

Ministry of Municipal Affairs and Housing

Financial Statement -Auditor's Report Candidate - Form 4 2 Mary 1995 143 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.

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For the campaign period f	rom (day clerk re	eceived nomination	1	MM DD 8 1 7	YYYY MM DD to 2 0 2 2 0 8 1 8	
✓ Initial filing reflecting final	from start of	f campaign to Dece	mber 31 (or 45 days	after votin	g day in a by-election)	
Initial filing reflecting fina	inces nom start or	and start of compaid	n to end of extended	d campaigr	n period	
Supplementary filing refl					RESPINE FOR	
Box A: Name of Cand	idate and Office	ces by a how award	ced usung nords that	the propu	ede Slevinton Franspert	
Candidate's name as shown	n on the ballot					
Last Name or Single Name MAILLOUX			Given Name(s) TAMMY			
Office for Which the Candidate Sought Election COUNCELOR			Ward Name or Number (if any)			
Municipality LAKESHORE						
Spending Limit General Parties and Other Expressions of Appr \$ \$			ons of Appreciation	Contribution Limit Contributions from Candidate and Spouse \$		
✓ I did not accept any con	tributions or incur	any expenses. (Co	mplete Boxes A and	I B only)	*	
Box B: Declaration		2018 12 VISC 18124	त्रवट कालके (क्रांब्रक्ट इस राधिक, क्रिये क्रिक्टा) व्याप्त	Z ETUKTÓVI	RESERVE ADOME A	
I, TAMMY MAILLOUX					to the best of my knowledge and	
belief that these financial st	atements and atta	ached supporting so	hedules are true and	d correct.		
PM	allon	Ø		2022/09		
	Signature of g	andidate			Date (yyyy/mm/dd)	
Date Filed (yyyy/mm/dd) 2022/09/01	Time Filed	Initial of Candida	te or Agent (if filed in	n person)	Signature of Clerk or Designate Brune Ceg G	
10 10						