



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.	<i>SK</i> <i>Shirley Kitterdale</i>	<i>D.</i>		
<input checked="" type="checkbox"/> Receipts for every expense, including unpaid expenses.	<i>SK</i> <i>Shirley Kitterdale</i>	<i>R.</i>		
<input type="checkbox"/> Printed statement from the campaign account.				
<input type="checkbox"/> CEO approvals for any expenses over \$30,000.				
<input checked="" type="checkbox"/> All tax receipts and Record of Tax Receipts form.	<i>SK</i> <i>Shirley Kitterdale</i>	<i>D.</i>		
<input type="checkbox"/> If a surplus, a cheque or receipt.				

A: Summary of Contributions and Expenses



Constituency: <i>Arviat North / Whale Cove</i>	Election Day: <i>October 28, 2013</i>
Candidate's name & mailing address <i>David Kritterdlik</i> <i>P.O Box 69</i> <i>Whale Cove, Nu. X0C 0J0</i>	Financial Agent's name & mailing address <i>Susie Kritterdlik</i> <i>P.O. Box 69</i> <i>Whale Cove, Nu. X0C 0J0</i>
Candidate's Declaration I solemnly declare that I reviewed this financial return and that it is accurate and complete; it contains no false or misleading information. I declare this knowing that it has the same force and effect as if I made an oath under the <i>Nunavut Evidence Act</i> . At (community): <i>Whale Cove, Nu.</i> Date (yyyy/mm/dd): <i>2013-11-03 07 am</i>	Financial Agent's Declaration I solemnly declare that I prepared this financial return and that it is accurate and complete; it contains no false or misleading information. I declare this knowing that it has the same force and effect as if I made an oath under the <i>Nunavut Evidence Act</i> . At (community): <i>Whale Cove, Nu.</i> Date (yyyy/mm/dd): <i>2013-11-03 07 am</i>
Candidate's signature 	Financial Agent's signature 
Signature: Commissioner of Oaths, JP, Notary Public, or RCMP  <i>Cpl. Lynden MORRISON 49770 RCMP</i>	Signature of Commissioner of Oaths, JP, Notary Public, or RCMP  <i>Cpl. Lynden MORRISON 49770 RCMP</i>

DEADLINE 60 days after Election Day
 White copy to CEO

2
 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
Total Financial Contributions—Anonymous & Gatherings (Write total on Line 2 Part A)	<i>N/A</i>

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: *David Kitterdick* Candidate's signature: *David Kitterdick*

G-4: Candidates personal money (Not reimbursed) - Contributions & Expenses

Name on receipt	Ads + Signs	Salaries & Allowances	Office rent & utilities	Travel	Childcare & Disability	Other	Total amount Contribution
Ketimavik Suites Arviat				745.50			745.50

pg 2
8 C-4



NUNAVUT ELECTIONS ACT

Receipt for a contribution to a candidate at an election of a member to serve in the Legislative Assembly of Nunavut.

Date Contribution Received		
Day	Month	Year
01	11	13

Day	Month	Year
01	11	13

Date Receipt Issued		
Day	Month	Year
01	11	13

Day	Month	Year
01	11	13

Full Name of Contributor

David Kritterdlik

Mailing Address

Box 69, Whale Cove, Nu.

Name of Financial Agent

Susie Kritterdlik

Name of Candidate

David Kritterdlik

CONSTITUENCY

Arviat North/Whale Cove

ELECTION DAY

Day Month Year
28 10 13

SIGNATURE OF FINANCIAL AGENT

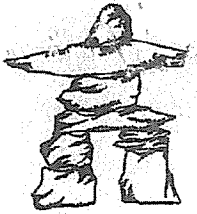
Susie Kritterdlik

No. 0371

Amount Received	
\$	2092.34

Sum of *Two thousand ninety two* ^{*34*} 100 dollars

2nd COPY - CHIEF ELECTORAL OFFICER



Arctic Connection Inc.
 1178 Sanford Street
 Winnipeg, Manitoba R3E 2Z9
 Canada
 Phone 204-775-7348 Fax: 204-775-7389
 Email: ramsay05@mts.net

INVOICE

Invoice No.: 725
 Date: 10/09/2013
 Page: 1
 Re: Order No.

