

Form EL19

WITHDRAWAL OF NOMINATION

Municipal Elections Act, 1996 (s.36)

Wallioffal Elocations Not, 1000 (6.00)
I, Christine Lewis, hereby withdraw my name as a candidate (Name of Candidate) for the office of DSBN-Trustee. (Name of Elected Office)
Date Signature of Candidate
THIS WITHDRAWAL DELIVERED TO ME AT City of St. Cothonics (time) - 12:58pm
THIS 18 DAY OF October ,2022.
Municipal Clerk or designate



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	YYYY MM DD YYYY MM DD (18) 2022 (32) 18
Initial filing reflecting finances from start of campaign to Dece	mber 31 (or 45 days after voting day in a by-election)
Supplementary filing reflecting finances from start of campaig	n 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	Given Name(s)
Lewis	Lee-Anne, Christine
Office for Which the Candidate Sought Election	Ward Name or Number (if any)
DSBN-Trustee	NIA
Municipality	,
St. Catharines	
pending Limit	Contribution Limit
General Parties and Other Expression	
\$76,275.05 \$ 7,62	7.51 \$ 00000000000000000000000000000000000
☑ I did not accept any contributions or incur any expenses. (Co	mplete Boxes A and B only)
Box B: Declaration	
1, Christine Lewis	, declare that to the best of my knowledge and
belief that these financial statements and attached supporting so	hedules are true and correct.
Levis	202208-18
Signature of Candidate	Date (yyyy/mm/dd)
Date Filed (yyyy/mm/dd) Time Filed Initial of Candida	te or Agent (if filed in person) Signature of Clerk or Designate
2000-08-18 1:00 pm C:}	elle D Delueccho
	70

Box C: Statement of Campaign Income and Expenses LOAN Name of bank or recognized lending institution Amount borrowed \$ INCOME Total amount of all contributions (from line 1A in Schedule 1) + \$ Revenue from items \$25 or less + \$ Sign deposit refund + \$ Revenue from fundraising events not deemed a contribution (from Part III of Schedule 2) + \$ Interest earned by campaign bank account + \$ Other (provide full details) 2. + \$ 4. 5. + \$ 6. + \$ Total Campaign Income (Do not include loan) **EXPENSES** (Note: Include the value of contributions of goods and services) 1. Expenses subject to general spending limit Inventory from previous campaign used in this campaign \$ (list details in Table 2 of Schedule 1) Advertising \$ Brochures/flyers \$ Signs (including sign deposit) \$ Meetings hosted \$ Office expenses incurred until voting day \$ Phone and/or internet expenses incurred until voting day \$ Salaries, benefits, honoraria, professional fees incurred until voting day \$ + \$ Bank charges incurred until voting day + \$ Interest charged on loan until voting day Other (provide full details) 1. + \$ 2. + \$ 3. + \$ 4. + \$ 5. + \$ + \$

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

Total Expenses subject to general spending limit

	2	+ :	\$					
	3.	+ :	\$					
	4.	- + -	\$					
	5.	+	\$					
7	Total Expenses subject to spending limit for parties and other expressions of appreciation		\$	\bigcirc	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	+	\$.	150	-			
	Expenses related to compliance audit	+	\$		-			
	Expenses related to candidate's disability (provide full details)				-			
	1	+	\$					
	2.	+	\$		-			
	3.	+	\$		-			
	4.	+	\$					
1	5.	+	\$			×	8	
)	Other (provide full details)			,				
	1	+	\$	(1905.00)	ė.			
	2.	+	\$		_			
	3	_+	\$		_			
	4	_+	\$					
	5	_+	\$.	N(_			
	Total Expenses not subject to spending limits	=_	\$		C4			
T	otal Campaign Expenses (C2 + C3 + C4)					= \$		C5
E	Box D: Calculation of Surplus or Deficit			*				
	Excess (deficiency) of income over expenses Income minus Total Expenses) (C1 – C5)	+	\$	6	D1			
	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.

Schedule 1 – Contributions						(8)
Part I – Summary of Contributions						
Contributions in money from candidate and spo Contributions in goods and services from cand (include value listed in Table 1 and Table 2)		+ \$ ())			
Total value of contributions not exceeding \$100 • Include ticket revenue, contributions in mone where the total contribution from a contribute (do not include contributions from candidate	+ \$	\int_{0}^{∞}				
Total value of contributions exceeding \$100 per (from line 1B; list details in Table 3 and Table 4. Include ticket revenue, contributions in money where the total contribution from a contribution (do not include contributions from candidate).	i) ey, goods and sen or exceeds \$100	vices	+_\$ (3	÷	
Less: Ineligible contributions paid or payable to Contributions paid or payable to the cler from anonymous sources exceeding \$25	k, including contril	butions	- \$ (- \$	Q)		
Total Amount of Contributions (record under Inc	ome in Box C)		= \$		1A	
Part II – Contributions from candidate o	rspouse					
Table 1: Contributions in goods or services	•					
Description of Goods or Services				N== 0303255541 X	Received //mm/dd)	Value (\$)
						2
· ·					Total	0
Additional information is listed on separate	supplementary at	tachment, if	completed m	anually.		
Table 2: Inventory of campaign goods and r (Note: Value must be recorded as a contribution)					ed in this c	ampaign
Description	Date Acquired (yyyy/mm/dd)	Supplier			Quantity	Current Market Value (\$)
W)						
	e					T.
*						
*						4
,					Total	
Additional information is listed on separate	sunnlementary of	tachment if	completed m	anuallu		
	-applicationally at		Jan piotod II	.a.ruuny.		

