Canadia Media					<u>PER PUBLI</u> ATION REP		<u>NS</u>	FORM X MANDATORY
Audit			e: 416-923-356	37 or 1-877	-305-2262	Email: Website:	audit@newsmediacanada.ca www.circulationaudit.ca	
General Information								
Report Type: 06-Mont 6-Mont 6-Mont	h Interim 🤇)3-Month Applied)3-Month Interim	Поре	orting perio	d - Report covers:		(mm/yyyy)	(mm/yyyy)
Name of publication								
Address								
Publisher						_ Email		
Circ Manager			Phone			Email		
Frequency of publication			F	Publication	day	-	# issues in reporting perio	d
1. Basic Subscription Single copy price	n Prices (I	Do not includ	e GST)					
Within Trading Area		1 year		6 mor			1 month	
Within Canada Outside Canada		1 year 1 year	_		nths nths	-	1 month 1 month	_
			_	0 110	1015	_		
2. Circulation: (chec Type:	Paid	appiy)	olled					
Distribution Methods:	Mail Carriers	Deale			et Boxes our Boxes	Other		
3. Distribution Areas								
Using Form X.3 or equivaler	nt, select an	issue during the re	eporting period	that is repr	esentative of your	average c	irculation and list the towns, cit	ies,
rural routes, etc., that receiv	e 25 or more	copies, and the N	NET number of	copies dist	ributed to each pla	ace. Also	list the number distributed with	in the
town or city of publication.		Issue selecte	d:	dd/yyyy				
4. Geographic Break	down							
For the same issue in #3, lis		umber of copies in	each category	requested	. The sum of thes	se figures s	hould equal the entry in	
column Q (Total Circulation), for that iss	ue.Total circulati	on as shown i	n column	Q =			
		publication					excluding community of publica	ation
within the p outside Car		outside the trading	g area		outside the p	rovince of	publication, but inside Canada Total	
	laua				Electionic		TOLAT	-
5. Returns and Speci	al Campa	i gns (attach a s	eparate sheet if	necessary	()			
Were returns counted and d	educted so t	hat only net circula	ation is shown?				E and M will apply elected in #3 (controlled circul	ation)
Did you offer any premiums	with subscrip	otion?		() No	🔿 Yes - List pre	emiums:		
Did you offer any reduced ra	ites?			() No	🔿 Yes - List rat	es:		
Did you offer any other incer	ntives?			() No) Yes - List inc	entives:		
Did you operate any subscri	ption campai	gns?		() No	🔿 Yes - List rat	es:		
Did your publication day(s) c	hange since	your last report?		⊖ No	🔿 Yes - List cha	anges:		
Were there any publishing d	ays when no	issue was publisł	ned?	⊖ No) Yes - List dat	tes:		
Were there any publishing d distribution (10% difference f circ., 5% difference for pape	from normal	circ. for papers wi) No	O Yes - List dat	tes and sul	omit form Z.1 for each issue	

Publisher's Circulation Report

6. Distribution Summary		Paid Circulation								
First Quarter (first three months of six-month reporting period)	B. Mail	C. Carriers	D. Dealers	E. Third Party Bulk Sales	F. Counter & Street Box Sales	G. Other Paid	H. Electronic	I. Total Paid Circulation (B to H)		
A. Date of issue (mm/dd/yyyy) # Pages										
1										
2										
3								ļ		
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
First-Quarter Totals (total of lines 1-13)										
Net Averages (First-Quarter Totals / # of issues)										
Second Quarter (Last three months of six-month rep	porting period	(b								
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
Second-Quarter Totals (total of lines 14-26)										
Net Averages (Second-Quarter Totals / # of issues)								<u> </u>		
First-Quarter Results Totals										
Second-Quarter Results /Totals										
Six-Month Results Totals (sum of 1st & 2nd Quarter results)										
Six-Month Average Circulation (six-month totals / # issues in six- month period)										
	I							/		

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Canadian Media Circulation Audit

Phone: 416-923-3567 or toll-free 1-877-305-2262 E-mail: audit@newsmediacanada.ca Website: www.circulationaudit.ca

			Contr	olled Circul	ation				Ex	tra Distribut	ion	P	ress Run
	J. Mail	K. Carriers	L. Dealers & Distributors	M. Counter & Street Box	N. Other Controlled	O. Electronic	P. Total Controlled Circulation (J to O)	Q. Total Circulation (I+P)	R. Service & Sample Copies	S. Total	T. Subscription Drives		U. Press Run
1													
2												_	
3													
4												-	
5												-	
6												-	
7												-	
8												-	
9												-	
10												-	
11												-	
12												_	
13												_	
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14													
14 15												_	
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21 22								 				_	
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23 24												_	
25 26												_	
26													
_												_	
												-	