Sold to:

David Kritterdlik
 General Delivery
 Whale Cove, Nunavut X0C 0J0
 Canada

Ship to:

David Kritterdlik
 General Delivery
 Whale Cove, Nunavut X0C 0J0
 Canada

Business No.: 850351230

Quantity	Description	Tax	Unit Price	Amount
300	BUTTONS	G	1.38	414.00
1	SHIPPING CHARGES FROM MANUFACTURER TO OUR WAREHOUSE	G	70.00	70.00
1	PKG/DELIVERY TO CALM AIR CARGO	G	25.00	25.00
1	FREIGHT CHARGES WINNIPEG TO WHALE COVE VIA CALM AIR (BUTTONS)	G	37.30	37.30
30	POSTERS	G	4.89	146.70
1	SHIPPING CHARGES FROM TORONTO TO OUR WAREHOUSE	G	30.00	30.00
1	PKG/DELIVERY TO CALM AIR CARGO	G	25.00	25.00
1	FREIGHT CHARGES WINNIPEG TO WHALE COVE VIA CALM AIR (POSTERS)	G	25.00	25.00
	G - GST 5%			
	GST			38.66

*Campaigning
 material
 Pins and posters.
 Payment stub
 + Invoice
 copy.*

ARCTIC CONNECTION
 1178 SANFORD STREET
 WINNIPEG, MB R3E 2Z9
 (204) 775-7348

TERM ID: C4040891

BATCH#: 795
 SHIFT#: 001

Sale

INV#: 000000005
 VISA

Manual
 SEQ#: 795001001005

Total: CAD\$ 811.66

APPROVED 084328
 001/00

21-Oct -13

09:29:47

CUSTOMER COPY
 THANK YOU

Thanks for your order!

Thanks for your order.

Total Amount

811.66

eTicket Receipt

Prepared For
KRITTERDLIK/DAVID MR

FIRST AIR RESERVATION CODE
ISSUE DATE
TICKET NUMBER
ISSUING AIRLINE
ISSUING AGENT
TOUR CODE

WLELBU
11Oct2013
2452104135137
FIRST AIR
First Air/JEY
ITSPF2013/1430

*Free Pass
Donated by
First Air
for campaign
purpose
travel.*

Itinerary Details

TRAVEL DATE	AIRLINE	DEPARTURE	ARRIVAL	OTHER NOTES
13Oct	FIRST AIR 7F 625	WHALE COVE NU, CANADA Time 3:00pm	ARVIAT NU, CANADA Time 3:34pm	Seat Number CHECK-IN REQUIRED Baggage Allowance 2PC -- Fare Basis ZS131430 Not Valid Before 13 OCT Not Valid After 13 OCT
16Oct	FIRST AIR 7F 623	ARVIAT NU, CANADA Time 12:05pm	WHALE COVE NU, CANADA Time 12:40pm	Seat Number CHECK-IN REQUIRED Baggage Allowance 2PC -- Fare Basis ZS131430 Not Valid Before 16 OCT Not Valid After 13 OCT

Payment/Fare Details

Form of Payment

Endorsement / Restrictions

Fare Calculation Line

Fare

Total Fare

MISCELLANEOUS FORM OF PAYMENT

AS PER SPF2013/1430

YXN 7F YEK0.00ZS131430 7F YXN0.00ZS131430

CAD0.00END

CAD 0.00

CAD 0.00

Notice:


Please keep a copy of this receipt for your records.

