

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.	H	1	KC	
Receipts for every expense, including unpaid expenses.	B		in	
Printed statements from bank or approved institution.	A A	1	N/A	
CEO approvals for any expenses over \$30,000. N/A	A	1-	NIA	
All tax receipts and Record of Tax Receipts form. WA	B	is	N/A	
If a surplus, a cheque or receipt.	A	1.	NIA	

A: Summary of Contributions and Expenses



Su	mmary of Contributions		
1.	Named contributions (see B1)	\$	
2.	Anonymous contributions (see B2)	\$\$	
3.	Goods and services contributions (see C3)	\$	400,00
4.	Candidate's contributions, NOT reimbursed (see C4)	\$	743.85
5.	Total contributions (Add lines 1 + 2 + 3 + 4)	\$	1,143.85
Su	mmary of Expenses (see D)		
6.	Ads&signs	\$	
7.	Salaries & allowances	\$	
8.	Office rent & utilities	\$	
9.	Travel	\$	400.00
10.	Childcare & disability	\$	·
11.	Other	\$	743.85
	Total expenses (Add 6 + 7 + 8 + 9 + 10 + 11)		
	Total Contributions (from line 5 above)		
14.	Total Expenses (from line 12 above)	\$	1,143,85
	Surplus or (Deficit): Contributions minus Expenses		0
Sı	rplus: Check ☑ one box below to show what you did with the surplus.		
	Government of Nunavut. Attach the cheque or money order. Make it ou	t to 'Consolidated Reve	nue Fund Nunavut'
	Charitable organization (on list of eligible groups). Attach the receipt, m		

A: Summary of Contributions and Expenses- Declaration



Constituency: RANKIN INLET NORTH	Election Day: OCTOBER 30, 2017
Candidate's name: TOM SAMMURTOK	
Candidate's Mailing Address: BOX 933 RANKIN INLET NU. XOC 060	Financial Agent's Mailing Address: BUX 982 RANKIN INLET NU, XOC 060

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
 - ✓ the financial agent; or
 - _______, who was authorized in writing to accept contributions on behalf 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 FINANCIAL AGENT
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 <i>Nunavut Evidence Act</i> .
At (community):
RANKIN INCEC, Nunavut
Date: DECEMBER 20, 2017
Signature of Financial Agent:
Kafnan
Signature: Commissioner of Oaths, Justice of the Peace,
Commission bypins: Aug 3, 2020

B-1: Financial Contributions—Named



Each contributor in this list gets a tax rece	ipt		
Contributor's name	Contributor's address	Tax receipt #	Amount
		Contributions—Named te total on Line 1 Part A)	N/A
	cord of all named financial contributions we	e received for this candida	ate's campaign. It
contains no false or misleading informatio	n.	\d. (
Financial Agent's signature:	Candidate's signat	ure:	-

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)						
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. Financial Agent's signature: Candidate's signature:	gatherings and 'anonymous' that we					

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 the market value in one or more expense categories						Total Market Value—	
Contributor's name and address	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	Contribution	
CALM AIR				400,00			400.00	
						() * (
Totals							400.00	
	Write the	total for eac	ch category	on the first li	ne 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:

DEADLINE 60 days after Election Day

Candidate's signature:

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



	Record the total amount in one or more expense categories.						Total Amount— Contribution
Name on receipt Attach all receipts	Ads & Signs	Salaries & allowances	Office rent & utilities	Travel	Childcare & Disability	Other	
SINIKTARVIK HOTE (KISSARVIK COOP)						743,85	743,85
Totals							743.85
Write the total for each category on the second line in Part D.					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:

MONEY

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				460,00				
Candidate's personal money Record numbers from C4	See C4						743,85	DEBT	•

D: Expenses- Cont'd



	#	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 ✓
	Totals				(10,00		743.85	-	
		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:

DEADLINE 60 days after Election Day

Candidate's signature:



Calm Air Reservations
1-800-839-2256
reservations@calmair.com
www.calmair.com

Reservation Confirmation
Your reservation is now confirmed.

