

E-521

The Election Act, 1996 Section 250 (Form E-522)



# Registered Political Party's Fiscal Period Return

GREEN PARTY OF SASKATCHEWAN

Name of Registered Political Party



## **AUDITORS' REPORT**

To: John W. Warnock, Chief Official Agent of the Green Party of Saskatchewan

We have audited the fiscal period return of the Green Party of Saskatchewan for the year ended December 31, 2006. This return is the responsibility of the chief official agent. Our responsibility is to express an opinion on the return based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards required that we plan and perform an audit to obtain reasonable assurance whether the return is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the return. An audit also includes assessing the accounting principles used and significant estimates made by the registered political party, as well as evaluating the overall return presentation.

Due to the nature of the types of contributions included in the records of any registered political party, it is impracticable through auditing procedures to determine that the accounting records include all transactions for the fiscal period. Accordingly, our verification of these transactions was limited to the amounts recorded in the accounting records of the registered political party and we were not able to determine whether any adjustment might be necessary to those revenues.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves as to the completeness of the records as described in the preceding paragraph, the return presents fairly, in all material respects, the financial transactions of the registered political party's campaign required by section 250 of *The Election Act*, 1996 to be detailed in the fiscal period return for the year ended December 31, 2006.

REGINA, Saskatchewan April 20, 2007 Mintz & Wallace

Chartered Accountants LLP

| On Behalf of the                                              |                                                   |
|---------------------------------------------------------------|---------------------------------------------------|
| GREEN PARTY OF                                                | BASKATCHEWAN                                      |
| Name of Registered Political Party                            |                                                   |
|                                                               |                                                   |
| Return                                                        |                                                   |
| 1, JOHN W. WARNOCK O                                          | of                                                |
| Name                                                          | Address                                           |
|                                                               | ų                                                 |
| Mailing Address (if different from the residential address)   | Postal Code                                       |
|                                                               |                                                   |
|                                                               |                                                   |
| in the Province of Saskatchewan, being the chief official age | ent of the above-named registered political party |
| make the following Return respecting the fiscal period of the | e party which commenced on the                    |
| 1 day of January                                              | 2 000 and which terminated on the                 |
| day of January  31 day of Lownley                             | , , and minimized on the                          |
| 31 day of Dunker                                              | , <u>2υυ</u> .                                    |
|                                                               |                                                   |
|                                                               |                                                   |
|                                                               | John Walnock                                      |
|                                                               | Signature of Chief Official Agent                 |
|                                                               | Signature of Chief Official Agent  Much 15, 2007  |
|                                                               | March 15, 2001                                    |

#### Part I

#### **Contributions**

#### (a) Summary of Contributions

List below, by class of contributor, the aggregate amounts of (A) contributions in excess of \$250.00, (B) contributions of \$250.00 or less but more than \$25.00, and (C) contributions of \$25.00 or less, and the number of contributors of each class who, in the fiscal period, have provided money, goods or services for the use of the registered political party by way of a gift, loan, advance, deposit, or other form of assistance (includes goods or services donated or provided at other than their true value).

| Class of Contributor                            | Number of Contributors | Value of<br>Contributions |
|-------------------------------------------------|------------------------|---------------------------|
| 1. Individuals                                  | 2× 14                  | 5,981.00                  |
| 2. Corporations                                 | 0                      | $\mathcal{O}$             |
| 3. Trade Unions                                 | 0                      | $\mathcal{O}$             |
| 4. Unincorporated Organizations or Associations | 0                      | 0                         |
| 5. Any Other Persons or Groups of Persons       | 0                      | 0                         |
| Totals                                          | 2824                   | 5,981,00                  |
|                                                 | ,                      | 6190600                   |

Note: Amounts received in respect of membership fees or dues are deemed to be contributions (s. 250(5)).