[Important Legal Notices](#)

622 | YWG | 13605034

ORIGINAL

622-13605034

Shipper's Name & Address ARCTIC CONNECTIONS 1178 SANFORD ST WINNIPEG MB Tel: 000-000-0000 Mobile:		Shipper's Account Number 901989	Not negotiable Air Waybill Issued by 				
Consignee's Name & Address DAVID KRITTERDLUK 0 WHALE COVE Tel: 0 Mobile:		Consignee's Account Number	It is agreed that the goods described here are apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF, THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIERS LIMITATION OF LIABILITY. Shipper may increase such indication of liability by declaring a higher value for carriage and paying a supplemental charge if required, ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE.				
Issuing Carrier's Agent's Name & City YWGFFMO		Accounting Informationn CHARGE TO SHIPPER ACCOUNT - 901989 P.O # : 0					
Agent's IATA Code		Account No.					
Airport of Departure (Addr. of first Carrier) and requested Routing Winnipeg							
to	By first carrier	Routing & Destination	to	by	to	by	
YXN	MO						
Airport of Destination Whale Cove		Flight/Date	For Carrier Use Only	Flight/Date	Amount of Insurance	INSURANCE - If carrier offers Insurance and such Insurance is requested in accordance with conditions on reverse hereof indicate amount to be insured in figure in box marked Amount of Insurance	
Handling Information: special handling codes : Shipped at owners risk							
No. of Pieces RCP	Gross Weight	KG LB	Rate Class Commodity Item No.	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	1.0	KG	ARCR	1.0			ELECTION MATERIAL
				Contract Rate			
Prepaid		Weight Charge		Collect			Other Charges
		Valuation Charge					
		Tax					
		Total other charges Due Agent					Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.
		Total other charges Due Carrier					
Total Prepaid		Total Collect					Signature of Shipper or his Agent
Currency Conversion Rates		CC charges in Dest. Currency		17 October 2013 21:14 WINNIPEG 2310			Executed on (Date) at (Place) Signature of issuing Carrier or its Agent
For Carriers Use only at Destination		Charges at Destination		Total Collect Charges			622-13605034 17 October 2013 21:14

245 YXN

46120174

245 46120174

Shipper's Name and Address
Nom et adresse de l'expéditeur
David Kritterdtik
Whale Cove, NU
867-896-9899

Shipper's Account Number
Numéro de compte de l'expéditeur

NOT NEGOTIABLE
AIR WAYBILL
(AIR CONSIGNMENT NOTE)

NON NEGOCIABLE
LETTRE DE TRANSPORT AERIEN

FIRST AIR

The Airline of the North

Reg. T.M. of Bradley Air Services Ltd.

MEMBER OF A.T.A.C.

ISSUED BY
ÉMISE PAR

Incorporated in Canada with limited liability - Compagnie canadienne à responsabilité limitée

Copies 1, 2, and 3 of this Air Waybill are originals and have the same validity
Les exemplaires 1, 2, et 3 de cette lettre de transport aérien sont originaux et ont la même validité

Consignee's Name and Address
Nom et adresse du destinataire
Dominic Pingushat
Arviat, NU
867-857-2013

Consignee's Account Number
Numéro de compte du destinataire

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.

Il est convenu que les marchandises décrites dans le présent document sont acceptées pour le transport en bon état apparent (sauf annotation contraire) et que le transport est SOUMIS AUX CONDITIONS DU CONTRAT QUI FIGURENT AU VERSO. L'ATTENTION DE L'EXPÉDITEUR EST ATTIRÉE SUR L'AVIS CONCERNANT LA LIMITATION DE RESPONSABILITÉ DU TRANSPORTEUR. L'expéditeur peut augmenter cette limitation de responsabilité en déclarant une valeur pour le transport plus élevée et en payant des frais supplémentaires s'il y a lieu.

Issuing Carrier's Agent Name and City / Nom et ville de l'agent du transporteur émetteur

Accounting Information / Renseignements comptables

Agent's IATA Code / Code IATA de l'agent

Account No. / Numéro de compte

Prepaid Cash

Airport of Departure (Addr. of first Carrier) and Requested Routing
Aéroport de départ (Adresse du premier transporteur) et itinéraire demandé

Whale Cove

to / à	By first Carrier Par premier transporteur	Routing and Destination Routage et dest.	to / à	by / par	to / à	by / par
YEK	7F					