Reservation Number: 1397728

Main Contact Information

Name: TOM SAMMURTOK
Email:
Phone:

Flight Itinerary

riigiii	. Itilicially		92-30	Aircraft	Status
Leg	Flight	From	То	Aircrait	
1	MO222	12:00 - RANKIN INLET Tuesday 10 October 2017	12:35 - CHESTERFIELD INLET Tuesday 10 October 2017	ATR 42	CONFIRMED
2	MO221	10:15 - CHESTERFIELD INLET Friday 13 October 2017	10:45 - RANKIN INLET Friday 13 October 2017	ATR 42	CONFIRMED
NOT 3	MO222	12:00 - RANKIN INLET Monday 23 October 2017	12:35 - CHESTERFIELD INLET Monday 23 October 2017	ATR 42	CONFIRMED
USED 4	MO221	10:15 - CHESTERFIELD INLET Wednesday 25 October 2017	10:45 - RANKIN INLET Wednesday 25 October 2017	AT R 4 2	CONFIRMED

All charges and payments appear in: CAD

Purchase Summary

Amount \$0.00 GST \$0.00 Total \$0.00

Payment Summary

Total

Balance Due:

\$0.00

This Itinerary Is Your Official Travel Document/Receipt

- This is an automated message system. If you have any concerns about this message, or if you have received this
 message in error, please contact Calm Air at 1-800-839-2256.
- Aeroplan flight reward tickets on Calm Air are subject to Aeroplan terms and conditions. For any changes, cancellations, or refunds, please contact Aeroplan at 1-800-361-5373.
- AIR MILES Reward tickets on Calm Air are subject to AIR MILES terms and conditions. For any changes, cancellations, or refunds, please contact AIR MILES at 1-888-247-6453.

General Fare Conditions

- It is the purchaser's responsibility to review the itinerary upon receipt and must contact Calm Air within 24 hours of purchase with any questions or concerns.
- Changes and cancellations may be made up to two (2) hours prior to departure time. Changes may be subject to a
 change fee of \$78.75 CAD per person and a possible upgrade in fare, depending on the original fare purchased
 and fare availability on the new flight. Cancellations may be subject to a fee of \$78.75 CAD per person.

Tom Sammurtok Meet and Greet PO Box 933 Rankin Inlet XOC 0G0	Page # 1 Res. # 095519 Checked in Sat Oc Checked out Mon Oc Nights 2 Room Rate 0.00 Room 301H	ct 28/17 -	1:55pm 1:30pm
Date Description Oct28 Salon Rental Oct28 GST Oct28 Banq. Food Service Oct28 GST Oct28 Banq. Food Service Oct28 GST Oct28 GST Oct28 GST Oct28 Banq. Food Service Oct28 GST Oct28 GST Oct28 GST	Reference SALON D-10/28/2017 SALON D-10/28/2017 Assorted Snacks Assorted Snacks Fruit Platter Fruit Platter Coffee/Tea Service Coffee/Tea Service	Charges 275.00 13.75 220.00 11.00 85.00 4.25 65.00 3.25 66.60	Credits
Oct30 PAID DEBIT CARD - Thank you	002705		743.85

0.00

743.85

743.85

Siniktarvik Hotel is a non smoking facility. A charge of \$ 250.00 for smoking in your room. You are also responsible for any damages to your room or hotel property. Signed as agreed:_____

Our G.S.T. # is 102851110RT0001

Total Outstanding

<u>Charge Summary:</u> Banquet Gratuity GST

66.60 32.25

C84075290-001-913-039-0 NTERAC KISSARVIK CO-OP INNS CARDHOLDER COPY 54 MIVVIK AVENUE RANKIN INLET NU 75D3685D51BD0AA3 96E749CD9266FDBF NORTH 8080008000-6800 A0000002771010 RECEIPT NUMBER ACCOUNT TYPE CARD TYPE PURCHASE DATE 工品