

# **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	Financial Agent	Candidate	Elections NU	Auditor
All parts of the form filled in and signed.	L. 0	KA	w	
Receipts for every expense, including unpaid expenses.	40	KA	W	
Printed statements from bank or approved institution.	1,0	KA	not provided	
CEO approvals for any expenses over \$30,000.	<u> </u>	KA	NA	
All tax receipts and Record of Tax Receipts form.	L.O	KA	KF	
If a surplus, a cheque or receipt.	L.0	KA	NIA	

### **A:** Summary of Contributions and Expenses



Sur	nmary of Contributions		
1.	Named contributions (see B1)\$		
2.	Anonymous contributions (see B2)\$\$		
3.	Goods and services contributions (see C3)\$\$		
4.	Candidate's contributions, NOT reimbursed (see C4)		
5.	<b>Total contributions</b> (Add lines 1 + 2 + 3 + 4)		
Sur	nmary of Expenses (see D)		
6.	Ads&signs\$\$	8	
7.	Salaries & allowances\$\$		
8.	Office rent & utilities\$\$	ž	
9.	Travel	5	
10.	Childcare & disability\$\$		
11.	Other		
12.	<b>Total expenses</b> (Add 6 + 7 + 8 + 9 + 10 + 11)	4	
13.	Total Contributions (from line 5 above)	4	
	Total Expenses (from line 12 above)	$\blacksquare$	
15.	Surplus or (Deficit): Contributions minus Expenses\$		
Su	rplus: 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		

#### A: Summary of Contributions and Expenses- Declaration



Constituency:	Election Day: OC+ 30 7017
Candidate's name: Kataisee Attagutsiat	Financial Agent's name: Leslie Oyukuluk
Candidate's Mailing Address:	Financial Agent's Mailing Address:
P.OBOX 131	P.OBOX832
Arctic Bay, Nu	P.OBOX832 Arctic Bay No
XOACAC	XOA-OAO

By signing the declaration, both the candidate and financial agent expressly declare that:

- ✓ We understand that this financial return will be audited to determine whether it presents fairly the information contained in the accounting records on which the return is based pursuant to s. 181.1 of the *Nunavut Elections Act*.
- ✓ We have not violated the Nunavut Elections Act in respect of this election.
- ✓ We have not withheld any information from our records and documents relevant to this election.
- ✓ All contributions to the campaign were accepted by either
  - o the financial agent; or
  - of the financial agent. (print full name(s) of any authorized person)
- ✓ No contributions to the campaign over \$2,500 were accepted, except transportation services given as a goods or services contribution.

#### A: Summary of Contributions and Expenses- Declaration



- ✓ We accepted no contributions prohibited under the Nunavut Elections Act.
- ✓ Any contributions in excess of the limits under the *Nunavut Elections Act* were either returned to the contributor or paid (in amount or value) to the Chief Electoral Officer.
- ✓ No contribution to the campaign was used for any purpose other than to pay an election expense for the candidate.
- ✓ All contributions of money to the campaign were deposited into the campaign bank account or approved institution.
- ✓ No person other than the financial agent issued any tax receipts for contributions to the campaign.
- ✓ All tax receipts issued for contributions to the campaign were issued from the receipt book provided by Elections Nunavut and faithfully show who made the contribution and not any other person or organization.
- ✓ No gifts or other advantages were accepted that might reasonably be seen to influence the candidate, if elected.
- ✓ No person other than the financial agent, or a person authorized in writing by the financial agent, incurred any election expense for the campaign.
- ✓ We have disclosed in this return any facts relating to any fraud or suspected fraud that may impact this financial return. The details of any facts relating to any fraud or suspected fraud that may impact this financial return are as follows:

(provide details of any facts relating to any fraud or suspected fraud)



#### A: Summary of Contributions and Expenses- Declaration

DECLARATION BY CANDIDATE	DECLARATION BY FINANCIAL AGENT
I solemnly declare that I reviewed this financial return and that It is accurate, complete and does not contain any false or misleading information.	I solemnly declare that I prepared this financial return and that it is accurate, complete and does not contain any false or misleading information.
I make this solemn declaration knowing that it is of the same force and effect as if made under oath pursuant to the Nunavut Evidence Act.	I make this solemn declaration knowing that it is of the same force and effect as if made under oath pursuant to the Nunovut Evidence Act.
At (community):	At ( community):
Arctic Bay, Nunavue	Arctic Bay Nunsvur
Date: 2017-/0-01	Date: 2017-10-01
Signature of Candidate:	Signature of Financial Agent:
A STANCON SUICES	102 July Ziller
Cul. Tyes Lapierre	Cpi. Yves Lapierre
# 44000 Stenature: Commissioner of Oaths, testife of the Peace,	Signature: Commissioner of Coths, April of the Peace
Notary Public or REMP	Notary Public or RCMP

Royal Canadian Mounted P → Box 162

Arctic Bay, Nunavut

XOA OAO

Royal Canadian Mounter 6

Box 162

Arctic Bay, Nunavut

XÓA OAO

DEADLINE 60 days after Election Day White copy to CEO

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				
NA							
-							
	Total Financial Contributions—Named (Write total on Line 1 Part A)						

Financial Agent's signature

**DEADLINE 60 days after Election Day** 

contains no false or misleading information.