Currency Monnaie	CHGS Code	WT/Poids-Vol	Other/Autres	Declared Value for Carriage Valeur déclarée pour le transport	Declared Value for Customs Valeur déclarée pour la douane
CAD	PPX	PPD	CCLL	NDV	

Airport of Destination / Aéroport de destination

Arviat

Flight Date
Vol. / Date

For Carrier Use Only
Réserve au transporteur

Flight Date
Vol. / Date

Amount of Insurance
Montant de l'assurance

INSURANCE - If Carrier offers insurance, and such insurance is requested in accordance with conditions on reverse hereof, indicate amount to be insured in figures in box marked 'Amount of Insurance'.
ASSURANCE - Si le transporteur propose une assurance et que l'expéditeur en fait la demande conformément aux conditions figurant au verso indiquer le montant à assurer en chiffres dans la case 'Montant de l'assurance'.

Handling Information / Renseignements pour le traitement de l'expédition

No. of Pieces Nombre de colis RCP	Gross Weight Poids brut	kg	Rate Class / Classif. du tarif	Chargeable Weight Poids de taxation	Rate / Charge Tarif / Montant	Total	Nature and Quantity of Goods (inc. Dimensions or Volume) Nature et quantité des marchandises (y compris dimensions ou volume)
1	5 kg		GEN			23.94	Pins
1	5 kg					23.94	

Prepaid / Port payé / Weight Charge / Taxation au poids / Collect / Port dû

23.94

Valuation charge / Taxation à la valeur

1.52

Total other Charges Due Agent / Total des autres frais dûs à l'agent

Total other Charges Due Carrier / Total des autres frais dûs au transporteur

Other Charges / Autres frais

NAV CAN @ 6.5% = 1.56
FSC @ 20.5% = 4.91
XG @ 5% = 1.52

Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.

L'expéditeur certifie que les indications portées sur le présent document sont exactes et que dans la mesure où une partie quelconque de l'expédition contient des marchandises dangereuses, cette partie d'expédition est correctement dénommée et bien préparée pour le transport par air conformément à la réglementation applicable.

David Kritterdtik

Signature of Shipper or his Agent / Signature de l'expéditeur ou de son agent

Total prepaid / Total port payé

31.93

Total collect / Total port dû

Currency Conversion Rates
Taux conversion monnaie

CC Charges in Dest. Currency
Port dû en monnaie du pays de destination

18 OCT 13

YXNTR7F

Dodavi

Executed on
Fait le

(Date)

at

(Place)

(Lieu)

Signature of Issuing Carrier or its Agent

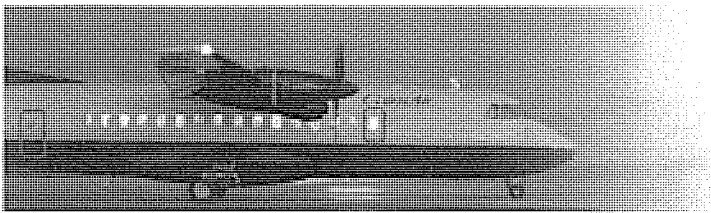
Signature du transporteur émetteur ou de son agent

For Carrier's Use only at Destination
Réserve au transporteur à destination

Charges at Destination / Frais à l'arrivée

Total collect Charges / Total dû

245-46120174



90 Thompson Drive Thompson, Manitoba, Canada R8N 1Y8 Phone: (204) 778-6471

Fax: (204) 778-6954 GST Registration: 802527028RT0001

RESERVATION CONFIRMATION

Passenger

Name	Reservation #	Total Charges	Total Taxes	Total Amount	Total Payments	Balance Due
KRITTERDLIK SUZIE	894696	261.90	13.10	275.00	275.00	0.00

Phone Work Ext Fax Email

Agency

Agency	Phone #	Fax #	IATA #	Agent	Locator #
CALM AIR	204-778-6471	204-778-6954		Debbie YRT	

Itinerary

Leg	Date	From	To	Flight #	Status
1	24 Oct 2013	12:20 - WHALE COVE	12:45 - ARVIAT	540	STAND-BY

