4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT **LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

PLEASE PRINT IN BLOCK LETTERS	_	Amendment #
CANDIDATES FULL NAME CHAO RYAN ELITA	5 <i>0</i> 00	GENERAL VOTING DAY (YYYYIMM/DD) 2014 / 11 / 15
BALLOT NAME (IF DIFFERENT FROM ABOVE)		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) Council
MAILING ADDRESS 230 SHUSWAP ST SE		PHONE NO. 250-804-9874
SALMON ARM	POSTAL CODE VIE 4H7	email (IF AVAILABLE) Chade liason @g Mail. com
JURISDICTION SALMON ARM		
ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPI	LICABLE)	
BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)		
FINANCIAL AGENT'S LAST NAME SAME 45 A19	sov6	MIDDLE NAME
FINANCIAL AGENT'S MAILING ADDRESS		PHONE NO.
CITY / TOWN	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) If the	re were previous financ	dial agents, complete form 4236.
Tick if candidate was registered as a third party sponsor	Tick if candidate	acted as a campaign organizer
This disclosure statement includes the following forms:		
Declarations and Campaign Accounts - Form 4221		ary of Election Expenses - Form 4229
Statement of Income and Expenses – Form 4222		n to Elector Organization - Form 4230
Summary of Campaign Contributions by Class - Form 4223		er Permissible Payments - Form 4231
Significant Contributors (\$100 or more) - Form 4224	,	Shared Election Expense Form 4232
Prohibited Campaign Contributions Form 4225		
Transfers Received from Elector Organization - Form 4226		ement of Surplus Funds - Form 4234
Other Permissible Deposits - Form 4227		ertising from Jurisdiction - Form 4235
Fundraising Function Ticket Sales - Form 4228	P	revious Financial Agents - Form 4236

This form is available for public inspection.
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This information is collected to administer the Local Elections Campaign Financing Act.

Questions? Contact: Privacy Officer, Elections BC
1-809-661-8683 PO Box 9276 Stn Prov Govt, Victoria BC V8W 9J6

4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE CHAO ELIAGON	
Declaration:	
I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and acc required under the Local Elections Campaign Financing Act (LECFA).	urately discloses the information
SIGNATURE OF CANDIDATE	DATE: (YYYY/MM/DD)
	2014/11/30
PRINTED NAME OF CANDIDATE CHAD ELIASON	
SIGNATURE OF FINANCIAL AGENT	DATE: (YYYY/MM/DD)
Cl-	2014/11/20
PRINTED NAME OF FINANCIAL AGENT Chad Blizz	23.17.17.50
Campaign accounts: NAME OF SAVINGS INSTITUTION SALMON ARM GAVINGS & CREDIT ADDRESS 370 LAKE SHORE ORIVE GAVING	UNFON
370 LAKE SHORE ORIVE GALMON	HRM BC
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
ADDRESS	
NAME OF SAVINGS INSTITUTION	
AODRESS	

4222 - STATEMENT OF INCOME AND EXPENSES LOCAL ELECTIONS CANDIDATE



E OF CANDIDATE	CHAD EL.	IMEON		
Total value of c	ampaign contributions	from all sources (from b	oox C on form 4223)	1172.31
Trans	fers received from elec	ctor organization (from b	ox A on form 4226)	
	Total other perm	nissible deposits (from b	ox A on form 4227)	
Transfers from candidate	te's own accounts in ot	her jurisdictions (from b	ox A on form 4233)	
		Total Income (su	ım of above boxes)	1172.31
	Ete	ection expenses (from b	ox A on form 4229)	1172.31
	Transfers to elec	tor organization (from bo	ox A on form 4230)	
	Total other permis	sible payments (from bo	ox A on form 4231)	
Transfers to candidate	e's own accounts in oth	ner jurisdictions (from bo	ox B on form 4233)	
	Amount of surplus for	unds disbursed (from bo	ox A on form 4234)	0
	•	Total Expenditures (su	m of above boxes)	1/72.31

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	
CHAD ELIASON	:
	All Contributions
Individuals	672.31
Corporations	500.00
Unincorporated Business/Commercial Organizations	
Trade Unions	
Non-profit Organizations	
Other Identifiable Contributors	
Total	s 1/72.3/ A
Anonymous contributions	\$ B
Total contributions (A + B)	\$ //72.3/ c
Total significant contributions (must equal box A on all forms 4224)	\$ 1172.31
Total contributions of less than \$100	\$ 0
Number of contributors who gave less than \$100	# 🔾
Number of anonymous contributors	# 0.

