

Donors list and return of expenses Municipalities with fewer than 5,000 inhabitants

1. Identification of candidate								
Name of municipality		Date of election						
Name of candidate		YYYY MM DD						
		Mayor Councilor						
Name of recognized team: (where applicable)		N°/District/Ward:						
Full residential address of candidate								
N°	Street	Apt						
Munici	pality	Postal code						
Candidate's telephone number								
Home	Cell	Work						
Email address	Oeii	WOIK						
2. Declaration of candidate who	has not received any donations or inc	curred any expenses						
☐ I declare that I have received no donations and have contributed no amount to my own election campaign, or incurred any expenses.								
Signature of candidate	Name of candidate – Please prin	t Date						
Acknowledgement of receipt								
To be completed by treasurer upon receipt of report from candidate.								
I hereby acknowledge receipt of the <i>Donors list and return of expenses</i> signed by the candidate identified in section 1.								
Signature of tre	easurer	Date Date						
Reminder to treasurer: A copy of this report must be remitted to the candidate by the treasurer.								

	d ent																	
	Method of payment																	
	Number of																	
	Donation (\$)																\$	\$
n \$50	Postal code																0 or less:	donators:
3. List of donators (including candidate) having made one or more donations totaling more than \$50	Municipality																Total donations received of \$50 or less:	Total donations received from all donators:
	Residential address of contributor (n°, street, apartment)																	
List of donators (including candic	Family and given name of donator																	
		-	0	က	4	2	9	7	∞	၈	10	7	12	13	14	15		

Reminder: A donator cannot give more than \$200, except for the candidate himself, who may, in order to promote his own election, give up to a maximum of \$1,000.

Ν°	Name and address of the supplier	Description of the good or service	Amount paid					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
		Total expenses:						
5. Declaration of the candidate								
All information entered in this form is true, accurate and complete.								
	Signature of candidate	Name of candidate – Please print	Date					

4. Return of expenses