



LONG FORM—Campaign Financial Return

To the financial agent:

- Complete this form if the campaign had **ANY** contributions or expenses. Do Part A last (Summary and Declaration).
- **Deadline—60 days after Election Day.** Send it to the CEO at Elections Nunavut, Rankin Inlet.
- For instructions, see the document ‘How to fill out the financial return’.

Checklist: After you complete this form, sign your initials to the checklist below. Send this page with the other items to the CEO at Elections Nunavut, Rankin Inlet—BEFORE THE DEADLINE!

Items	FA	CA	EN	Auditor
<input checked="" type="checkbox"/> All parts of the form filled in and signed.	HL	[Signature]	Am	
<input checked="" type="checkbox"/> Receipts for every expense, including unpaid expenses.	HL	[Signature]	Am	
<input checked="" type="checkbox"/> Printed statement from the campaign account.	HL	[Signature]	Am	
<input type="checkbox"/> CEO approvals for any expenses over \$30,000.			/	
<input type="checkbox"/> All tax receipts and Record of Tax Receipts form.			/	
<input type="checkbox"/> If a surplus, a cheque or receipt.			/	

A: Summary of Contributions and Expenses



Summary of Contributions

1. Named contributions (see B1)	\$ <u>300⁰⁰</u>
2. Anonymous contributions (see B2).....	\$ <u>N/A</u>
3. Goods and services contributions (see C3).....	\$ <u>N/A</u>
4. Candidate's contributions, NOT reimbursed (see C4).....	\$ <u>33.39</u>
5. Total contributions (Add lines 1 + 2 + 3 + 4).....	\$ <u>333.39</u>

Summary of Expenses (see D)

6. Ads & signs	\$ <u>15</u>
7. Salaries & allowances.....	\$ <u>112.50</u> <u>187.50</u>
8. Office rent & utilities.....	\$ _____
9. Travel.....	\$ _____
10. Childcare & disability.....	\$ _____
11. Other	\$ <u>33.39</u>
12. Total expenses (Add 6 + 7 + 8 + 9 + 10 + 11)	\$ <u>333.39</u>

13. Total Contributions (from line 5 above).....	\$ <u>333.39</u>
14. Total Expenses (from line 12 above)	\$ <u>333.39</u>
15. Surplus or (Deficit): Contributions minus Expenses.....	\$ <u>Ø</u>

Surplus: Check one box below to show what you did with the surplus.

- Government of Nunavut. Attach the cheque or money order. Make it out to 'Consolidated Revenue Fund Nunavut'
- Charitable organization (on list of eligible groups). Attach the receipt, made out to 'Campaign of _____'

DEADLINE 60 days after Election Day
White copy to CEO

1
Yellow copy to Candidate

Send to CEO at Elections Nunavut, RANKIN INLET
Pink copy to Financial Agent

B-1: Financial Contributions—Named



Each contributor in this list gets a tax receipt

Contributor's name	Contributor's address	Tax receipt #	Amount
CAP ENTERPRISES	XOB 150 PO BOX 115, GJOA HAVEN, NU	4936	\$ 300.00
Total Financial Contributions—Named (Write total on Line 1 Part A)			300.00

The above is an accurate and complete record of all named financial contributions we received for this candidate's campaign. It contains no false or misleading information.

Financial Agent's signature:

Candidate's signature:

DEADLINE 60 days after Election Day
White copy to CEO

3
Yellow copy to Candidate

Send to CEO at Elections Nunavut, RANKIN INLET
Pink copy to Financial Agent

B-2: Financial Contributions—Anonymous & Gatherings



If the campaign had no financial contributions from anonymous or gatherings, write 'N/A' for the total and sign below.

Write the gathering sponsor, address, and date OR 'Anonymous'	Amount
	N/A
Total Financial Contributions—Anonymous & Gatherings (Write total on Line 2 Part A)	N/A

The above is an accurate and complete record of all financial contributions from campaign gatherings and 'anonymous' that we received for this candidate's campaign. It contains no false or misleading information.

Financial Agent's signature: 

Candidate's signature: 

C-3: Goods & Services—Contributions & Expenses



If your campaign had no goods and services contributions and expenses, write 'N/A' in the totals and sign below.

