

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	on) 2022 08 10 to 2022 10 24
Initial filing reflecting finances from start of campaign to Dece	ember 31 (or 45 days after voting day in a by-election)
Supplementary filing reflecting finances from start of campaig	gn 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 La Fren ière	Given Name(s) Patricia Clara
Office for Which the Candidate Sought Election	Ward Name or Number (if any)
Councillor	
Municipality City of Pembroke	
Spending Limit	Contribution Limit
Seneral Parties and Other Expression \$	Sons of Appreciation Contributions from Candidate and Spouse \$\frac{15-80}{3,000}\$, \$\frac{3}{000}\$, \$\frac{15-80}{3}\$
I did not accept any contributions or incur any expenses. (Co	mpleteBoxes A and B only)
Box B: Declaration	
1. Patricia Latvenier	, declare that to the best of my knowledge and
belief that these financial statements and attached supporting so	hedules are true and correct.
Pat Safrenere Signature of Candidate	2022 /12 / Date (yyty/mm/dtl)
Date Filed (yyyy/mm/dd) Time Filed Initial of Candida	te or Agent (if filed in person) Signature of Clerk or Designate
2022-12-06. 4:55 pm.	W. M. S. Sesignate



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Office for Which the Candidate Sought Election	Ward Name or Number (if any)
Councillor	
Municipality City of Pembroke	
Spending Limit	Contribution Limit
General Parties and Other Expression \$	Contributions from Candidate and Spouse \$\\\ \frac{15-80}{3},000,000
I did not accept any contributions or incur any expenses. (Co	mplete Boxes A and B only)
Box B: Declaration	
· Patricia Lafrenier	, declare that to the best of my knowledge and
belief that these financial statements and attached supporting sc	hedules are true and correct.
Pat Safreniere Signature of Candidate	2022 /12 / Date (yyyy/mm/dd)
)	Date (yyyy/min/dd)
Date Filed (yyyy/mm/dd) Time Filed Initial of Candida	e or Agent (if filed in person) Signature of Clenk or Designate
2022-12-06. 4:55 pm.	W.W

	. •	
2.	+ \$	= '
3.	+ \$	_
4.	_+ \$	_ ^
5.	+ \$	
Total Expenses subject to spending limit for parties and other expressions of appreciation	= \$	_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.	+ \$	"
4.70 8 AR TRAVESTAS SERVI	-+ \$ 2,00il	Sidns from free
5.	+ \$	
Other (provide full details)		_
1.	+ \$	
2.	+ \$	_
3.	+ \$	
4.	+ \$	
5.	+ \$	
Total Expenses not subject to spending limits	= \$	C4
Total Campaign Expenses (C2 + C3 + C4)	· ·	= \$ 2510,86 cs
Box D: Calculation of Surplus or Deficit	,	
Excess (deficiency) of income over expenses (Income minus Total Expenses) (C1 – C5)	+\$1054.14	D1
If there is a surplus, deduct any refund of candidate's or spouse's contributions to the campaign	+ \$ 1054.14 - \$ 1054.15	
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.

Schedule 1 – Contributions						*
Part I – Summary of Contributions						
Contributions in money from candidate an Contributions in goods and services from (include value listed in Table 1 and Table	candidate and spous	е	+ \$ 3,0	65.0	0	
Total value of contributions not exceeding Include ticket revenue, contributions in where the total contribution from a cont (do not include contributions from cand	money, goods and se ributor is \$100 or less	rvices	+ \$			
Total value of contributions exceeding \$10 (from line 1B; list details in Table 3 and Ta Include ticket revenue, contributions in a where the total contribution from a cont (do not include contributions from candidate)	able 4) money, goods and se ributor exceeds \$100	rvices	+ \$			
Less: Ineligible contributions paid or paya	ble to the contributor		- \$			
Contributions paid or payable to the from an onymous sources exceeding	clerk, including conti	ributions	- \$			
Total Amount of Contributions (record under	er Incom e in Box C)		= \$ 3, 5	565.0	1A	
Part II - Contributions from candida	te or spouse					
Table 1: Contributions in goods or serv	ices					
Description of Goods or Services					Received //mm/dd)	Value (\$)
signs from previous	Campaigns			2018	09/01	565.00
						\
/						
					Total	565.00.
Additional information is listed on separ Table 2: Inventory of campaign goods a (Note: Value must be recorded as a con	nd materials from p	revious mu	ınicipal camr	aian us	ed in this o	campaign
pescription	Date Acquired (yyyy/mm/dd)	Supplier			Quantity	Current Market Value (\$)
					Total	
Additional information is listed on separa	ate supplementary att	achment if	completed me	anually		
Part III – Contributions exceeding \$1			•	•	didate or s	spouse