Candidate's signature:

The above is an accurate and complete record of all named financial contributions we received for this candidate's campaign. It

# **B-2:** Financial Contributions—Anonymous & Gatherings



If the campaign had no financial contributions from anonymous or gatherings, write 'N/A' fo	r the total and sign below.
Write the gathering sponsor, address, and date OR 'Anonymous'	Amount
NA	
Total Financial Contributions—Anonymous & Gatherings (Write total on Line 2 Part A)	
The above is an accurate and complete record of all financial contributions from campaign greceived for this candidate's campaign. It contains no false or misleading information.	gatherings and 'anonymous' that we
Financial Agent's signature: Candidate's signature:	KAHARAGO

### 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.

	Record th	Total Market Value—					
Contributor's name and address	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	Contribution
. /							
Totals							
	Write the	total for eac	ch category o	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:

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



	Record the	ies.	Total Amount— Contribution				
Name on receipt Attach all receipts	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	
· ·	414	4/4	AM	2383,4	AK	790-85	3174.14
Totals							3174.14
	Write the to	otal for each	category or	the second	d line in Par	t 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:

Candidate's signature:

### **D**: Expenses



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

#### D: Expenses- Cont'd



	**	Amount of							
Name of supplier Name on receipt or invoice Attach all receipts	Invoice or receipt #	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	Cheque Number	Petty Cash Used ✓
	Totals								
		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.

Financial Agent's signature

												*******					
	_		ATTAGUTSIAK/KATAISEE		RESOLUTE NU	7F 883 K 140CT KC15588	ARCTIC BAY NU	· · · · · · · · · · · · · · · · · · ·	中部 经 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化	- 建苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基苯基	***	<b>神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经</b>	*************************	· · · · · · · · · · · · · · · · · · ·	NOT VALID FOR TRAVEL	245 2105341904 1	
IJ	10F 1	CA		0			02 /	SGLVWQ/7F		9.80END						_	44
2105341904	ELECTRONIC TICKET *** PASSENGER RECEIPT	140CT17 03005004	YRB PKK /RESOLUTE NU	ATTAGUTSIAK/KATAISEE	**NOT VALID FOR******RETAIN THIS RECEIPT***	**TRANSPORTATION***THROUGHOUT YOUR JOURNEY*	NONREFUNDABLE NONREF/REST APPLY/2PC / 70	ATBS	2452105335009/2452105335	YAB 7F YRB Q50.00020.00 459.90KC15588 7F YAB Q50.00020.00 459.90KC15588 CAD1059.80END			A/C CASH 78.75 EFCASH	FEE 75.00/3.75XG/78.75		245 2105341904	****DUPLICATE***
				AGUTSIAK	*NOT VAL	*TRANSPC	CAD1059.80	S JET 4		7F YRB 050,000			1059.80	52.99			1112.79
	特特			ATT	ψŧ	dt	CAD	LBS		YAB 7			CAD	98			CAD

FIRST AIR TICKETS YRB GENERAL DELTVERY RESOLUTE BAY, NT XUAUVO 8672523981

Merchant 1D: 16271720427

Term ID: 101

Ref #: 026

#### Sale

DEBIT Entry Method: Chip

Acct Type: Chesuing

10/14/17

03:36:19

Inv #: 000001

Appr Code: 101189

Apprvd

Batch#: 287001

Trace: 00315426 Retrieval Ref.W 00000001 Cust Ref W: 2105341904

Total:

78.75

No signature required. Verified by PIN. Your account will be debited with the above amount.
Retain this copy for statement verification.

Application Label: Interac AID: A0000002771010 TVR: 00 80 00 80 00 TSI: E8 00

Customer Copy

*** ELECTRONICO TERRO	NOT ANTID FOR TRAVEL	
*** ELECTRONIC TICKET ***	NBR 2452105335009	
	PASSENGER ITINERARY	I'LEASE NOTE YOU MAY BE REQUIRED TO
ATTAGUTSIAK/KATAISEE		PRESENT A PHOTO ID
SGLVWG	3	AT AIRPORT CHECKIN
09OCT - MONDAY	1	
	645 FLT 884 ECONOMY	FIRST AIR
	655	7121
110CT - WEDNESDAY		
LV RESOLUTE NU 0	615 FLT 883 ECONOMY	FIRST AIR
AR ARCTIC BAY NU 0	811 BREAKFAST	