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7. Publisher's Statement

We certify that all statements and data set forth in these documents are true and correct and in accordance with the Rules and Regulations of Canadian Media Circulation Audit, to the best of our knowledge. We certify that cash subscriptions have been received for all paid circulation claimed, and that our circulation records are maintained in an accounting system approved by the CMCA program.

system approved by the CMCA program.							
Circulation Manager's Signature	Publisher's Signature		Dat	e			
3. Audit Checklist							
Member: Include supporting documentation for the en	tire audit period. Auditor: Check-mark	boxes wher	e documentation has been used to ver	rify the figures claimed in each			
column of #6 - Distribution Summary. Record your con	nments and findings below. In addition to	o the informa	ation on this form, verify any issues no	t included but reported on form Z.1.			
PAID CIRCULATION							
Column B - Mailed (subscriptions)			Column L - Dealers and Distributo	ors			
Publisher's Statement of Mailing or Statement	of Mailing with Canada Post		a) List of dealers/distributors, with ph	one numbers.			
signature showing copies mailed and cash rec	eipt for each issue		b) List of net totals (Number of copie	s given to each per issue			
published for six months.			less returns - See form G)				
Supply current subscriber list. Proof of payment	nt may be requested by the Auditor.		Column M - Street Boxes and Cou	inter Pick-ups			
Column C - Carriers			a) List of net total street box pick-ups	(Number of copies given to			
a) Draws, returns and net distribution for each	carrier		each per issue less returns - See form G)				
b) Carrier Payroll: Total dollars divided by cos	st (cents per paper)		b) List of net total counter pick-ups (g	pross deposited on counter, less			
= number of papers delivered			those not picked up = counter circula	tion - See form G)			
Column D - Dealers			Column N - Other				
Dealer invoices showing gross, returns, net ar	nd dollars collected.		Only one copy per individual/compar	ny may be claimed. To			
Supply list of dealers showing number of copie	es sold and contact information.		qualify as controlled circulation, docu	mentation may include a list			
Column E - Third Party Bulk Sales			showing name, address, phone num	bers, for each			
Letter stating bulk sales distribution. Must be	signed and dated by publisher.		Publication Employees	Agents			
Newspapers in Education copies or Sponsore	d copies should be reported here.		Correspondents/Reporters	Advertisers			
			Columnists/Editors	(tearsheets)			
Column F - Counter and Street Box Sales			Column O - Electronic				
Number of copies sold per issue and the net d	lollars collected.		Submit a list of subscribers, contact i	nformation and e-mail addresses.			
			Hard copies of written or e-mailed re	quests must be supplied to the auditor.			
Column G - Other			Column P - Total Controlled Circu	lation			
These include subscriptions picked up from th	e newspaper office and/or		Sum of columns J through O.				
copies delivered by a third-party company.			Column Q - Total Circulation				
			The sum of columns I and P (Total P	aid + Total Controlled Circulation).			
Column H - Electronic		EXTRA	ADISTRIBUTION				
Only exact digital replica editions of the print e	dition may be claimed here.		Column R - Service and Sample C	opies			
Documentation must include a list of subscribe	ers, contact information,		Submit a list containing the name of	each individual/company			
and e-mail addresses. Proof of payment may	be requested by the Auditor.		claimed in this column.				
			Sample promotion	Office			
Column I - Total Paid Circulation			Prospecting	File (maximum 50)			
Sum of columns B through H.			"Welcome Wagon"	Complimentary			
ONTROLLED CIRCULATION			Other (explain)				
Column J - Mailed			Column S - Total Distribution				
Publisher's Statement of Mailing or Statement	of Mailing with Canada Post		Sum of columns Q and R.				
signature showing copies mailed.			Column T - Subscription Drives				
Column K - Carriers			List total. These copies are not include	ded in the total distribution.			
 a) List of supervisors and/or carriers, with pho 	ne numbers, plus	PRESS	S RUN				
gross papers given to them to distribute weekl	у.		Column U - Total Net Press Run				
b) List of net totals (Number of copies given to	each issue less		Printer's invoices showing number of	copies charged, OR if you print			
returns - See form G)			your own publication, submit signed				
uditor's Comments/Findings:			J				

9. Canadian Media Circulation Audit Auditor's Statement and Verification

I have examined the circulation report of _______ for the reporting period from ______

______. In my opinion, the report presents fairly the circulation of this newspaper. My examination included a general review of the circulation procedures and such tests of circulation records and other supporting evidence as checked above, which I considered necessary in the circumstances.

Auditor's Signature

Date

_ to