	Full Address		Date Received (yyyy/mm/dd)	Amount Received (\$)	Amount Returned to Contributor or Paid to Clerk (\$)
				ь	
			, , , ,		× •
				*	
*				*	
	,		,		
,					
					
			Total	\bigcirc	
Name	Full Address		ription of Goods rvices	Date Received (yyyy/mm/dd)	Value (\$)
	*	or Se	rvices	(yyyy/mm/dd)	
	W 1	*	· · · · · · · · · · · · · · · · · · ·	F	
		*			1
	,				* ,
	,	,			
	,				
☐ Additional information is liste	,			Total	ð

Complete a separate schedule for each event or activity held. Fundraising Event/Activity 1 Description of fundraising event/activity Date of event/activity (yyyy/mm/dd)	Additional schedule(s)	attached,	if comp	oleted manually
Description of fundraising event/activity				,
			16	
Nate of event/activity (vvvv/mm/dd)				
Part I – Ticket revenue	6			
dmission charge (per person)	\$	2A		
If there are a range of ticket prices, attach complete breakdown of all	ticket sales)			
lumber of tickets sold	x	2B		
otal Part I (2A X 2B) (include in Part I of Schedule 1)			=_\$,0
Part II – Other revenue deemed a contribution				
Provide details (e.g., revenue from goods sold in excess of fair market	value)			
1	+ \$			
2.	+ \$			
3.	+ \$			
4.	+ \$			
5.	+ \$			
Part III – Other revenue not deemed a contribution Provide details (e.g., contribution of \$25 or less; goods or services solo	d for \$25 or less)		0	f
1	+ \$			
2.	+ \$			
3.	+ \$			
4.	+ \$			
5.	+ \$	¥		
	·			
Total Part III (include under Income in Box C)		<u>.e</u>	=_\$	0
Part IV – Expenses related to fundraising event or activity				
Provide details				
1	+ \$			
2.	+ \$	and the second s		
3.	+ \$			
4.	+ \$			
5.	+ \$			
				6

Auditor's Report - Municipal	Elections Act, 1996	(Section 88.25)	
A candidate who has received contr		*	attach an auditor's report.
Professional Designation of Auditor			•
Municipality			Date (yyyy/mm/dd)
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		· L
The report must be done in accorda	ance with generally acce	pted auditing standards and mus	t:
 set out the scope of the exa 	-,	,	
 provide an opinion as to the misstatement 	e completeness and acc	uracy of the financial statement a	nd whether it is free of material
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.

Delvecchio, Donna

From:

Delvecchio, Donna

Sent:

Thursday, September 22, 2022 10:53 AM

To:

Ankersmit, Shana; ACCOUNTSPAYABLE Website Section Mailbox

Cc:

Sullivan, Kristen

Subject:

RE: Candidate refund for nomination

Good morning,

This refund is approved.

Thank you, Donna

From: Ankersmit, Shana <sankersmit@stcatharines.ca>

Sent: Tuesday, September 20, 2022 1:16 PM

To: Delvecchio, Donna <ddelvecchio@stcatharines.ca>

Subject: FW: Candidate refund for nomination

Hi Donna,

Accounts Payable needs a confirmation email from you approving the refund for Candidates. Can you please approve and send it back to Accounts Payable. I have attached the receipt with her address on it.

Receipt No.	49	48301
Purchase Order Number		
Standing Order Number		
Work Order Number		
Invoice Attached?	Y	N
Return Cheque?	Υ	N

GL Account Number	Amount Before Tax
702.205.810	\$100.00
HST	0
Cancellation Fee	0
Total	\$100.00

Thank you,

Shana

Shana Ankersmit

Elections Assistant

Tel: 905.688.5601 x1504

Email: sankersmit@stcatharines.ca



From: Anderson, Mary-Barbe < mbanderson@stcatharines.ca>

Sent: Tuesday, September 20, 2022 12:15 PM **To:** Ankersmit, Shana < <u>sankersmit@stcatharines.ca</u>> **Subject:** FW: Candidate refund for nomination

We need approval from either Donna or Kristen to make the payment? Just an email with their authorization

MB

Mary-Barbe Anderson

Accounts Payable Clerk

Tel: 905.688.5601 x1407

Email: mbanderson@stcatharines.ca



From: Ankersmit, Shana < sankersmit@stcatharines.ca>

Sent: Tuesday, September 20, 2022 10:20 AM

To: Anderson, Mary-Barbe < mbanderson@stcatharines.ca >

Subject: Candidate refund for nomination

Hi MB,

Here is Christine Lewis's receipt with address. Let mw know if there is anything else you need from me.

Shana

Shana Ankersmit

Elections Assistant

Tel: 905.688.5601 x1504

Email: sankersmit@stcatharines.ca