

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
2 0 2 2	0 6	0 6

 to

YYYY	MM	DD
2 0 2 2	1 0	2 4

- 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 Muise	Given Name(s) Bruce Joseph
Office for Which the Candidate Sought Election Catholic School Board Trustee	Ward Name or Number (if any)
Municipality Owen Sound	
Spending Limit General \$ 7,405.95	Parties and Other Expressions of Appreciation \$0.00
Contribution Limit Contributions from Candidate and Spouse \$0.00	

I did not accept any contributions or incur any expenses. (Complete Boxes A and B only)

Box B: Declaration

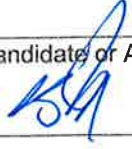

I, Bruce Joseph Muise, declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.



Signature of Candidate

2022/10/25

Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd) 2022/11/03	Time Filed 2:17 p.m.	Initial of Candidate or Agent (if filed in person) 	Signature of Clerk or Designate 
---------------------------------------	-------------------------	---	--

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

1. RACK CARDS/DESIGN TIME - QWIK PRINT	+ \$	394.09
2. 500 RACK CARDS - QWIK PRINT	+ \$	251.25
3. ELECTION MAP - BLACK & WHITE	+ \$	5.00
4. ELECTION MAP - COLOUR	+ \$	10.00
5. _____	+ \$	_____

Total Expenses subject to spending limit for parties and other expressions of appreciation = \$ 663.34 C3

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. _____	+ \$	_____

Total Expenses not subject to spending limits = \$ _____ C4

Total Campaign Expenses (C2 + C3 + C4) = \$ 663.34 C5

Box D: Calculation of Surplus or Deficit

Excess (deficiency) of income over expenses (Income minus Total Expenses) (C1 – C5)	+ \$	_____	D1
If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign	- \$	_____	
Surplus (or deficit) for the campaign		= \$ _____	D2

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.

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 (\$)
Total				

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 (\$)
Total				

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**

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

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)
--------------	-------------------

Contact Information

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

Address		
Suite/Unit Number	Street Number	Street Name

Municipality	Province	Postal Code
--------------	----------	-------------

Telephone Number	Email Address
------------------	---------------

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

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.



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

Receipt Number: 1118468
HST Number: 10693 0381 RT0001
Date: 2022-07-28 Initials: LK

Bruce Muise

Roll/Account	Description	Amount
CL98	ELECTION MAP	\$5.00
	Subtotal:	\$5.00
	HST:	\$0.00
	Total Receipt:	\$5.00
	Payment Received	
	CREDIT CARD	\$5.00

Total Monies Received: \$5.00
Rounding: \$0.00
Amount Returned: \$0.00

Printed on: 2022-07-28 At: 2:15.48 PM

Visit our Website
owensound.ca
** Thank you **

CITY MAP - B/W

CITY OF OWEN SOUND
808 2ND AVE E
OWEN SOUND ON

CARD *****4542
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2022/07/28
TIME 0965 14:15:31
RECEIPT NUMBER
C84036791-001-042-007-0

PURCHASE
TOTAL

\$5.00

Interac
A0000002771010
97574C4C0F92BB81
0080008000-E800
DF5D50A31FBA937A

APPROVED

AUTH# S410EN 00-001
THANK YOU

CARDHOLDER COPY

THANK YOU / MERCI
CUSTOMER COPY

BY ENTERING A VERIFIED PIN, CARDHOLDER AGREES
TO PAY ISSUER SUCH TOTAL IN ACCORDANCE WITH
ISSUER'S AGREEMENT WITH ISSUER'S
AGREEMENT
WITH CARDHOLDER

Mastercard
AID: A0000000041010
TVR: 00 00 00 80 00
TSI: E8 00

APPROVED

AMOUNT \$254.25

MND: 6558687 REF#: 00000001
TID: 001 RRN: 00000001
Batch #: 262001 10:35:11
09/19/22
APPR CODE: 036922
MASTERCARD Chip
*****0466 ***

QWRK PRINT
1240 2ND AVE EAST
OWEN SOUND, ON N4K2J3
5193717464

SALE

CITY MAP - COLOUR



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

Receipt Number: 1123032
HST Number: 10693 0381 RT0001
Date: 2022-09-01 Initials: AW
ELECTION MAP - COLOURED

Roll/Account	Description	Amount
CL98	ELECTION MAP	\$10.00
	Subtotal:	\$10.00
	HST:	\$0.00
	Total Receipt:	\$10.00
	Payment Received	
	CASH	\$10.00

Total Monies Received: \$10.00
Rounding: \$0.00
Amount Returned: \$0.00

Printed on: 2022-09-01 At: 9:55:59 AM

Visit our Website
owensound.ca
** Thank you **

QWIK PRINT

1240 2nd Ave E Unit 1
Owen Sound ON N4K 2J3
519-371-5955
s www.qwikprint.ca
qwikprint.ca
HST Registration No.: 891085060RT0001



INVOICE

BILL TO
Bruce Muise

INVOICE 3577
DATE 09-12-2022
TERMS Net 15
DUE DATE 09-27-2022

DOCKET
71639

DESCRIPTION	TAX	QTY	RATE	AMOUNT
Rack Cards 5 x 8" 4-colour double-sided on 14pt C2S	13%	500	0.45	225.00
SUBTOTAL				225.00
HST @ 13%				29.25
TOTAL				254.25
BALANCE DUE				\$254.25

QWIK PRINT

1240 2nd Ave E Unit 1
Owen Sound ON N4K 2J3
519-371-5955
sales@qwikprint.ca
qwikprint.ca
HST Registration No.: 891085060RT0001



INVOICE

BILL TO
Bruce Muise

INVOICE 3452
DATE 08-10-2022
TERMS Net 15
DUE DATE 08-25-2022

DOCKET
71555

DESCRIPTION	TAX	QTY	RATE	AMOUNT
Rack Cards 5 x 8" 4-colour double-sided on 14pt C2S	13%	500	0.45	225.00
Estimated design time (if required)	13%	2.25	55.00	123.75

SUBTOTAL 348.75
HST @ 13% 45.34
TOTAL 394.09

BALANCE DUE **\$394.09**

QWIK PRINT
1240 2ND AVE EAST
OWEN SOUND, ON N4K2J3
5193717464

DEBIT SALE

MID: 6558687
TID: 001
Batch #: 224001
08/12/22
APPR CODE: TLJ043
Trace: 00354298
DEBIT/CHEQUING
*****4542

REF#: 00000003
RRN: 00000003
12:55:25

Chip

AMOUNT \$394.09

APPROVED

Interac
AID: A0000002771010
TVR: 00 80 00 80 00
TS: 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
RETAIN THIS COPY FOR STATEMENT VERIFICATION

THANK YOU / MERCH

CUSTOMER COPY