

Instructions

All candidates must complete Boxes A and B. Candidates who receive contributions or incur expenses must complete Boxes C, D, Schedule 1 and Schedule 2 as appropriate. Candidates who receive contributions or incur expenses in excess of \$10,000 must also attach an Auditor's Report.

All surplus funds (after any refund to the candidate or their spouse) shall be paid immediately over to the clerk who is responsible for the conduct of the election.

For the campaign period from (day candidate filed nomination)

YYYY	MM	DD
2018	07	16

 to

YYYY	MM	DD
2018	10	18

 Initial filing reflecting finances to December 31 (or 45 days after voting day in a by-election)

 Supplementary filing including finances after December 31 (or 45 days after voting day in a by-election)

Box A: Name of Candidate and Office

Candidate's name as shown on the ballot

Last Name or Single Name

LATCHFORD

Given Name(s)

GAIL YVONNE

Office for which the candidate sought election

DEPUTY MAYOR

Ward name or no. (if any)

Municipality

TOWNSHIP of AURWICK HALDIMAND

Spending Limit - General

\$

Spending Limit - Parties and Other Expressions of Appreciation

\$

 I did not accept any contributions or incur any expenses. (Complete Boxes A and B only)

Box B: Declaration

I, GAIL Y. LATCHFORD, declare that to the best of my knowledge and belief that these financial statements and attached supporting schedules are true and correct.



Signature of Candidate

2019 Jul 22
Date (yyyy/mm/dd)

Date Filed (yyyy/mm/dd)	Time Filed	Initial of Candidate or Agent (if filed in person)	Signature of Clerk or Designate
2019 02 22	1:01 p.m.		