

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
All parts of the form filled in and signed.	82	P		
Receipts for every expense, including unpaid expenses.	83	u		
☐ Printed statement from the campaign account.				
☐ CEO approvals for any expenses over \$30,000.		1		
☐ All tax receipts and Record of Tax Receipts form.				
☐ If a surplus, a cheque or receipt.		20 20 20 20 20 20 20 20 20 20 20 20 20 2		

A: Summary of Contributions and Expenses



Sun	nmary of Contributions		,	
1.	Named contributions (see B1)			
2.	Anonymous contributions (see B2)	\$	Ø	
3.	Goods and services contributions (see C3)		<u> </u>	
4.	Candidate's contributions, NOT reimbursed (see C4)	\$	43890	
5.	Total contributions (Add lines 1 + 2 + 3 + 4)	\$	438.90	
Sun	nmary of Expenses (see D)		A A A A A A A A A A A A A A A A A A A	
6.	Ads & signs	\$	<u> </u>	
7.	Salaries & allowances	\$	<u> </u>	
8.	Office rent & utilities	\$	Ø	
9.	Travel	\$	438.90	
10.	Childcare & disability	\$	Ý	
11.	Other	\$		
12.	Total expenses (Add 6 + 7 + 8 + 9 + 10 + 11)	\$	438.90	-
13.	Total Contributions (from line 5 above)	\$	438.90	4
14.	Total Expenses (from line 12 above)	\$	43840	4
15.	Surplus or (Deficit): Contributions minus Expenses	\$	<u></u>	
Su	rplus: Check ☑ one box below to show what you did with the surplus.			44.002.000 http://doi.org/10.000.000.000
	Government of Nunavut. Attach the cheque or money order. Make it out to 'Consolid	ated Rev	enue Fund Nunavut'	
	Charitable organization (on list of eligible groups). Attach the receipt, made out to 'Ca	mpaign o	of	,
_	· · · · · · · · · · · · · · · · · · ·			The second secon

A: Summary of Contributions and Expenses



Constituency: ugguniat	Election Day: October 28,2013
Candidate's name & mailing address Loseeosee Paneak Po Bod 56 Cyde River, Na XOA-UEU	Financial Agent's name & mailing address Steven Aipellee PU BOXEP CLYDE RIVERIAM XOA-DED
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): Date (yyyy/mm/dd):	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 Nunavut Evidence Act. At (community): Clade River Date (yyyy/mm/dd): 2013/12/09
Candidate's signature	Financial Agent's signature
Signature: Commissioner of Oaths, JP, Notary Public, or RCMP	Signature of Commissioner of Oaths, JP, Notary Public, or RCMP
	Sarah Killiktee Justice of the Peace Nunavut Territory イクマットの ムットランムトラン
DEADLINE 60 days after Election Day	2 Send to CEO at Elections Nunavut, RANKIN INLI

B-1: Financial Contributions—Named



Each contributor in this list gets a tax receipt

Contributor's name	Contributor's address	Tax receipt #	Amount
Canadian North	Suite 300,5201 Soth Avenue		8
		Contributions—Named te total on Line 1 Part A)	

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:

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** NIA (Write total on Line 2 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-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							NIA
	Write the	Write the total for each category on the first line in Part D Expenses					

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	Total Amount – Contribution					
Name on receipt Attach all receipts	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	
Losee osee Paneak Payee) The Navagator Inn				436.90			438.96
Totals							438.90
	Write the to	otal for each	n category o	n 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 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						en a company a compa		
Candidate's personal money Record numbers from C4	See C4				438.90				
				111111111111111111111111111111111111111			and the state of t		
			}						



Name of supplier Name on receipt or invoice	Amount of	Amount of each expense						
Name of supplier Name on receipt or invoice Attach all receipts	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	Cheque Number	Petty Cash Used ✓
Loseeosee Paneak				438.90				
Tota	ls			438.90				
	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:

Canadian North Suite 300,5201 50th Avenue Yellowknife, NT X1A 3S9 P.867-669-4000 F.867-669-4040 www.canadiannorth.com GST Registration Number: R 892440629 RT 0001

CANADIAN NORTH seriously northern

Canadian North Electronic Ticket Receipt

Ticket Issuance Details

Transaction Type

TKTT

Passenger Name

PANEAK/LOSEOSIE

Ticket Number

518-2164938323

Date of Issue

2013-10-09

Issued At

Iqaluit Sales Office

City

Form of Payment Detail

Form of Payment

CA

XXXXXXXXXXX

AMT Charged

\$0.00

2nd Form of Payment

Amt Charged

Fare Breakdown Detail

Base Fare and Currency

CAD

\$0.00

Taxes

Total Fare and Taxes

\$0.00

Trip Detail

5T 604

140CT

E IQALUIT to QIKIQTARJUAQ

PCY

5T 605 170CT

QIKIQTARJUAQ to IQALUIT

PCY

Fare Calculation Details

YCY 5T X/YFB 5T YVM0.00 5T X/YFB 5T YCY0.00CAD0.00END

Canadian North
Suite 300,5201 50th Avenue
Yellowknife, NT X1A 3S9
P.867-669-4000 F.867-669-4040
www.canadiannorth.com
GST Registration Number: R 892440629 RT 0001



Canadian North Electronic Ticket Receipt

Ticket Issuance Details

Transaction Type

TKTT

Passenger Name

PANEAK/LOSEOSIE

Ticket Number

518-2164947510

Date of Issue

2013-10-15

Issued At

IQALUIT AIRPORT

City

IQALUIT

Form of Payment Detail

Form of Payment

EF

XXXXXXXXXXX

AMT Charged

\$0.00

2nd Form of Payment

EX

XXXXXXXXXXXX393

Amt Charged

Fare Breakdown Detail

Base Fare and Currency

CAD

\$0.00

Taxes

Total Fare and Taxes

\$0.00

Trip Detail

5T 604

160CT

Y IQALUIT to QIKIQTARJUAQ

INVOL

5T 605 17OCT

F

QIKIQTARJUAQ to IQALUIT

INVOL

Fare Calculation Details

YCY 5T X/YFB 5T YVM0.00 5T X/YFB 5T YCY0.00CAD0.00END



Paneak Loseosie

475 Clyde River, NU X0A 0E0

Page # Res. # Checked in Checked out Nights Room Rate Room

1 003918 Fri Oct 18/13 - 6:31 pm Sun Oct 20/13 - 11:08 am 2 209.00 206

Date Oct18 Oct18 Oct18 Oct19 Oct19	Description PAID BY DEBIT - T auth #004147 Room Charge GST Room Charge GST GST	Reference **********9063		Charges 209.00 10.45 209.00 10.45	Credits 438.90
Octio	Total Outstanding		0.00	438.90	438.90

Thank you for staying with us.

Our G.S.T. # is R835561200

Charge Summary: GST

20.90