#### Schedule: 1. Individuals

#### (A) Contributions in excess of \$250.00

Note: List below, all contributions where during the fiscal period the aggregate value of contributions exceeded \$250.00.

| Name of Contributor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Amount                             |            |                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------|----------------------------------|
| BEIZNA DETTE AGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,275.0                            | J          |                                  |
| GUSTINO AGI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1, 275.0                           | 0          |                                  |
| VICTOR LAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1, 300 . 0                         | <i>ر</i> ا |                                  |
| and the second s |                                    |            |                                  |
| JOHN WARNOUL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 320 0                              | υ          |                                  |
| Ed Wholen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 500.00                             |            |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |            |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |            |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |            |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |            |                                  |
| ist additional contributors on separate sheet provided and affix to this Return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |            |                                  |
| List additional contributors on separate sheet provided and affix to this Return.  List Attached NO Number of Pages  Yes or No  Number of Contributors  Total Amount of all Category (A) Contributions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    | 54         | 4,670.00                         |
| List Attached No Number of Pages Number of Contributors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ns received during the<br>\$25.00. | _          |                                  |
| Number of Pages  Number of Contributors  Total Amount of all Category (A) Contributions  (B) Contributions of \$250.00 or less but more than \$25.00  Note: Report the number of contributors and the total value of contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ns received during the<br>\$25.00. | _          | 4,600 00<br>4,470.00<br>1,811.00 |

#### **Total Number of Contributors**

#### **Total Contributions**

**Number of Contributors** 

(Sum of Categories (A), (B) and (C))

Total Amount of all Category (C) Contributions

Enter Totals on Part 1(a) Summary of Contributions Line 1.

## Schedule: 2. Corporations

## (A) Contributions in excess of \$250.00

Note: List below, all contributions where during the fiscal period the aggregate value of contributions

Enter Totals on Part 1(a) Summary of Contributions Line 2.

| Name of Contributor                                                                                                                                                 | Amount          |                  |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|--------|
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 | _                |        |
|                                                                                                                                                                     |                 | -                |        |
|                                                                                                                                                                     |                 | _                |        |
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 |                  |        |
| <del>-</del>                                                                                                                                                        | <del></del> -   | $\dashv$         |        |
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 |                  |        |
|                                                                                                                                                                     |                 |                  |        |
| ist additional contributors on separate sheet provided and affix to this Return.                                                                                    |                 | _                |        |
| ist Attached Number of Pages                                                                                                                                        |                 |                  |        |
| Yes or No                                                                                                                                                           |                 | 1                |        |
| Number of Contributors                                                                                                                                              | _               |                  | $\sim$ |
| Total Amount of all Category (A) Contributions                                                                                                                      |                 |                  | Ø      |
|                                                                                                                                                                     |                 |                  |        |
| B) Contributions of \$250.00 or less but more than \$25.00                                                                                                          |                 |                  |        |
| lote: Report the number of contributors and the total value of contributions received fiscal period, from any corporation, of \$250.00 or less but more than \$25.0 |                 |                  |        |
| Number of Contributors                                                                                                                                              | _               | -0               |        |
| Total Amount of all Category (B) Contributions                                                                                                                      |                 |                  | 0      |
|                                                                                                                                                                     |                 |                  |        |
| C) Contributions of \$25.00 or less                                                                                                                                 |                 |                  |        |
| Note: Report the number of contributors and the total value of contributions rece fiscal period, from any corporation, of \$25.00 or less.                          | ived during the |                  |        |
| Number of Contributors                                                                                                                                              | _               | p                | _      |
| Total Amount of all Category (C) Contributions                                                                                                                      |                 | _                |        |
| A                                                                                                                                                                   |                 | 4                |        |
| Total Number of Contributors                                                                                                                                        |                 | _ <del>U</del> _ | مثب    |
| Total Contributions                                                                                                                                                 |                 | _                |        |
|                                                                                                                                                                     |                 |                  |        |

#### Schedule: 3. Trade Unions

## (A) Contributions in excess of \$250.00

Note: List below, all contributions where during the fiscal period the aggregate value of contributions exceeded \$250.00.

