

List of contributors and return of expenses Municipalities with a population of under 5,000

1. Candidate's personal information

Name of municipality	Election date <table border="1"><tr><td>YYYY</td><td>MM</td><td>DD</td></tr></table>	YYYY	MM	DD			
YYYY	MM	DD					
Given name and surname of the candidate	<input type="checkbox"/> Municipal office						
Name of recognized ticket (where applicable)	<input type="checkbox"/> Seat number: _____						
Candidate's domiciliary address <table border="1"><tr><td>Civic number</td><td>Roadway</td><td>Apt.</td></tr><tr><td colspan="2">City, town or municipality</td><td>Postal code</td></tr></table>		Civic number	Roadway	Apt.	City, town or municipality		Postal code
Civic number	Roadway	Apt.					
City, town or municipality		Postal code					
Telephone number <table border="1"><tr><td>Home</td><td>Cell</td><td>Work</td></tr></table>		Home	Cell	Work			
Home	Cell	Work					
Email address _____ _____							

2. Declaration of a candidate having received no gifts and having incurred no expenses

I declare that I have not received any gifts, that I have not contributed to my own election campaign and that I have not incurred any expenses.

_____ Candidate's signature	_____ Name (please print)	_____ Date
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Acknowledgement of receipt (reserved for the treasurer of the municipality)

The treasurer should complete this section when the candidate submits the form. I hereby acknowledge receipt of the form titled *List of contributors and return of expenses* signed by the candidate whose personal information appears in section 1.

_____ Treasurer's signature	_____ Date
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Reminder: The treasurer is required to provide the candidate with a copy of this form.

3. Contributors				
CANDIDATE				
Given name and surname			Gifts (\$)	
		Equal to the total amount that a candidate can pay out of their own property to promote their election (maximum amount: \$1,000)		A
CONTRIBUTORS OF GIFTS OF \$50 OR LESS				
			Gifts (\$)	
Total amount of gifts of \$50 or less				B
CONTRIBUTORS HAVING MADE ONE OR MORE GIFTS TALLING OVER \$50				
Given name and surname	Address	Municipality	Payment method	Gifts (\$)
No contributor may give more than \$200				
Total				C
Total gifts from the candidate and contributors				A + B + C

4. Return of expenses

No.	Supplier's name and address	Description of 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 a candidate having incurred expenses**

All information entered in this form is true, accurate and complete.

Candidate's signature_____
Name (please print)_____
Date