**

Station	Type	Qty	Gross	HST: 100424316	Total
CKYC-FM	Spots	36	\$1,224.00	\$159.12	\$1,383.12

**INVOICE DETAIL**

**CKYC-FM**

**SPOT DETAILS**

Date	Len	Times				Qty	Rate	Total
Mon 10/10/2022	30	06:13AM	11:10AM	01:52PM	04:46PM	4	\$34.00	\$136.00
Tue 10/11/2022	30	08:14AM	10:44AM	02:11PM		3	\$34.00	\$102.00
Wed 10/12/2022	30	08:44AM	11:49AM	01:42PM	05:31PM	4	\$34.00	\$136.00
Thu 10/13/2022	30	07:44AM	12:31PM	03:10PM		3	\$34.00	\$102.00
Fri 10/14/2022	30	08:51AM	10:48AM	02:44PM	04:27PM	4	\$34.00	\$136.00
Mon 10/17/2022	30	06:45AM	12:47PM	05:40PM		3	\$34.00	\$102.00
Tue 10/18/2022	30	08:25AM	10:44AM	03:38PM		3	\$34.00	\$102.00
Wed 10/19/2022	30	06:14AM	10:33AM	12:15PM	05:30PM	4	\$34.00	\$136.00
Thu 10/20/2022	30	07:55AM	11:23AM	01:41PM	03:41PM	4	\$34.00	\$136.00
Fri 10/21/2022	30	06:55AM	11:41AM	02:40PM	04:39PM	4	\$34.00	\$136.00
<b>CKYC-FM SPOT TOTALS:</b>						<b>36</b>		<b>\$1,224.00</b>

We warrant that the broadcast information shown on this invoice was taken from the official program log.

A/R: 519-376-2030 Ext. 210 AccountsReceivable@BayshoreBroadcasting.ca

Return Address: PO BOX 280, Owen Sound, ON N4K 5P5 Email: AccountsReceivable@BayshoreBroadcasting.ca

TERMS NET 30 DAYS - 2% SERVICE CHARGE ON OVERDUE ACCOUNTS



Phone: 519-376-2030 Fax: 519-371-4242 HST # R100424316  
accountsreceivable@bayshorebroadcasting.ca

**BRIAN O'LEARY FOR MUNICIPAL**

Remit To:  
BAYSHORE BROADCASTING CORP  
270 9th. Street East  
PO BOX 280  
HST # R100424316  
OWEN SOUND, ON N4K 5P5  
Phone: 519-376-2030

Invoice:	4808-00006-0000
E-Invoice:	4808-6-0
Station:	CIXK-FM
EI Code:	(None)
Date:	10/31/2022
<b>Total Due:</b>	<b>\$1,383.12</b>
Amt Paid:	

----- 8< - - Detach and return with payment. - - >8-----

**BRIAN O'LEARY FOR MUNICIPAL  
ELECTION**  
343 5TH AVE WEST  
OWEN SOUND, ONTARIO N4K 0E4

**BRIAN O'LEARY FOR  
MUNICIPAL ELECTION**

PO #: A/R APP CATMVWQ  
Agy Code:  
Est#:  
Product: See Detailed  
Buyer: BRIAN O'LEARY

Invoice#:	4808-00006-0000
EI Code:	(None)
Date:	10/31/2022
Seller Tax ID:	100424316
Contract:	4808-00006
<b>Total Due:</b>	<b>\$1,383.12</b>

Payment Terms: NET 30 DAYS 2% SERVICE  
CHARGE ON OVERDUE ACCOUNTS

Salesrep: JANE LEMON

Description: CIXK Brian OLeary Municipal Election

**INVOICE SUMMARY**

Station	Type	Qty	Gross	HST: 100424316	Total
CIXK-FM	Spots	36	\$1,224.00	\$159.12	\$1,383.12

**INVOICE DETAIL**

**CIXK-FM**

**SPOT DETAILS**

Date	Len	Times				Qty	Rate	Total
Mon 10/10/2022	30	08:48AM	10:53AM	03:48PM	05:12PM	4	\$34.00	\$136.00
Tue 10/11/2022	30	07:24AM	08:42AM	01:34PM		3	\$34.00	\$102.00
Wed 10/12/2022	30	01:37PM	04:56PM	05:55PM		3	\$34.00	\$102.00
Thu 10/13/2022	30	10:53AM	11:19AM	11:56AM	01:40PM	4	\$34.00	\$136.00
Fri 10/14/2022	30	06:54AM	09:18AM	01:35PM	03:52PM	4	\$34.00	\$136.00
Mon 10/17/2022	30	09:19AM	12:35PM	05:54PM		3	\$34.00	\$102.00
Tue 10/18/2022	30	01:45PM	03:10PM	05:56PM		3	\$34.00	\$102.00
Wed 10/19/2022	30	08:55AM	10:17AM	04:20PM	05:41PM	4	\$34.00	\$136.00
Thu 10/20/2022	30	07:27AM	08:23AM	09:52AM	12:35PM	4	\$34.00	\$136.00
Fri 10/21/2022	30	11:53AM	02:17PM	03:19PM	05:57PM	4	\$34.00	\$136.00
<b>CIXK-FM SPOT TOTALS:</b>						<b>36</b>		<b>\$1,224.00</b>

We warrant that the broadcast information shown on this invoice was taken from the official program log.

A/R: 519-376-2030 Ext. 210 AccountsReceivable@BayshoreBroadcasting.ca

Return Address: PO BOX 280, Owen Sound, ON N4K 5P5 Email: AccountsReceivable@BayshoreBroadcasting.ca

TERMS NET 30 DAYS - 2% SERVICE CHARGE ON OVERDUE ACCOUNTS