# NOT VALID FOR TRANSPORTATION

			1	210533500	)9	5		
* * *	ELECTRONI	C TICKET ***	PASSE	NGER RECE	IPT	10F 1		7
			090CT	17 04205014		CA		
		YAB TBR		/ARCTIC BAY	NU		ATTAGUTSIAK/	KATAISEE
ATT	AGUTSIAK/K	ATAISEE				0		
*	*NOT VALID	FOR * * * * * * RETAIN	I THIS	RECEIPT*	* *		ARCTIC BAY	NU
*	*TRANSPORT	ATION * * * THROUGHO	OUT YOU	R JOURNE	Y*		7F 884 K 090CT	KC15588
		PPLY/2PC / 70LBS		4LBS ATR			RESOLUTE N	U
	0.T. 0.0				SGLV	WQ/7F	7F 883 K 110CT	KC15588
							ARCTIC BAY	NU
YAR 7	VBP 050 00000 0	00 459.90KC15588 7F YAB Q50	າ ບຸບບວນ ບຸບ	/50 00K015588	CAD1059	ROFND	: ***********	*****
TAD /	' IND GOU.00020.0	0 400'00M010000 11 1VD #50	.00020.00	400.00N010000	0.71000	TOOLING	*******	*****
							***********	*******
CAD	1059.80	CASH					****	* * * * * * *
XG	52.99	*****	****	****	***	* * * *	******	****
Ma	52,99						HOT VALID FO	R TRAVEL
			245	21053350	009 1	I	245 21053	35009 1
CAD	1112.79							

652;8200;022;371	è	100 S	11/21 + 200		DERIT NOTE	\ \frac{1}{2}		
TAMISPORT CALCULATION DÉCOMPTE	0509 TH	1000	CONJUNCTION TICKET(S) BULLET COMPLEMENTAIRE	FORM OF PAYMENT / MODE DE PAYEMENT	JER!	<u></u>		
PROM/TO DE/A	2	62	COMJUNCTION BILLET COMP	FORM OF PAY			7	S
BILLET DE PASSAGE ET BULLETIN DE BAGAGES Soumis aux Conditions de Transport (Page 5). COUPON DE VOL.	510N	WATE AND THATE OF COMPANY, ISSUE, DATE ET LICE DE PREMIMENE EMPERON  FLL, CLASSE VOL. CLASSE DATE HEURE FLAT	.01				П 9 П	DO NOT MARK OR WRITE IN WHITE AREA ABOVE / NE RIEN INSCRIRE DANS LA PARTIE BLANCHE CI-DESSUS
Soumis aux Cond	DATE OF ISSUE / DATE D'ÉMISSION  OC 7 10/17  IN Exch. for / En échange de	TE AND PLACE OF ORIGINAL ISSUE / DATE FIT / GLASS  VOL / CLASSE  DATE	293 4	6	FOR ACCOUNTING USE ONLY / POUR LA COMPTABILITE		652 8200022371 6 п	VE RIEN INSCRIRE DANS LA
NO.	20	CARRIER TRANSPORT	4/4		ACCOUNTING USE O		820(	ITE AREA ABOVE /
PASSENGER TICKET AND BAGBAGE CHECK Subject to Conditions of Contract (19ge 2) FLIGHT COULPON BEINDRICH SENDORSEMENTS / ENDOS CARBON(E)	4RB	ODE / CODE 1.T.	2000		FOR		652	OR WRITE IN WH
PASSENGER TICKET AND BABGAGE Subject to Conditions of Contract (R FLIGHT COUPON ENDORSEMENTS / ENDOS CARBON(E)	CTRANSFERENCE (MEINIE)  KA TAI SEE  NON VALABLE AVANT LE DESTRATION  4	NON WALABLE APPRÈS LE TIXT - TOUR CODE / CODE I.T.  4  OUR TRANSPORT  FARE BASIS  ALLOW  BASE TARIF  FRANKEL	> >					DO NOT MARK
Subject to Fig.	NOT TRANSFERALE / INCESSOLE ORIGIN(E)  KA TA SEE  NON VALABLE AVANT LE DESTINATI  4	NON VALABLE APPES I 4 E POUR TRANSPORT				6		
in ltd.	" Y	E 1	1 3	18	1	TOTAL	1520	
Kenn-Borek Hir Ltd.	ASSENGER / NOM DU PASSAGER  TAG UTS / DI/S BEFORE  3	GOOD FOR PASSAGE / VALABL	10/00	2501076		T	ICE	
Keute Juna	MAME OF PASSENGER / NOM DU PASSAGER  MOT VALID BEFORE  2 3	x/0 G00D	TO THE SOLVE	1		FARE 1210 TARIF 1210	TAXE/DROIT/REDEVANCE EDUNY, FAME PAID / TAME EDUNY, VERSE	

