



Use this form to record circulation figures for issues with extraordinary distribution. Do not include this issue in the Distribution Summary on Form X. A maximum of TEN omitted issues may be reported within a 12-month period.

Newspaper \_\_\_\_\_

For the Issue of \_\_\_\_\_ Number of Pages \_\_\_\_\_

**Explanatory Notes**

Reason for extraordinary distribution: \_\_\_\_\_

Total number of copies circulated for last issue with normal distribution <small>(Enter amount from line 19 of previous Form Z)</small>	_____	A
Total number of copies circulated for this issue <small>(Enter amount from line Z26)</small>	_____	B
Difference between circulation of issue with normal distribution and this issue <small>(Line A minus line B)</small>	_____	C
Percentage over or under last issue with normal distribution <small>([Line C ÷ Line A] x 100)</small>	_____	D

Number of issues with extraordinary distribution to date (including those from your last report; maximum 10 per 12-month period): \_\_\_\_\_

**Mail Subscriptions Counter & Street Box Sales**

Opening Count _____ Z1	Counter Sales _____ Z5
Plus New _____ Z2	Street Box Sales _____ Z6
Minus Cancellations _____ Z3	
Total Mail Subscriptions <small>(Sum of lines Z1 to Z3)</small> <input type="text"/> Z4	Total Counter & Street Box Sales <small>(Sum of lines Z5 and Z6)</small> <input type="text"/> Z7

**Paid Circulation Controlled Circulation Total Distribution**

Total Mail Subscriptions <small>(Enter amount from line Z4)</small> _____ Z8	By Mail _____ Z16	Total Paid <small>(Enter amount on line Z15)</small> _____ Z24
Carriers _____ Z9	Carriers _____ Z17	Total Controlled <small>(Enter amount on line Z23)</small> _____ Z25
Dealers _____ Z10	Dealers & Distributors _____ Z18	Total Circulation <small>(Sum of lines Z24 and Z25)</small> <input type="text"/> Z26
Third Party Bulk Sales Counter & Street Box Sales <small>(Enter amount from line Z7)</small> _____ Z12	Street Boxes _____ Z19	Service / Sample Copies _____ Z27
Other Paid _____ Z13	Counter Pickups _____ Z20	Total Distribution <small>(Sum of lines Z26 and Z27)</small> <input type="text"/> Z28
Electronic _____ Z14	Other Controlled _____ Z21	Subscription Drives <input type="text"/> Z29
Electronic _____ Z14	Electronic _____ Z22	
Total Paid <small>(Sum of lines Z8 to Z14)</small> <input type="text"/> Z15	Total Controlled <small>(Sum of lines Z16 to Z22)</small> <input type="text"/> Z23	

**Geographic Breakdown**

List the NET number of copies in each category requested. The sum of these figures should equal the amount on line Z26.

Enter amount from line Z26 <input type="text"/> Z30	Within the community of publication _____ Z31
	Within the trading area, excluding community of publication _____ Z32
	Within the province, but outside the trading area _____ Z33
	Outside the province of publication, but inside Canada _____ Z34
	Outside Canada _____ Z35
	Electronic _____ Z36
	Total net number of copies <small>(Sum of lines Z31 to Z36)</small> <input type="text"/> Z37