Charges

Leg	Date	Passenger	Description	Amount	Taxes	Total
1	24 Oct 2013	KRITTERDLIK, SUZIE	SBY - STANDBY ADULT FARE	216.90	10.85	227.75
1	24 Oct 2013	KRITTERDLIK, SUZIE	NAV CANADA SURCHARGE	15.00	0.75	15.75
1	24 Oct 2013	KRITTERDLIK, SUZIE	INSURANCE SURCHARGE	5.00	0.25	5.25
1	24 Oct 2013	KRITTERDLIK, SUZIE	FUEL SURCHARGE	25.00	1.25	26.25
Total				261.90	13.10	275.00

Payments

Date	Description	Payer	Method	Amount	PO	Receipt	Authorization
24 Oct 2013	DEBIT	KRITTERDLIK, SUZIE	DB	188.00		8474	
24 Oct 2013	DEBIT	KRITTERDLIK, SUZIE	DB	87.00		8292	

Receipt
 Travel tkt purchased
 for Financial Agent.
 travel with candidate
 for campaign purposes
 Whale Cove to Arviat

David Kritterdlik
Whale Cove

Page # 1
Res. # 082522
Checked in Wed Oct 23/13 - 4:00 pm
Checked out Thu Oct 24/13 - 9:21 am
Nights 1
Room Rate 224.99
Room 228A

Date	Description	Reference	Charges	Credits
Oct23	Corporate Rate		224.99	
Oct23	GST		11.25	
Oct24	PAID VISA - Thank you	c/o		236.24
Total Outstanding			0.00	236.24

Siniktarvik Hotel & Conference Center
Invoice correct as shown. Should it/any part not be paid, I
am personally responsible.
Signed as agreed: _____

Our G.S.T. # is 101701118RT0003

Charge Summary:

GST 11.25

KISSARVIK CO-OP INNS
NORTH
54 MIUVIK AVENUE
RANKIN INLET NU

CARD *****0803
CARD TYPE VISA
DATE 2013/10/24
TIME 0334 10:21:44
RECEIPT NUMBER
C30666733-001-086-017-0

PURCHASE
TOTAL
\$236.24

VISA
A0000000031010
BB0649F3C85C35ED
0000008000-E800
8114D33BE43B22A9
0000008000-F800

APPROVED

AUTH# 043449 01-027
THANK YOU

CARDHOLDER COPY

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

*Accommodation
Receipt for
Campaign Travel
Whale Cove / Rankin Inlet /
Arviat.*

Katimavik Suites
P.O. Box 420, Arviat, NU X0C 0E0
Ph: (867) 857-297 Fax: (867) 857-2972

Invoice No.

INVOICE

Customer

Name David Krittdrdlik
 Address _____
 City _____ Province _____ ZIP _____
 Tag _____

Misc

Date _____
 ACCT No. _____
 PO/LC # _____
 FOB _____

Qty	Description	Unit Price	TOTAL
2	Nights Stay at the Beach House For David & Wife	\$ 230.00	\$ 460.00
2	Days vehicle Rental	\$ 125.00	\$ 250.00

SubTotal \$ 710.00

Payment

Other

Signature _____
 Name _____
 CC # 4510 1560 1200 0803
 Expires 11/14

GST 5.00% \$ 35.50

TOTAL \$ 745.50

Net 30 days - 2% charge on accounts over 30 days.
 GST # 101684561

Established in Arviat.....1978

*Receipt for accommodation
 and vehicle rental during
 campaign in Arviat.*

ESKIMO POINT LUMBER SU CASH INVOICE
P.O. BOX 420 1451551
ARVIAT, NU XOC DEO 10/26/13
P:(867)857-2752 F:(867)857-288 09:25
P- 31 C- 69 W- 69 P- 1
GST#101684561