Contributor's name and address	Record the market value in one or more expense categories						Total Market Value— Contribution
	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	
							N/A
Totals							N/A
	Write the total for each category on the first line in Part D Expenses						Write total on Line 3 Part A

The above is an accurate and complete record of all financial contributions from campaign gatherings and 'anonymous' that we received for this candidate's campaign. It contains no false or misleading information.

Financial Agent's signature:

Candidate's signature:

DEADLINE 60 days after Election Day
White copy to CEO

5
Yellow copy to Candidate

Send to CEO at Elections Nunavut, RANKIN INLET
Pink copy to Financial Agent

C-4: Candidate's personal money (NOT reimbursed)—Contributions & Expenses



Name on receipt Attach all receipts	Record the total amount in one or more expense categories.						Total Amount— Contribution
	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	
CANADA POST	✓					33.39	33.39
Totals						33.39	33.39
Write the total for each category on the second line in Part D.							Write total contribution on Line 4 Part A

The above is an accurate and complete record of all financial contributions from campaign gatherings and 'anonymous' that we received for this candidate's campaign. It contains no false or misleading information.

Financial Agent's signature:

[Handwritten signature]

Candidate's signature:

[Handwritten signature]

DEADLINE 60 days after Election Day
White copy to CEO

6
Yellow copy to Candidate

Send to CEO at Elections Nunavut, RANKIN INLET
Pink copy to Financial Agent

D: Expenses



Name of supplier Name on receipt or invoice Attach all receipts	Invoice or receipt #	Amount of each expense					Cheque Number	Petty Cash Used ✓
		Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability		
Goods and Services Record numbers from C3	See C3							N/A
Candidate's personal money Record numbers from C4	See C4	14					33.39	33.39

DEADLINE 60 days after Election Day
White copy to CEO

7
Yellow copy to Candidate

Send to CEO at Elections Nunavut, RANKIN INLET
Pink copy to Financial Agent

D: Expenses



Name of supplier Name on receipt or invoice Attach all receipts	Invoice or receipt #	Amount of each expense					Cheque Number	Petty Cash Used ✓
		Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability		
CANADA POST		17					33.39	
RADIO ANNOUNCER (LOCAL CAMPAIGN)			112.50					
SALARY			187.50					
Totals		17	300.00				33.39	333.39
		Write total on Line 6 Part A	Write total on Line 7 Part A	Write total on Line 8 Part A	Write total on Line 9 Part A	Write total on Line 10 Part A	Write total on Line 11 Part A	

The above is an accurate and complete record of the expenses of this candidate's campaign. It contains no false or misleading information.

Candidate's signature:

Financial Agent's signature:

DEADLINE 60 days after Election Day
White copy to CEO

8
Yellow copy to Candidate

Send to CEO at Elections Nunavut, RANKIN INLET
Pink copy to Financial Agent

ORDER (Statement of Mailing)
COMMANDE (Déclaration de dépôt)

Lettermail™ Poste-lettres™ Addressed Admail™ Médiaposte avec adresse™ Unaddressed Admail™ Médiaposte sans adresse™ Intl. Letter-post™ Poste aux lettres du rég. intern.™ Publications Mail™ Poste-publications™

M007860758

Meter Serial No. N° de série de la machine à affranchir

Customer Information Renseignements sur le client

Mailed by (Company Name) Expédié par (Nom de l'entreprise) TOMY AKOAK - MLA CAMPAIGN Customer No. N° du client _____ Mailed on behalf of (Sold to) Name Posté au nom de (Vendu à) Nom TOMY AKOAK Customer No. N° du client _____ Agreement No. N° de la convention _____ Paid by No. Payé par le N° _____

Address Adresse Box 270, GJOA HAVEN NU, X0B 1J0 Postal Code Code postal _____ Publication Title Titre de la publication _____ Issue Date Date de parution _____ PAPER Registration No. N° d'enr. du PAP _____ Address Accuracy Exactitude des adresses _____ Expiry Date Date d'expiration _____

Contact Name Personne-ressource TOMY AKOAK Telephone No. N° de téléphone 867-360-7912 Date of Mailing Date de l'envoi 2010-10-07 Payment Option Option de paiement 1 Metered Mail Cour. affranchi à la machine Delivery Mode Code de vérification du mode de livraison _____ Continuous Inbound Freight Acheminement continu de marchandise d'arrivée _____