Enter Totals on Part 1(a) Summary of Contributions Line 3.

| Name of Contributor                                                                                                                                                                                                                                                                        | Amount                  |      |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|----|
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
|                                                                                                                                                                                                                                                                                            |                         |      |    |
| List additional contributors on separate sheet provided and affix to this Return.                                                                                                                                                                                                          | <u> </u>                |      |    |
| List Attached Number of Pages                                                                                                                                                                                                                                                              |                         |      |    |
| Number of Contributors                                                                                                                                                                                                                                                                     |                         | -6-  |    |
| Total Amount of all Category (A) Contributions                                                                                                                                                                                                                                             |                         | _    |    |
| (B) Contributions of \$250.00 or less but more than \$25.00  Note: Report the number of contributors and the total value of contribution fiscal period, from any trade union, of \$250.00 or less but more that the Number of Contributors  Total Amount of all Category (B) Contributions | ons received during the |      |    |
|                                                                                                                                                                                                                                                                                            |                         | _    |    |
| (C) Contributions of \$25.00 or less Note: Report the number of contributors and the total value of contribution fiscal period, from any trade union, of \$25.00 or less.                                                                                                                  | ons received during the |      |    |
| Number of Contributors                                                                                                                                                                                                                                                                     |                         |      |    |
| Total Amount of all Category (C) Contributions                                                                                                                                                                                                                                             |                         | _    |    |
|                                                                                                                                                                                                                                                                                            |                         | - 2) |    |
| Total Number of Contributors                                                                                                                                                                                                                                                               |                         | _0_  |    |
| Total Contributions                                                                                                                                                                                                                                                                        |                         | _    | -0 |
| (Sum of Categories (A), (B) and (C))                                                                                                                                                                                                                                                       |                         |      |    |

## Schedule: 4. Unincorporated Organizations or Associations

(A) Contributions in excess of \$250.00

Note: List below, all contributions where during the fiscal period the aggregate value of contributions exceeded \$250.00.

Enter Totals on Part 1(a) Summary of Contributions Line 4.

| exceeded \$250.00.                                                                                                                                                                                                                      |        |             |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|----|
| Name of Contributor                                                                                                                                                                                                                     | Amount |             |    |
|                                                                                                                                                                                                                                         | _      |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        | <del></del> |    |
|                                                                                                                                                                                                                                         |        | $\dashv$    |    |
| <u> </u>                                                                                                                                                                                                                                |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
|                                                                                                                                                                                                                                         |        |             |    |
| List additional contributors on separate sheet provided and affix to this Return.                                                                                                                                                       |        |             |    |
| List Attached Number of Pages                                                                                                                                                                                                           |        |             |    |
| Yes or No                                                                                                                                                                                                                               |        | 2           |    |
| Number of Contributors                                                                                                                                                                                                                  |        |             |    |
| Total Amount of all Category (A) Contributions                                                                                                                                                                                          |        | _           | B  |
| (B) Contributions of \$250.00 or less but more than \$25.00  Note: Report the number of contributors and the total value of contributions (iscal period, from any unincorporated organization or association, of but more than \$25.00. |        | _           |    |
| Number of Contributors                                                                                                                                                                                                                  |        | Por         |    |
| Total Amount of all Category (B) Contributions                                                                                                                                                                                          |        |             | 0  |
|                                                                                                                                                                                                                                         |        | _           |    |
| (C) Contributions of \$25.00 or less                                                                                                                                                                                                    |        |             |    |
| Note: Report the number of contributors and the total value of contributions fiscal period, from any unincorporated organization or association, of                                                                                     |        | Commen      |    |
| Number of Contributors                                                                                                                                                                                                                  |        |             |    |
| Total Amount of all Category (C) Contributions                                                                                                                                                                                          |        |             | 82 |
|                                                                                                                                                                                                                                         |        | _           |    |
| Total Number of Contributors                                                                                                                                                                                                            | _ ·    | 0           | 2  |
| Total Contributions                                                                                                                                                                                                                     |        |             |    |
| (Sum of Categories (A), (B) and (C))                                                                                                                                                                                                    |        |             |    |

## Schedule: 5. Any Other Persons or Groups of Persons

## (A) Contributions in excess of \$250.00

Note: List below, all contributions where during the fiscal period the aggregate value of contributions exceeded \$250.00.