ame	Full Address	Date Received (yyyy/mm/dd)	Amount Received (\$)	Amount Returned to Contributor of Paid to Clerk (\$)
			4	,
			,	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
		·	10	
		Tota	I	
Fable 4: Contributions in go Note: Must also be recorde	ed as Expenses in Box C.	lividuals other than candidate)	or spouse Date Received	
Table 4: Contributions in go Note: Must also be recorde	oods or services from inc	lividuals other than candidate) Description of Goods	or spouse Date Received	
Fable 4: Contributions in go Note: Must also be recorde	oods or services from inc ed as Expenses in Box C.	lividuals other than candidate)	or spouse	
Fable 4: Contributions in go Note: Must also be recorde	oods or services from inc ed as Expenses in Box C.	lividuals other than candidate) Description of Goods	or spouse Date Received	
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Table 4: Contributions in go (Note: Must also be recorde Name	Full Address	Description of Goods or Services	Date Received (yyyy/mm/dd)	
Table 4: Contributions in go (Note: Must also be recorde Name	Full Address	lividuals other than candidate) Description of Goods	Date Received (yyyy/mm/dd)	

Schedule 2 – Fundraising Events and Activities			
Complete a separate schedule for each event or activity held.	Additional schedu	le(s) attached, if comp	oleted manuall
Fundraising Event/Activity 1			
Description of fundraising event/activity			
Date of event/activity (yyyy/mm/dd)			
Part I – Ticket revenue			
Admission charge (per person)	\$	24	
(If there are a range of ticket prices, attach complete breakdown of a	all ticket sales)	2A	
Number of tickets sold	X	20	
Total Part I (2A X 2B) (include in Part I of Schedule 1)		2B = \$	
Part II – Other revenue deemed a contribution			
Provide details (e.g., revenue from goods sold in excess of fair mark	et value)		
1.	+ \$		
2.			
3.	+ \$	No.	
4.	+ \$	- And the second	
5.	+ \$		
otal Part II (include in Part I of Schedule 1)	·	=_\$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so		=_\$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1.	old for \$25 or less)	=_\$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1.		= \$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1. 2. 3.	old for \$25 or less) +_\$	=_\$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1. 2. 3. 4.	old for \$25 or less) + \$ + \$	= \$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1. 2. 3.	old for \$25 or less) +	= \$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1. 2. 3. 4.	old for \$25 or less) + \$ + \$ + \$ + \$ + \$		
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1. 2. 3. 4. 5. ptal Part III (include under Income in Box C)	old for \$25 or less) + \$ + \$ + \$ + \$ + \$	= \$	
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1	old for \$25 or less) + \$ + \$ + \$ + \$ + \$		
art III – Other revenue not deemed a contribution rovide details (e.g., contribution of \$25 or less; goods or services so 1	eld for \$25 or less) + \$ + \$ + \$ + \$ + \$ + \$		
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A candidate who h	nas received contri	Elections Act, 199	penses in excess of \$10,000 mus	
Professional Design	nation of Auditor	or mounted CX	renses in excess of \$10,000 mus	t attach an auditor's report.
Municipality				
				Date (yyyy/mm/do
Contact Informati				
Last Name or Sing	e Name		Given Name(s)	Licence Number
Address				
Suite/Unit Number	Street Number	Street Name		
Municipality			Drovings	
			Province	Postal Code
elephone Number		Email Address		
he report must be	dono in gogo wi-			
• set out the s	cope of the exami	ewith generally accep	ted auditing standards and must:	
provide an omisstatement	pinion as to the co	nation Impleteness and accur	acy of the financial statement and	d Whether it is free of material
Report is attache				mount in the free of material
ersonal information lections Act, 1996. formation and Prote	, if any, collected of Under section 88 of Original Control	on this form is obtained of the <i>Municipal Electio</i>	under the authority of sections 8 ons Act, 1996 (and despite anything terials filed with or prepared by the pressure of the section of the se	8.25 and 95 of the <i>Municipal</i>

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

9503P (2022/04)

an electronic format free of charge upon request.

Other 6 ELECT Primary Chequing Account 23906 3961-330

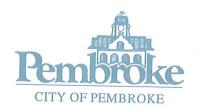
Account services Statements Overview Money available \$1,054.14 Quick links Account balance CRA direct deposit \$1,054.14 **VOID CHEQUE** Money on hold \$0.00 Interac e-Transfer Pay bills <u>Transfer</u>

Account info

DOWNLOAD Transactions

Showing: Aug 01, 2022 to Nov 28, 2022					
sion data	Description ↑↓	Amount ᡝ	Account balance		
Transaction date ↓	TF 2390#8134-430 LABINE PRINTERS.	\$209.05	\$1,054.14		
Nov 28, 2022	TF 2390#8134-430 CADINE PRINTERS		\$1,263.19		
2022	INTERAC ETRNSFR SENT LABINE PRINTERS	\$832.81	\$1,200.12		
Sep 19, 2022	20222611918713E27		\$2,096.00		
20,0000	INTERAC ETRNSFR SENT JOHN BUTLER	\$395.50	\$2,090.00		
Sep 09, 2022	202225208424C1F2C		\$2,491.50		
	INTERAC ETRNSFR SENT BOYD'S SIGNS	\$508.50	\$2,491.00		
Sep 09, 2022	202225208395F22D8				