Mailing Dépôt

Item	Article	Drop No. N° de chute		Containers Conteneurs		Small bags Petits sacs		Large bags Grands sacs		Hard sided Parois rigides		Your Reference Name or No. Votre nom ou n° de référence
		of	de	Monos Mono.	Skids Palettes	Fabrene	Canvas Toile	Fabrene	Canvas Toile	Lettertainer Cont. à lettres	Flats Tub Cont. à grands objets plats	
Service Description (see legend)	Description du service (voir la légende)	1	4	S/L CL								
Number of Items	Nombre d'articles	200										Total Volume Volume total
PAP-Number of Items	Nombre d'articles-PAP											Total Volume Volume total
Weight per Item (g) *	Poids de l'article (g) *	5g.										Total Weight Poids total
Net Weight (Kg)	Poids net (kg)	1kg.										Total Weight Poids total
Price per Item	Tarif à l'article	0.13										Total Weight Poids total
Weight Price **	Tarif au poids **											Total Weight Poids total
Metered Rate	Tarif-machine à affranchir											Total Weight Poids total
Transportation Volume	Volume à transporter											Total Weight Poids total
Transportation Price per Item	Frais de transport à l'article											Total Weight Poids total
Total (\$)	Total (\$)	31.80										= \$ 31.80

The Customer warrants that this mailing:

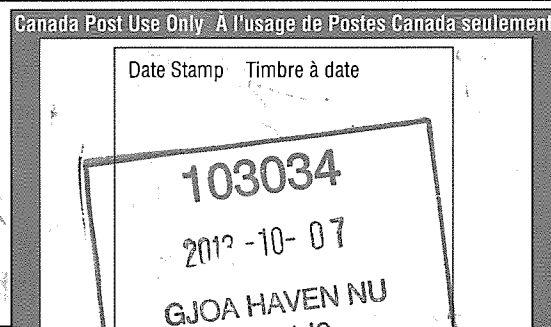
- does not contain dangerous or prohibited goods;
- otherwise complies with the terms and conditions on the reverse, and
- is accurately described on this document.

Authorized Customer Signature
including, if applicable, PAP authorization. (see reverse)

Le client garantit que cet envoi :

- ne contient pas de matières dangereuses ou interdites;
- est conforme aux conditions indiquées au verso;
- est décrit avec exactitude dans le document ci-présent.

Signature autorisée du client
incluant, le cas échéant, l'autorisation au PAP. (voir au verso)



Phantom Compensatoire	Number of Items Nombre d'articles	Price Tarif
Address Accuracy Adjustment	Rajustement-exactitude des adresses	\$.
Manual Order processing fee	Frais applicable à une Commande préparée manuellement	\$.
Less total Metered Postage	Moins le total-machine à affranchir	\$.
Sub-total	Total partiel	\$.
GST/HST	TPS/TVH	\$ 1.59
PST	TVP	\$.
Total amount due to Canada Post	Montant total dû à Postes Canada	\$ 33.39
Requested PAP Subsidy from DCH	Subvention PAP demandée au MPC	\$.
Amount net of subsidy	Montant dû moins la subvention	\$.

Canada Post Use Only A l'usage de Postes Canada seulement

Site No. N° du bureau 103034 Payment by Paiement par CASH Cheque Chèque Cheque or Authorization No. N° de chèque ou d'autorisation _____ Payment Amount Montant du paiement \$ 33.39 OCR % % du LOC _____ FSM % % de la MTGOP _____ Accepted and Verified by Accepté et vérifié par Madh Gee Employee Name Nom de l'employé _____

Customer Identification Identification du client		Delivery Instructions Instructions de livraison	
Customer Name Tony Akonk	Customer/Acct No. N° du client/compte	Delivery Office Address GJOA HAVEN, NO XOB1J0	
Mailed by Tony Akonk	Expédié par Box 270 GJOA HAVEN, NO XOB1J0	FSA(s), Delivery Mode(s) and Number(s) Indicate specific FSA(s), Delivery Mode(s) and Number(s):	
Title of mail piece MLA CAMPAIGN PAPER		Coverage - Indicate if delivery required to: <input checked="" type="checkbox"/> Houses Domiciles <input type="checkbox"/> Apartments Appartements <input type="checkbox"/> Farms Fermes <input type="checkbox"/> Businesses Commerces	
Statement of Mailing No. 100076078		Size Selection <input checked="" type="checkbox"/> Standard Up to 30.5 X 15.24 cm (12" X 6") <input type="checkbox"/> Oversize 1 Up to 30.5 X 22.85 cm (12" X 9") <input type="checkbox"/> Oversize 2 Up to 35.56 X 28 cm (14" X 11")	
Office of payment V03034		Dimensions <input type="checkbox"/> Standard Jusqu'à 30,5 cm X 15,24 cm (12 po X 6 po) <input type="checkbox"/> Surdimensionné 1 Jusqu'à 30,5 cm X 22,85 cm (12 po X 9 po) <input type="checkbox"/> Surdimensionné 2 Jusqu'à 35,56 cm X 28 cm (14 po X 11 po)	
Weight per item (g) 5g		Number of containers 1	
Items per bundle 200		Total Number of Items 200	
Number of articles per liasse 1		Number total des articles 200	
FOR CPC USE ONLY		A L'USAGE DE LA SCP SEULEMENT	
Receipt - Office of Delivery Signature		Delivery completed - Livraison complétée Signature	
Date 10/07/13		Date 10/07/13	
Time 11:00		Time 11:22	