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE	CHAD ELIASON			OF
DATE OF CONTRIBUTION (YYYY/MM/DD)	FULL NAME OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6, include full names of two directors)	ADDRESS OF CONTRIBUTOR (For class 2, 3, 4, 5 & 6 only)	CLASS*	VALUE OF CONTRIBUTION
2014/10/10	WINSTON PAIN		1	200.00
	934970 GORD ERICKSON BE LTD BOB STUBBINS	BRIVE, DW SHUWWALMBC	2	500.00
			1	200.00
2014/42/	Leigh Machenzie Chad Etiason.		/	272.31
<i></i>			-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•			
				-
	•	·		
F NEEDED, ATTACH AL CLASS OF CONTRIBUTED INDIVIDUAL, 2 - CA A - TRADE UNION, 5 -	DDITIONAL FORMS ITOR: ORPORATION, 3 — UNINCORPORATED BUSINESS/CO NON-PROFIT ORGANIZATION, 6 — OTHER IDENTIFIA	MMERCIAL ORGANIZATION CONTRIBUTION	TOTAL JTIONS	1172.31

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4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS **LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE	CHAD ELIAS	sas i			PAGE OF
INSTRUCTIONS: Complete one s Attach additiona	heet for each prohibi al forms if necessary			/	
RECEIVED FROM INDIVIDUAL ORGANIZATION	DATE RECEIVED (YYYY/MM/DD)	\$ VALUE	DATE RETURNED (YYYYN M/DD)	OR	DATE REMITTED TO ELECTIONS BC (YYYY/MM/DD)
□ ANONYMOUS					
DESCRIPTION OF HOW THE PROHIBITED CO	ONTRIBUTION WAS RECEIVE	N/A			
Complete this field if the prohibit	ed campaign contrib	ution was receive	d from an individual	i:	
NAME OF INDIVIDUAL					
Complete these fields if the proh	ibited campaign conf	tribution was rece	/ ived from an organi	zation:	
NAME OF ORGANIZATION		/			CLASS*
MAILING ADDRESS		/			
NAME OF DIRECTOR		NAME OF DIRE	CTOR		-

*CLASSES OF CONTRIBUTORS:
1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,
4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 8 - OTHER

4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	NAME OF CANDIDATE CHAO ELIASON				
DATE OF TRANSFER (YYYY/MM/DO)	BALLOT NAME OF ELECTOR ORGANIZATION	DESCRIPTION (IF NON-MONETARY)	VALUE OF TRANSFER		
2014/10/11	N/A		Ø		
<i>yy</i>	/				
			·		
		. *			
		·			
	·				
The state of the s					
Also include legal name if d	ifferent than ballot name.	TOTAL	A		

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4227 - OTHER PERMISSIBLE DEPOSITS TO CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	NAME OF CANDIDATE CHAD ELIASON			PAGE
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION		AMOUNT
		K/A		
			,	
-				
		`\		
			····	
All Control of the Co	-			
			<u>,,,,</u>	
TYPE: I – Interest			TOTAL	A
D – Dividends of shares p S – Surplus funds from pr F – Fundralsing income no O – Other (describe)	vaid by credit Un revious election a ot reported as a	on etumed by jurisdiction campaign contribution		

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4228 - FUNDRAISING FUNCTION TICKET SALES

LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE	ELIAGO	٧٠		PAGE OF
DATE OF EVENT (YYYY/MM/DD) DESCRIPTION	ON OF FUNDRAISING EV	/ENT		
Income reported as campaign contribution	ons	p/1	4	Tick if Charge per
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies
Purchases by organizations				
Purchases by Individuals of more than \$250 worth of tickets				
Purchases by individuals of tickets that are more than \$50 each			<u> </u>	
Total	income reported a	s campaign contribution	s	
Remember to report all campaign contrik and if applicable, on form 4224 - Significa	outions on form 4 ant Contributors (\$23 - Summary of Cam \$(00 or more).	paign Contribution	ns by Class,
Other income not reported as campaign	contributions			Tick if Charge per
	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Ticket Varies
Purchases by individuals of tickets of \$50 or less				
		·	\	

