

**THE CITY OF WINNIPEG
AUDITOR CONSENT FORM**

MUST BE SUBMITTED WITH CANDIDATE REGISTRATION FORM*

*Note: This form must be fully completed, signed by the Auditor, and filed with the Senior Election Official
If the Auditor ceases to act in this position for any reason, the registered candidate must immediately appoint another Auditor and advise the Senior Election Official in writing of the change.

I ACKNOWLEDGE THAT AS the Auditor:

- 1. I am a chartered professional accountant authorized to provide public accounting services in Manitoba in accordance with *The Chartered Professional Accountants Act.*;
- 2. I am **not involved** in the election as an:
 - a) election official, as defined in section 1 of *The Municipal Councils and School Boards Elections Act*, candidate or official agent, or in raising funds for a registered candidate, and who certifies to that effect.
- 3. I am responsible for preparing an Audited Financial Statement that contains the following information in respect of the campaign period of the election:
 - a) all contributions received and expenses incurred;
 - b) the name, address and contribution of each contributor of an amount over \$250.00;
 - c) an itemized list of campaign expenses incurred;
 - d) the contributions and expenses relating to each fund-raising event;
 - e) particulars of any loan made to the candidate for the purpose of the election campaign.
- 4. I understand that the time frame for the registered candidate to file the Audited Financial Statement is as follows:
 - (a) if the candidate is nominated in the election and does not withdraw, not later than the day that is 210 days after the election; and
 - (b) if the candidate is not nominated in the election or is nominated and withdraws, not later than the day that is 60 days after the election.

| | |
|--|--|
| Full Name of Auditor: | |
| PLEASE PRINT NAME | |
| Full Name of Candidate: | Ward Name (if Councillor candidate) |
| PLEASE PRINT NAME | |
| I consent to my appointment as Auditor for the above-named candidate and am aware of the duties and responsibilities of this position | |
| SIGNATURE OF AUDITOR | DATE: (YYYY/MM/DD) |

If you should have any questions, please do not hesitate to contact:

Richard Kachur, Campaign Expenses and Contributions Officer, at 204-510-6995 or email: cecowpg@gmail.com