Mailer Copy

Copie de l'expéditeur

Canada Post / Postes Canada
GJOA HAVEN PO
GD
GJOA HAVEN XOB1J0
GST/TPS#: 119321495

Canada Post / Postes Canada
GJOA HAVEN PO
GD
GJOA HAVEN XOB1J0
GST/TPS#: 119321495

2013/10/07 11:22:56 matt
CC/CC103034 W/G1 TR208865

2013/10/07 11:22:59 matt
CC/CC103034 W/G1 TR208865

ADS No./No de la FDM 0061310875

ADS No./No de la FDM 0061310875

G/S 5% \$31.80
Std.Unad.Adm. 50g/MSA Standard 50g
200 (5g) pieces @ \$0.159000

G/S 5% \$31.80
Std.Unad.Adm. 50g/MSA Standard 50g
200 (5g) pieces @ \$0.159000

SUBTL/SOUS-TOTAL \$31.80
GST/TPS \$1.59
PST/TVP \$0.00
HST/TVH \$0.00
TOTAL/TOTAL \$33.39

SUBTL/SOUS-TOTAL \$31.80
GST/TPS \$1.59
PST/TVP \$0.00
HST/TVH \$0.00
TOTAL/TOTAL \$33.39

CDN Cash / Espèces CAN \$40.00
CHG. DUE / MONNAIE (\$6.61)
RND. CHG. / MONNAIE ARRONDIE (\$6.60)

CDN Cash / Espèces CAN \$40.00
CHG. DUE / MONNAIE (\$6.61)
RND. CHG. / MONNAIE ARRONDIE (\$6.60)

Receipt required for all returns. To view the return policy go to the website. Reçu requis pour tous les retours. Pour consulter la politique de retour, visitez le site Web.

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24 October 2013.

To:

Johny Aokoak

Campaigning for Ujoa Haven M.H.A.

Ujoa Haven, Nunavut

XOB-190.

From:

Lucy Aokoak

P.O. Box 285

Ujoa Haven, Nunavut

XOB-190.

Re: Invoice for operating Radio Station

Dear Sir;

I am writing an Invoice #001 for
the amount of \$112.50.

Thank you for your time.

Sincerely,

Lucy K. Aokoak

Qikiqtaq Co-operative Ltd.
Box 120 Gjoa Haven NU XOB 1J0
Phone 867-360-7271
Fax 867-360-6018
GST# 10279 1571 RT

Balance Slip 10/01/2013 03:24:35 P
M

Member: 3272420
TONY AKOAK CAMPAIGN

Credit Limit: 0.00
Current Balance: 0.00
Available Credit: 0.00

Store: 10 Station: 1 Cashier: 805

Qikiqtaq Co-operative Ltd.
Box 120 Gjoa Haven NU XOB 1J0
Phone 867-360-7271
Fax 867-360-6018
GST# 10279 1571 RT

Balance Slip 10/24/2013 05:37:07 P
M

Member: 3272420
TONY AKOAK CAMPAIGN

Credit Limit: 0.00
Current Balance: -300.00
Available Credit: 300.00

Store: 10 Station: 1 Cashier: 04

Qikiqtaq Co-operative Ltd.
Box 120 Gjoa Haven NU XOB 1J0
Phone 867-360-7271
Fax 867-360-6018
GST# 10279 1571 RT

