

- Schedule due March 31, or
 80 days following date fixed for return of writ

(Please print)

Reporting period in Election year from Apr 30/17 to Aug 15/17 or

Reporting period in Non-election year from January 1, to

Note: Registered candidate must have political contributions audited. Political contributions must be audited, if political contributions disclosed exceed \$5,000.00 in an election year, all submissions must be audited.

Candidate Name Charles Smith

Electoral District Halifax Area Party Affiliation (if any) XXX Party

Official Agent(s):

Name Tom Jones

Name

Residential Address including postal code

Residential Address including postal code

123 Main Street, Halifax, NS B1B 1B1

Telephone Number 902-555-5555

Telephone Number

e-mail tomjones@xxx.com

e-mail

Auditor:

Name Susan Wood, XXX Audit Firm

Mailing Address

876 Elm Street, Halifax, NS B2B 2B2

Telephone Number 902-444-4444

e-mail susanwood@xxx.com

Financial Institution used as a depository for contributions:

Institution Name and Branch Location ABC Bank

Mailing Address 858 Oak Street, Halifax, NS

Postal Code B2B 2B2

Account Number 01-23456-78

Declaration

I, the undersigned Official Agent, hereby file with the Chief Electoral Officer a completed Form 2, Candidate's Financial Statements and Supporting Schedules, along with an Auditor's Report from an independent public accountant. I declare, to the best of my knowledge and belief, that payments prohibited by the Elections Act were not made with my knowledge and consent and that the information contained in this Form is complete, true and correct and is in compliance with the Elections Act.

Signature of Official Agent signed by Tom Jones

Date Aug 15/17

I acknowledge the financial submission has been submitted.

Signature of Candidate signed by Charles Smith

Date Aug 15/17



Financial Return for Candidate Summary of Financial Activity

Form 2-3

Elections Act Section 229 and 230(1)(b)

(Please print)

Candidate Name	Charles Smith	Date	Aug 15/17
Electoral District	Halifax Area	Party Affiliation (if any)	XXX Party

Section 1: Income & Transfers In		
Monetary Contributions	2,300.00	Form 2-3A
Fundraising Revenue (gross)	500.00	Form 5-1
Less: Fundraising Revenue (amount included on Form 2-3A)	-375.00	Form 5-1
Transfers from Party & Electoral District Associations	5,000.00	Form 2-3C
Nomination Fee Reimbursement from ENS	200.00	
Audit Fee Reimbursement from ENS	200.00	
Election Expenses Reimbursement from ENS	1,879.41	
Other Income (specify)		
Total Income & Transfers	9,704.41	

Section 2: Expenses & Transfers Out		
Non-election Expenses	1,640.00	Form 2-3E
Fundraising Expenses	125.00	Form 5-1
Election Expenses	1,879.41	Form 2-3F
Transfers to Party & Electoral District Associations	1,000.00	Form 2-3C
Interest Payments on Loans or Lines of Credit	0.00	Form 2-3D
Other Expenses (specify)		
Total Expenses & Transfers	4,644.41	

Net Excess (or Shortfall)	5,060.00
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Auditor's Report Attached (circle one) Yes No

Declaration

I declare, to the best of my knowledge and belief, that the information contained in this Form is complete, true and correct and is in compliance with the Elections Act.

Signed at Halifax, Nova Scotia on Aug 15/17

Signature of Official Agent signed by Tom Jones

(Please print)

Candidate Name	Charles Smith	Date	Aug 15/17
Electoral District	Halifax Area	Party Affiliation (if any)	XXX Party

1 Headquarters Expenses	615.98
2 Worker Remuneration	150.75
3 Publicity/Advertising	756.32
4 Travel	36.00
5 Campaign Functions	228.36
6 Other	5.00
7 Personal Expenses of Candidate	87.00
Subtotal	1,879.41
8 Discounts: example, rent paid less than market price	500.00
9 Contributed Service	
10 Disputed Claims	
11 Other <i>(non election expenses)</i>	1,640.00
Total	4,019.41

Number of Electors on the List of Electors	12,258
Maximum Election Expenses Permitted	68,493.55

Official Agent (please print) <i>Tom Jones</i>	Signature <i>Tom Jones</i>
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This completed form shall be posted on www.electionsnovascotia.ca within 10 days of receipt, in accordance with the Elections Act Section 229(4).