Enter Totals on Part 1(a) Summary of Contributions Line 5.

| Name of Contributor                                                                                                                                           | Amount               |                   |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|---------------|
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      | $\dashv$          |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
|                                                                                                                                                               |                      |                   |               |
| st additional contributors on separate sheet provided and affix to this Return.                                                                               |                      |                   |               |
| ist Attached Number of Pages                                                                                                                                  |                      |                   |               |
| Yes or No                                                                                                                                                     |                      |                   |               |
| Number of Contributors                                                                                                                                        |                      | 0                 | -             |
| Total Amount of all Category (A) Contributions                                                                                                                |                      |                   | <del>-D</del> |
|                                                                                                                                                               |                      |                   |               |
| B) Contributions of \$250.00 or less but more than \$25.00                                                                                                    |                      | •                 |               |
| lote: Report the number of contributors and the total value of contributions receiv                                                                           | ed during the fiscal |                   |               |
| period, from any other person or group of persons, of \$250.00 or less but m                                                                                  |                      |                   |               |
| Number of Contributors                                                                                                                                        |                      | de                |               |
| Total Amount of all Category (B) Contributions                                                                                                                |                      |                   |               |
| iotal / imodific of all category (2) continuations                                                                                                            |                      | _                 |               |
| 0) 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                      |                      | •                 |               |
| C) Contributions of \$25.00 or less                                                                                                                           | I I I I Al a Marat   |                   |               |
| lote: Report the number of contributors and the total value of contributions receiv<br>period, from any other person or group of persons, of \$25.00 or less. | ed during the fiscal | (                 |               |
| Number of Contributors                                                                                                                                        |                      | -6                |               |
|                                                                                                                                                               |                      |                   | £)            |
| Total Amount of all Category (C) Contributions                                                                                                                |                      | _                 |               |
|                                                                                                                                                               | . <u></u>            | - <del>()</del> - |               |
| Total Number of Contributors                                                                                                                                  |                      |                   | 1             |
|                                                                                                                                                               |                      |                   |               |
| Total Contributions                                                                                                                                           |                      | _                 |               |

#### Part I

#### Contributions

(c) Proceeds from Other Sources - Summary

Set out below the aggregate value of net proceeds received by the registered political party during the fiscal period from the sources as indicated.

|    | Source                                                                                                    | Amount |
|----|-----------------------------------------------------------------------------------------------------------|--------|
| 1. | Sales of tickets to or monies paid to each dinner, rally, public meeting and other fund-raising function. | 0      |
| 2. | Collections made at events mentioned in item 1 above or other events.                                     | 0      |
| 3. | Sales of pins, buttons, flags, emblems, hats, banners, literature and other materials.                    | E      |
|    | Total                                                                                                     | 0      |

Enter Total on Schedule: 5. Any Other Persons or Groups of Persons of Part 1(b) Detail of Contributions

#### Part I

#### Other Revenue

#### (a) Income from Other Sources

Set out below the total value of income received by the registered political party during the fiscal period from the sources as indicated.

| Source                                     | Amount  |
|--------------------------------------------|---------|
| Election Expenses/Auditor Reimbursement(s) | <u></u> |
| 2. Candidates' Excess Contributions        | 0       |
| 3. Interest/Investment Income              | 0-      |
| 4. Other (Provide Details)                 | 0       |
| Total                                      | 0       |

## (b) Cash on Hand

Set out the amount of money, securities or the equivalent of money that the registered political party has on hand at the end of the fiscal period. #2,139.04

Balones in account it Sherwood Predit Union

#### Part II

## **Expenditures**

## (a) Operating Expenditures

Set out below the total operating expenses of the registered political party during the fiscal period.