ORGAN IZ KENN BUREK ALK PILBUX ZIO RESOLUTE DAY, NO

term for M2052267

#### Purchase

INTERAC

Entry Method: C

Invoice #: 22371

Total:

1,270.50

2017/10/10

07:40:50

Seq #:

001-001849-0

Appr Code:

174256

Resp Code: 00/001

Interac A00000027/1010 \$\frac{1}{2}\$1 48 F7 06 97 03 80 30 00 10 00 F8 00 16 F3 \$F 33 F6 69 72 E8

APPROVED



Kataisee Attagutsiak PO Box 131 Arctic Bay, - X0A0A0

### **Folio 5469**

Room #	Arrival Date	Departure Date		Printed I	Page:
204a	10.09.2017	10.10.2017		10.10.201	1/2
Date	Quantity Ch	arge Description	Unit Price	e Total	Balance
10.08.17	1 Re	estaurant Dinner	20.50	20.50	20.50
10.08.17	1 GS	ST F&B	1.03	1.03	21.53
10.08.17	1 GS	ST Room	13.13	13.13	34.66
10.08.17	1 Ro	om No GST	250.00	250.00	284.66
10.08.17	1 GS	ST Room	-13.13	-13.13	271.53
10.08.17	1 Ro	om Charge	*	0.00	271.53
10.08.17	1 Ro	om Charge	13.13	13.13	284.66
10.08.17		yment <resolute @<br="" trappers="">nters&gt;</resolute>		-284.03	0.63
10.08.17	Pa	yment <cash></cash>		-0.63	0.00
			To	tal Due:	0.00

MwSt Code	Tax	
	1,03	
Total \$	1.03	
Packages with * may include contain se	veral VAT-percentages	
Signature:		

QAUSUITTUQ INN BOX 270 RESOLUTE BAY NU

CARD CARD TYPE

INTERAC

ACCOUNT TYPE DATE

2017/10/10

TIME

6062 08:02:42

RECEIPT NUMBER

C84013710-001-458-001-0

**PURCHASE** TOTAL

Interac A0000002771010 C6B7AA026A076AD6 0080008000-E800 CF0A64BB62878327

**APPROVED** 

AUTH# 144814 THANK YOU

00-001

CARDHOLDER COPY

Tudjaat Co-operative Lt Box 270 Resolute Bay NU XO/ Phone 867-252-3854 Fax 867-252-3618 GST# 105245245RT

Sale

Tx#906

2017-10-1

Customer: 9999 NON MEMBER

20120

LUNCH

Item Count:

Subtotal Goods and Services (0.63) Bottle Deposit

Total

Cash Change Rounding

Store: 20 Station: 4

Cas

Your cashier today was .

Thank you!

Nutrition North Can brought to you by INA Your community Comaking nutritious food more Sub sidy 1 \$10.20 /KG Subsid



Kataisee Attagutsak P.O. Box 131 Arctic Bay, - X0A0A0

## **Folio 5475**

Room #	Arrival Dat	e Departure Date		Printed D	Page:
206a	10.13.2017	10.14.2017		10.14.201	7 1/1
Date	Quantity C	harge Description	Unit Price	Total	Balance
10.13.17	1 R	estaurant Dinner	33.00	33.00	33.00
10.13.17	1 G	ST F&B	1.65	1.65	34.65
10.13.17	1 R	oom Rate	250.00	250.00	284.65
10.13.17	1 G	ST Room	12.50	12.50	297.15
10.14.17	Pa	ayment <debit card=""></debit>		-297.15	0.00
			Tota	al Due:	0.00

MwSt Code	Тах
	1,65
	12,50
Total \$	14.15
Packages with * may include contain several	VAT-percentages
ignature:	

QAUSUITTUQ INN BOX 270 RESOLUTE BAY NU

CARD

CARD TYPE

INTERAC

ACCOUNT TYPE

DATE

2017/10/14

TIME

4064 05:15:56

RECEIPT NUMBER

C84013710-001-462-004-0

**PURCHASE** TOTAL

\$297.15

Interac A0000002771010 9D740BD8570B64C3 0080008000-E800 5E9F4CD8A9ABC98F

#### **APPROVED**

AUTH# 094786

00-001

THANK YOU

CARDHOLDER COPY

OOGLIIT SANNAVIK 2ND POLAR STREET GRISE HORD NU

CARD

CARD TYPE

INTERAC

ACCOUNT TYPE

ME

DATE

2017/10/11

TIME

3948 17:04:47

RECEIPT NUMBER

C84021529-001-001-852-0

PURCHASE TOTAL

\$148.92

Interac A0000002771010 A4752191B5032273 0080008000-E800 D2F447F644261362

#### **APPROVED**

AUTH# 289441

00-001

THANK YOU

CARDHOLDER COPY