(Please print)

Candidate Name	Charles Smith	Date	Aug 15/17
Electoral District	Halifax Area	Party Affiliation (if any)	XXX Party

Assets	
Cash (Reconciled Balance At Time Of Report)	3,980.59
Accounts Receivable from Elections Nova Scotia	
Receivable For Audit Fee	200.00
Receivable For Nomination Fee	200.00
Receivable for Election Expenses Reimbursement	1,879.41
Other Receivables (specify)	
Total Assets (a)	6,260.00

Liabilities	
Accounts Payable	200.00
Overdraft/Loan (Form 2-3D)	1,000.00
Other Liabilities (specify)	
Total Liabilities	1,200.00

Surplus/(Deficit) (Form 2-3)	5,060.00
Opening Surplus (if applicable)	0.00
Total Liabilities & Surplus/Deficit (b)	6,260.00

Note: A must equal B



**Report Respecting Tax Receipts Form 2-5
for Candidate**

Elections Act Section 231

(Please print)

Candidate Name	Charles Smith	Date	June 25/17
Electoral District	Halifax Area	Party Affiliation (if any)	XXX Party

All receipts are to be accounted for. Unused receipts are to be returned to Elections Nova Scotia - Returning Officer.

Part 1

I have received the following Tax Receipts from Elections Nova Scotia:

Signed by the official agent of the Candidate:

Signature: signed by Tom Jones	Date: May 3/17
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Date	Receipt Numbers starting from	To
May 5/17	500001	500050

Part 2

I have issued, canceled or have on hand the following Tax Receipts:

Issued	Receipt Numbers starting from	To
May 10/17	500001	500004
May 18/17	500006	500025
May 30/17	500026	500030
Canceled or Voided	Receipt Numbers starting from	To
May 15/17	500005	500005
Unused	Receipt Numbers starting from	To
	500031	500050

Declaration

I, Tom Jones, of Halifax declare that

I am the Official Agent of Charles Smith

I declare, to the best of my knowledge and belief, that the information contained in this report is complete, true and accurate and is

in compliance with the Elections Act.

Date June 25/17 Signature of Official Agent signed by Tom Jones

Date June 25/17 Signature of Elections Nova Scotia signed by ENS



Financial Return for Candidate Notification of Disposal of Excess Contributions

Form 2-6

Elections Act Section 232

____ Due within one month following receipt of candidate's final election expenses reimbursement.

____ Due with two months following date candidate expenses were filed, if no reimbursement is payable.

Charles Smith	Oct 15/17
Candidate Name	Date
Halifax Area	XXX Party
Electoral District	Party Affiliation (if any)

Description	Amount
1. Reconciled Bank Account at time of return (from form 2-4 in original file)	\$ 3,980.59
2. Add: Reimbursements from Elections Nova Scotia (75%, 25%, audit fee, and nomination)	2,279.41
3. Add: Accounts receivable received (from 2-4)	-
4. Add: Additional Income received (specify)	
5. Less: Funds withheld by the party (if applicable)	940.00
6. Less: Audit Fee	200.00
7. Less: Payment of account payables listed on Form 2-4 at time of original submission (less funds withheld by party, and audit fee)	
8. Less: Additional invoices received and paid after the initial submission (attach invoices)	
9. Less: Bank charges (from time of return to close of account)	5.00
10. Less: Repayment of loan outstanding (from 2-4)	1,000.00
11. Less: Additional interest paid on loan outstanding from date of original submission to final payment	12.36
12. Less: Costs associated with recount	-
13. Other (specify) :	
14. Excess Contributions Issued to EDA, Registered Party or Minister of Finance	\$ 4,102.64

Excess Contributions transferred to (please check one):

- Electoral District Association for the candidate who is representing the registered party.
- ____ Registered Party if there has not been an Electoral District Association established.
- ____ Elections Nova Scotia if an independent candidate, cheque made payable to the Minister of Finance
- ____ No Excess Contribution

- Attached (Initial):**
- ____X____ Bank statements from time of original file to close of bank account
- ____X____ Proof that bank account has been closed (this maybe included on bank statement)
- ____ Copies of any additional invoices paid after the original submission
- ____X____ Proof of transfer of excess contributions to registered party, EDA, or the Minister of Finance.

I declare that all outstanding invoices have been paid, the bank account has been closed, and all information reported is true and correct:

signed by Tom Jones
Signature of Official Agent

Oct 15/17
Date