

Southbridge Health Care GP Inc.  
766 Hespeler Road, Suite 301  
Cambridge, ON N3H 5L8  
Phone: (519) 621-8886  
Fax: (519) 621-8144

March 14, 2019

**Received**

MAR 15 2019 @ 1:25pm

Municipality of Port Hope *aw*

Tania Wilson,  
Municipality of Port Hope  
Corporate Services Department/Town Hall  
56 Queen Street  
Port Hope, ON  
L1A 3Z9

**RE: Registered Third Party Advertiser for the 2018 Municipal Election**

Dear Tania,

Please find enclosed Form 8 in regards to the 2018 municipal election for the municipality of Port Hope, in which Southbridge Health Care GP Inc. was registered as a third party advertiser.

If you have any questions or need to contact us regarding this form, please feel free to reach out to me directly at 647-201-5849, or [talexander@southbridgecare.ca](mailto:talexander@southbridgecare.ca).

I kindly request that upon receipt and once confirmed that you scan a copy of the accepted document and email to my attention.

Sincerely,



Timothy Alexander, CPA, CMA  
Manager, Accounting  
Southbridge Health Care GP Inc.

**Instructions:**

All registrants must complete Boxes A, B, C and D and Schedule 1. All registrants must complete Schedule 2 as appropriate. Registrants 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 registrant or, if the registrant is an individual, their spouse) shall be paid immediately over to the clerk who was responsible for the conduct of the election.

For the campaign period from 

YYYY	MM	DD
2 0 1 8	0 5	0 1

 to 

YYYY	MM	DD
2 0 1 8	1 2	3 1

 Initial filing reflecting finances to December 31 (or 45 days after voting day in a by-election)

 Supplementary filing including finances after December 31 (or 45 days after voting day in a by-election)

**Box A: Name of Registrant**

Name of Registrant (individual, trade union or corporation)  
Southbridge Health Care GP Inc.

Official Representative (name of person signing on behalf of trade union or corporation)  
Last Name or Single Name | Given Name(s)  
Beirnes | Adam

Municipality  
Port Hope

Spending Limit – General  
\$ 5,633.00

Spending Limit – Parties and Other Expressions of Appreciation  
\$

**Box B: Declaration**

I, Adam Beirnes, a registrant (or official representative)


declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.



Signature of Registrant (or Official Representative)

2019/03/18

Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd)	Time Filed	Initial of Registrant, Official Representative or Agent (if filed in person)	Signature of Clerk or Designate
2019/03/15	1:25pm		

**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)	+ \$	5,633.00
Revenue from items \$25 or less	+ \$	_____
Sign deposit refund	+ \$	_____
Revenue from fund-raising events not deemed a contribution (From Part III of Schedule 2)	+ \$	_____
Interest earned by campaign bank account	+ \$	_____
Other (provide full details)		
1. _____	+ \$	_____
2. _____	+ \$	_____
3. _____	+ \$	_____
4. _____	+ \$	_____
5. _____	+ \$	_____
<b>Total Campaign Income (Do not include loan)</b>	<b>= \$</b>	<b>5,633.00 c1</b>

**EXPENSES (Note: include the value of contributions of goods and services)**

**Expenses subject to general spending limit**

Advertising	+ \$	3,503.00
Brochures/flyers	+ \$	_____
Signs (including sign deposit)	+ \$	977.45
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	+ \$	2.50
Interest charged on loan until voting day	+ \$	_____
Other (provide full details)		
1. _____	+ \$	_____
2. _____	+ \$	_____
3. _____	+ \$	_____
4. _____	+ \$	_____
5. _____	+ \$	_____
<b>Total Expenses subject to general spending limit</b>	<b>= \$</b>	<b>4,482.95 c2</b>

**EXPENSES**

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

1. _____	+ \$	_____
2. _____	+ \$	_____
3. _____	+ \$	_____
4. _____	+ \$	_____
5. _____	+ \$	_____
<b>Total Expenses subject to spending limit for parties and other expressions of appreciation</b>	<b>= \$</b>	<b>_____ c3</b>

**Expenses not subject to spending limit**

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 a registrant's disability (provide full details)		
1. _____	+ \$	
2. _____	+ \$	
3. _____	+ \$	
4. _____	+ \$	
5. _____	+ \$	
Other (provide full details)		
1. _____	+ \$	
2. _____	+ \$	
3. _____	+ \$	
4. _____	+ \$	
5. _____	+ \$	
<b>Total Expenses not subject to spending limits</b>	= \$	<b>C4</b>

**Total Campaign Expenses (C2 + C3 + C4) = \$ 4,482.95 C5**

**Box D: Calculation of Surplus or Deficit**

Excess (deficiency) of income over expenses (Income minus Total Expenses) (C1 - C5)	+ \$	<u>1,150.05</u>	D1
If there is a surplus, deduct any refund of registrant's or spouse's contributions to the campaign	- \$	<u>1,150.05</u>	
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 was responsible for the conduct of the election.