Note: Omit election expenses incurred which related to an election held during the fiscal period.

|     | Operating Expenses                                    | Amount   |
|-----|-------------------------------------------------------|----------|
| 1.  | Salaries, Wages and Employee Benefits                 | 0        |
| 2.  | Travelling Expenses                                   | 0        |
| 3.  | Conventions and Meetings                              | 136.94   |
| 4.  | Rental (Premises, Equipment and Utilities)            |          |
| 5.  | Advertising (Particulars to be set out in Part II(b)) | 0        |
| 6.  | Printing, Stationery and Supplies                     | 1,109.92 |
| 7.  | Postage                                               | 610.88   |
| 8.  | Legal and Audit Fees                                  |          |
| 9.  | Interest                                              | 77.25    |
| 10. | Taxes (Property)                                      | 0        |
| 11. | Other (Provide Details) Telaphone/website.            | 307,32   |
|     | Total                                                 | 2,242.33 |

#### Part II

## **Expenditures**

## (b) Advertising Expenditures

Set out below the particulars of expenditures on advertising of the registered political party during the fiscal period.

**Note:** Subsection 243(4) limits the amount of money a registered party can spend during a fiscal period on advertising. This limit does not apply to election expenses which may be lawfully incurred by a registered political party.

| Name of Broadcaster or Publisher | Date of Advertisement | Amount                                |
|----------------------------------|-----------------------|---------------------------------------|
| NUNE                             |                       | 0                                     |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       | ····-                                 |
|                                  |                       |                                       |
|                                  |                       | · · · · · · · · · · · · · · · · · · · |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  |                       |                                       |
|                                  | Total                 | 0                                     |

## Part II

## **Expenditures**

## (c) All Other Expenditures

Set out below any transfer of monies or other expenses incurred by the registered political party during the fiscal period.

|    | Other Expenditures                                   | Amount   |
|----|------------------------------------------------------|----------|
| 1. | Transfer to Provincial Constituencies and Candidates | 4,900.40 |
| 2. | Transfer to Federal Electoral Districts              | 0        |
| 3. | Transfer to Registered Party - Fren Party of Canada  | 150.00   |
| 4. |                                                      |          |
| 5. |                                                      |          |
| 6. |                                                      |          |
| 7. |                                                      |          |
| 8. |                                                      |          |
| 9. |                                                      |          |
|    | Total                                                | 5,050.40 |



E-522

The Election Act, 1996 Section 250

## Declaration of a Chief Official Agent of a Registered Political Party

| I, JOHN W.                                                                                                             | WARNOCK            |               | _ of      |                   | , . <u> </u>            |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
|------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-----------|-------------------|-------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Chief Official Agent of                                                                                                | 6 REEN             | PARTY         | 0F        | SASKATO           | HEWA N                  | /<br>, a registe | red political pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ırty     |
| solemnly declare that I ha<br>transmitted to the Chief El<br>and that, to the best of my                               | ectoral Officer an | nd now showr  | n to me   | by the officer    | before whom             | n this decla     | aration is made                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | )<br>),  |
| and I further solemnly dec<br>has been paid, advanced,<br>other person for the purpo<br>promoting its aims;            | given or deposite  | ed by anyone  | to me     | or, to the bes    | t of my knowle          | edge and l       | belief, to any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |
| and I further solemnly dec<br>and belief, no person, club<br>payment or incurred any li<br>registered political party; | o, society, compar | ny or associa | tion ha   | s, on behalf o    | f the registere         | ed political     | party, made ai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ge<br>ny |
| and I make this solemn de<br>and effect as if made unde                                                                |                    |               |           |                   |                         | at it is of th   | e same force                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |
|                                                                                                                        |                    |               |           | Signature of Chie | W. Wa<br>Official Agent | mode             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |
| Signed and declared befor                                                                                              | re me by the abov  | ve-named Ch   | nief Offi | cial Agent at     | Regina                  | <u> </u>         | in 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the      |
| Province of Saskatchewan                                                                                               | , on the <u>30</u> | day of        | 40        | ril_              |                         |                  | 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _ •      |
|                                                                                                                        |                    |               | 1         | Person Authorized | I to Administer Oat     | ths/in Saskato   | Dewan Control | í        |