CASH CUSTOMER 1.000

2 NIGHTS STAY & 2 DAY TRUCK

RENTAL

SUBTOTAL .00
KATIMAVIK SUITES 460.00
TRUCK RENTALS 250.00
GST 35.50

TOTAL 745.50
VISA 745.50

NNC LEVEL 1 \$2.00/KG LEVEL 2 \$.20/KG
RETURN WITH RECEIPT WITHIN 7 DAYS
THANK YOU FOR SHOPPING AT LUMBER SUPPLY

2104144720 3
 *** ELECTRONIC TICKET *** PASSENGER RECEIPT 10F 1 3
 230CT13 07505002 CA
 YXN DKK /WHALE COVE NU KRITTERDLIK/DAVID MR
 KRITTERDLIK/DAVID MR ITSPF20131486 1
 NOT VALID FOR***RETAIN THIS RECEIPT***
 TRANSPORTATION*THROUGHOUT YOUR JOURNEY*
 MLA CANDIDATE SPECIAL FARE ZCPXHA/7F

YXN 7F YRT 7F YEK0.00ZS131486 7F YXNO.00ZS131486 CAD0.00END

FREE CASH

 FREE 245 2104144720 6

WHALE COVE NU
 7F 623 Y 230CT ZS131486
 RANKIN INLET NU
 7F 621 Y 240CT ZS131486
 ARVIAT NU
 7F 624 Y 260CT ZS131486
 WHALE COVE NU

 NOT VALID FOR TRAVEL
 245 2104144720 6

*** ELECTRONIC TICKET *** ** NOT VALID FOR TRAVEL **
 NBR 2452104144720
 PASSENGER ITINERARY

KRITTERDLIK/DAVID MR
 ZCPXHA

230CT - WEDNESDAY							
LV WHALE COVE NU	1300	FLT 623	ECONOMY	FIRST AIR			
AR RANKIN INLET NU	1325		SNACK				
240CT - THURSDAY							
LV RANKIN INLET NU	1415	FLT 621	ECONOMY	FIRST AIR			
AR ARVIAT NU	1500		SNACK				
260CT - SATURDAY							
LV ARVIAT NU	1125	FLT 624	ECONOMY	FIRST AIR			
AR WHALE COVE NU	1200		SNACK				

PLEASE NOTE -- YOU
 MAY BE REQUIRED TO
 PRESENT A PHOTO ID
 AT AIRPORT CHECKIN

NOT VALID FOR
 TRANSPORTATION

*Travel stub
 Enroute to Arviat*

230CT YXN
 YXN DKK YXN
 KRITTERDLIK DAVID M
 WHALE COVE NU 7F 623 Y 230CT1300
 RANKIN INLET NU

KRITTERDLIK DAVID M
 WHALE COVE NU
 RANKIN INLET NU



ECONOMY

ZCPXHA
 SEAT
 8B N-SMKG
 SEQ/18

7F 623 Y 230CT1300

1230 8B NO

ECONOMY

ELECTRONIC
 1 245 2104144720 2

7F YXNDKK
 SEQ/18
 ELECTRONIC R

KRITTERDLIK DAVID M

ARVIAT NU
WHALE COVE NU

7F 624 Y 26OCT1125

1055 **7A** NO

ECONOMY

7F YEKLPK
EQ/11
ELECTRONIC R

KRITTERDLIK DAVID M

WHALE COVE NU
ARVIAT NU

7F 621 Z 14OCT1534

1504 **10A** NO

ECONOMY

7F YXNDKK
EQ/23

ELECTRONIC R

KRITTERDLIK DAVID M

RANKIN INLET NU
ARVIAT NU

7F 621 Y 24OCT1415

1345 **8A** NO

ECONOMY

7F YRTLPM
EQ/6
ELECTRONIC R



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: ARVIAT NORTH / WHALE COVE

Candidate: DAVID KRITTERDLIK

Declaration:

I (financial agent name) Susie Kritterdlik for

(candidate name) David Kritterdlik opened an account at

(name of bank or other place that has the account) ISSATIK CO-OP

Account name: Campaign for Election of Arviat/Whale Cove
North

Account number: 2478888

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

Financial Agent's signature: Susie Kritterdlik

Date (year / month / day): 2013-¹⁰~~09~~-09
SIC

closed

Never used.