Balance Slip 10/24/2013 05:38:12 P
M

Member: 3272420
TONY AKOAK CAMPAIGN

Credit Limit: 0.00
Current Balance: -187.50
Available Credit: 187.50

Store: 10 Station: 1 Cashier: 04

Qikiqtaq Co-operative Ltd.
Box 120 Gjoa Haven NU XOB 1J0
Phone 867-360-7271
Fax 867-360-6018
GST# 10279 1571 RT

Balance Slip 10/29/2013 10:55:11 A
M

Member: 3272420
TONY AKOAK CAMPAIGN

Credit Limit: 0.00
Current Balance: 0.00
Available Credit: 0.00

Store: 10 Station: 9 Cashier: 04

Qikiqtaq Co-operative Ltd.
Box 120 Gjoa Haven NU XOB 1J0
Phone 867-360-7271
Fax 867-360-6018
GST# 10279 1571 RT

Balance Slip 10/29/2013 10:54:28 A
M

Member: 3272420
TONY AKOAK CAMPAIGN

Credit Limit: 0.00
Current Balance: -187.50
Available Credit: 187.50

Store: 10 Station: 9 Cashier: 04



Set up Campaign Account

The financial agent **MUST** complete this form as soon as they set up the account.

Sign the form, scan and email to admin@elections.nu.ca or fax it to 800.269.1125 right away.

Constituency: QUSA IIAVEU

Candidate: TONY AKOAK

Declaration:

I (financial agent name) HELEN TUNGILIK for

(candidate name) TONY AKOAK opened an account at

(name of bank or other place that has the account) QIKIOTAO Co-OP

Account name: Savings of Tony Akoak

Account number: # 3272420

I am the only person with signing authority for the account.

Financial Agent's signature: H. Tungilik

Date (year / month / day): 2013 OCTOBER 1

Qikiqtaq Co-operative Ltd.
Box 120 Gjoa Haven NU X0B 1J0
Phone 867-360-7271
Fax 867-360-6018
GST# 10279 1571 RT

Withdraw Tx#42799 2013-10-24 17:37:17

=====
Member: 3272420
TONY AKOAK CAMPAIGN
ONLY TO HELEN ON: Helen
Withdraw: 112.50
Reference #: Radio

Subtotal 112.50

Total 112.50

Cash 112.50

=====
Store: 10 Station: 1 Cashier: 04

Your cashier today was Laura

Thank You!
Kuyanamiik!

Nutrition North Canada
brought to you by AANDC and
your community Co-op
making nutritious food more affordable
Subsidy 1 \$3.40 /KG Subsidy 2 \$1.60 /KG

Effective February 4, 2013
for CASH sales only
when pennies are not available
price rounding will be applied
to the total bill of sale
after calculation of applicable taxes:
Round down \$1.01 or \$1.02 to \$1.00
Round down \$1.06 or \$1.07 to \$1.05
Round up \$1.03 or \$1.04 to \$1.05
Round up \$1.08 or \$1.09 to \$1.10

Qikiqtaq Co-operative Ltd.
Box 120 Gjoa Haven NU X0B 1J0
Phone 867-360-7271
Fax 867-360-6018
GST# 10279 1571 RT

Withdraw Tx#42846 2013-10-29 10:54:40

=====
Member: 3272420
TONY AKOAK CAMPAIGN
ONLY TO HELEN ON: Helen
Withdraw: 187.50

Subtotal 187.50

Total 187.50

Cash 187.50

=====
Store: 10 Station: 9 Cashier: 04

Your cashier today was Laura

Thank You!
Kuyanamiik!

Nutrition North Canada
brought to you by AANDC and
your community Co-op
making nutritious food more affordable
Subsidy 1 \$3.40 /KG Subsidy 2 \$1.60 /KG

Effective February 4, 2013
for CASH sales only
when pennies are not available
price rounding will be applied
to the total bill of sale
after calculation of applicable taxes:
Round down \$1.01 or \$1.02 to \$1.00
Round down \$1.06 or \$1.07 to \$1.05
Round up \$1.03 or \$1.04 to \$1.05
Round up \$1.08 or \$1.09 to \$1.10

Helen Tungilik
P.O. Box 154
Gjoa Haven, Nu
X0B 1J0

Invoice # 001

November 4, 2013

Campaign of Tony Akoak
Gjoa Haven Constituency

This is to invoice the paper work done on behalf of the above mention Candidate. A total sum of \$187.50



Helen Tungilik
Financial Agent