**Table 2: Monetary contributions from corporations or trade unions**

Name (legal and carrying on business as)	Full Address	President or Business Manager	Authorized Representative	Date Received	Amount \$ Received	Amount \$ Returned to Contributor or Paid to Clerk
<input type="checkbox"/> Additional information is listed on separate supplementary attachment					<b>Total</b>	

**Table 3: Contributions in goods or services from individuals other than registrant or spouse**  
 (Note: must also be recorded as expenses in Box C)

Name	Full Address	Description of Goods or Services	Date Received	Value \$	Amount \$ Returned to Contributor or Paid to Clerk
<input type="checkbox"/> Additional information is listed on separate supplementary attachment				<b>Total</b>	

**Table 4: Contributions in goods or services from corporations or trade unions**  
 (Note: must also be recorded as expenses in Box C)

Name (legal and carrying on business as)	Full Address	President or Business Manager	Authorized Representative	Description of Goods or Services	Date Received	Value \$	Amount \$ Returned to Contributor or Paid to Clerk

Additional information is listed on separate supplementary attachment Total

**Total Part II Contributions (Add Totals from Tables 1-4)**  
 (Record in Part I - Summary of Contributions) \$  1B

**Part III - Contributions from registrant or spouse**

**Table 1: Contributions in goods or services**

Description of Goods or Services	Date Received (yyyy/mm/dd)	Value \$

Additional information is listed on separate supplementary attachment Total

**Schedule 2 – Fundraising Events and Activities**

**Fundraising Event/Activity**

Complete a separate schedule for each event or activity held

Additional schedule(s) attached

Description of fundraising event/activity \_\_\_\_\_

Date of event/activity (yyyy/mm/dd) \_\_\_\_\_

**Part I – Ticket Revenue**

Admission charge (per person)

(If there are a range of ticket prices, attach complete breakdown of all ticket sales)

Number of tickets sold

\$ \_\_\_\_\_ 2A  
X \_\_\_\_\_ 2B

**Total Part I (2A X 2B) (include in Part 1 of Schedule 1)** = \$ \_\_\_\_\_

**Part II – Other revenue deemed a contribution**

(e.g. revenue from goods sold in excess of fair market value)

Provide details

1. \_\_\_\_\_ + \$ \_\_\_\_\_  
2. \_\_\_\_\_ + \$ \_\_\_\_\_  
3. \_\_\_\_\_ + \$ \_\_\_\_\_  
4. \_\_\_\_\_ + \$ \_\_\_\_\_  
5. \_\_\_\_\_ + \$ \_\_\_\_\_

**Total Part II (include in Part 1 of Schedule 1)** = \$ \_\_\_\_\_

**Part III – Other revenue not deemed a contribution**

(e.g. contributions of \$25 or less; market value of goods or services sold)

Provide details

1. \_\_\_\_\_ + \$ \_\_\_\_\_  
2. \_\_\_\_\_ + \$ \_\_\_\_\_  
3. \_\_\_\_\_ + \$ \_\_\_\_\_  
4. \_\_\_\_\_ + \$ \_\_\_\_\_  
5. \_\_\_\_\_ + \$ \_\_\_\_\_

**Total Part III (include under Income in Box C)** = \$ \_\_\_\_\_

**Part IV – Expenses related to fundraising event or activity**

Provide details

1. \_\_\_\_\_ + \$ \_\_\_\_\_  
2. \_\_\_\_\_ + \$ \_\_\_\_\_  
3. \_\_\_\_\_ + \$ \_\_\_\_\_  
4. \_\_\_\_\_ + \$ \_\_\_\_\_  
5. \_\_\_\_\_ + \$ \_\_\_\_\_  
6. \_\_\_\_\_ + \$ \_\_\_\_\_  
7. \_\_\_\_\_ + \$ \_\_\_\_\_  
8. \_\_\_\_\_ + \$ \_\_\_\_\_

**Total Part IV (include under Expenses in Box C)** = \$ \_\_\_\_\_



**Auditor's Report***Municipal Elections Act, 1996 (Section 88.25)*

A registrant who has received contributions or incurred expenses in excess of \$10,000 must attach an auditor's report.

Professional Designation of Auditor

Municipality

Date (yyyy/mm/dd)

**Contact Information**

Last Name or Single Name

Given Name(s)

Licence Number

**Address**

Suite/Unit No.

Street No.

Street Name

Municipality

Province

Postal Code

Telephone No. (including area code)

Email Address

The report must be done in accordance with generally accepted auditing standards and must:

- set out the scope of the examination
- provide an opinion as to the completeness and accuracy of the financial statement and whether it is free of material misstatement

 Report is attached

Personal information, if any, collected on this form is obtained under the authority of sections 88.29 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.