Transaction date			
Aug 16 2022	Description ↑↓ TF 2390#3065-181	Amount ᡝ	Account balance
1-5 of 5		+ \$3,000.00	\$3,000.00



City Of Pembroke 1 Pembroke St East Pembroke ON K8A 3J5 (613) 735-6821 Ext. 1323

PAYMENT RECEIPT

ELECTION NOMINATION FEE PATRICIA LAFRENIERE COUNCILLOR

Receipt Number:

261205

Batch Number:

10AUG2022CASHMH

GST Number:

12193 6140 RT0001

Date:

10/08/22

Initials:

MH

Receipt Type	Roll/Account	Description	Amount
General	GL	NOMINATION FEES	\$100.00
		Tay Amount	

Tax Amount Receipt Total	\$0.00 <u>\$100.00</u>
Cash:	\$100.00
Received	\$100.00
Received Rounding Total	\$100.00 \$0.00

220 Moffat STREET, Pembroke, Ontario K8A 3X3 Tel: 613.735.3953 Fax: 613.732.3981 labineprinters@bellnet.ca HST 10290 1154

INVOICE

Invoice No.:

0554-22A

Date:

10/05/2022

Sold to:

Ship to:

Patricia Lafreniere

Patricia Lafreniere

ON

ON

Terms: Net 30 days

Business No.:	10290 1	154	Term	s: Net 30 days	Sense September 2015 and a contract
Quantity	Unit	Description	Тах	Unit Price	Amount
500	84, 200	Re-Elect Cards (w/Photo Adj.)	Н	0.37	185.00
		H - HST 13%			24.05
		HST			24.00
					8
		,			
,					
					•
		nd b			
	-	9.81			unt 209.05
Thank-you!		209.81 86		Total Amo	unt 209.00
		/ y \'			

PEMbroke, ONTARIO K8A 3X3

220 Moffat STREET,

LADINEPRINTERS@bellnet.CA HST 10290 1154

Oct 2657! election book Page Tel: 613.735.3953 Fax: 613.732.3981

INVOICE

Invoice No.:

0554-22

Date:

09/08/2022

Sold to:

Patricia Lafreniere

Ship to:

Patricia Lafreniere

ON

ON

Business No.:	10290 1154 Terms: Net 30 days					
Quantity	Unit	Description	Tax	Unit Price	Amount	
4,000		Re-Elect Cards Design & Composition	H H	0.168	672.00 65.00	
,		H - HST 13% HST			95.81	
				Pd	2-transfe Sept 18	
		,				
Thank-you	!			Total Am	sount 832.81	

boydssigns net

Boyd's Signs 71 Hazley Bay Road Pembroke, Ontario K8A 6W2 Canada

INVOICE

Invoice No.:

2273

Date:

2022-08-29

Ship Date:

Page:

Re: Order No.

Sold to:

Pat Lafreniere

Ship to:

Pat Lafreniere

iness No.:	105577308 Unit	Quantity	Description	Tax	Unit Price	Amount
Item No.	Onic		100 Election Signs 24 X 20 including	Н	450.00	450.00
			shipping			450.00
			Subtotal:			
			H - HST 13% GST/HST			58.5
	1	-	100 1071			
	\	Inter	ransfer ransfer 2pt 9/22-			
	lad.	$H^{\prime\prime}$ r	and of			
			1,912	1		
	\ \	7	a bot 11			
		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4			
		/				
	Tracki	ng Number:			Total Amount	508
hipped By:	HAUNI	ng Hambon			Amount Paid	9
comment:					Amount Owing	50



John A. Butler Photography 1330 Pembroke St. West Unit E. Pembroke Ontario K8A 7A3 613-401-0462 john@johnabutler.com

Customer Information

Patricia Lafreniere

patricia_lafreniere@hotmail.com

Invoice Information

Invoice # 2014863 Invoice Date Aug/29/2022

Name Details	Notes	Qtv	Price		Total
Headshot Session -	/ Para	1	\$200.00	\$200.00	\$200.00
Individual (On					
Location)					6450.00
Digital Files		3	\$50.00	\$150.00	\$150.00

D -4 D-4-	Method	Amount		Total
Payment Date	Meniod	Allount	Subtotal	\$350.00
			HST 13.000%	\$45.50
			Invoice Total	\$395.50
			Total Payments	\$0.00
			Balance Due	\$395.50

Pd transfer 1-transfer Sept 9/22.