4229 - SUMMARY OF ELECTION EXPENSES LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE CHAO ELTASON		
ADVERTISING	Column A Election Expenses	Column B Election Proceedings Period Expenses
Brochures, pamphlets and flyers	362.40	
Internet		
Newspaper, magazine, journal		
Radio		
Signs and biliboards	809.91	
Television		
Other advertising		
CAMPAIGN ADMINISTRATION		
Salaries and wages	<u> </u>	
Rent, insurance and utilities	-	
Courier and postage		
Furniture and equipment		
Office supplies		
Professional services		
Other campaign administration expenses	_	
Conventions and meetings		
Other campaign related functions		
Research and polling		
Interest		
'EXCLUSIONS THAT MUST BE REPORTED		
Personal election expenses	6	
Interest on loans for election expenses		
Legal and accounting services		
Financial agent services		
Other expenses (describe)		
Total Expenses Column A - Report the value of ell election expenses for goods and services used in the campaign per The campaign period is from January 1, 2014 to November 15, 2014.		В
Column B - Report the value of all election expenses for goods and services used in the election proc The election proceedings period is from September 30, 2014 to November 15, 2014.	eedings period.	

4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	CHAO EL	IASON		PAGE OF
DATE OF TRANSFER (YYYY/MM/DD)	BALLOT NAME OF ELECTOR ORGANIZATION*	DESCRIPTION (IF NON-MONETARY)	VAL	UE OF NSFER
(TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT				
		/	-	
		1/1/1		
1	/ /	W// *		
	/			
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Also include legal name if d	ferent than ballet name.	TOTAL	A	

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Questions? Confact: Privacy Officer, Elections BC
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4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT **LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE	NAME OF CANDIDATE CHAD ELFASON				PAGE	
DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	THUOMA			
		N/A.				- · · · · · · · · · · · · · · · · · · ·
-						
					_	
	·					
****		· · · · · · · · · · · · · · · · · · ·				
 						
FYPE: B – Bank fees E – Intended election ayou			А			

- F Payments made for fundreising purposes

 N Nomination deposit

 O Other (describe)

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4232 - SHARED ELECTION EXPENSE

LOCAL ELECTIONS CANDIDATE

SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE



NAME OF CANDIDATE CHAD ECTASON OF						
DESCRIPTION OF SHARED EXPENSE N/A						
Total value of shared election expense						
Candidate's portion of shared election expense*						
Amount paid directly to supplier (if applicable)						
Amount of reimbursements given to other candidate(s)						
Amount of reimbursements received from other candidates						
*Note: Remember to include your portion of the shared expense as an election expense on form 4229 Summary of Election Expenses. Full names of other candidates with whom the expense was shared:						
LAST NAME	FIRST NAME	MIDDLE NAME				
	/					
		· .				

4233 - TRANSFERS BETWEEN CANDIDATE'S OWN CAMPAIGN ACCOUNTS



LOCAL ELECTIONS CANDIDATE

	1/4. Chad Blirson	OF
sfers between candidate	e's own campaign accounts in same jurisdiction	
	PURPOSE	AMOUNT
sfers from candidate's o	own campaign accounts in other jurisdictions	<u></u>
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
(11171111171111711117111171111711117111171111		
· ·		
	TOTAL	A
	n campaign accounts in other jurisdictions	T
DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
		_
	\ TOTAL	В

4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Chad Elibron	
	Balance remaining in campaign account(s) after payment of all expenses	NA A
	Total amount of campaign contributions from candidate	В
Amount reimbursed to ca	andidate from campaign account for the candidate's contributions to their campaign	c
	Date of reimbursement to candidate (YYYY/MM/DD)	
	Amount of remaining surplus funds (after any reimbursement under box C)	D
If the amount in Box	D is \$500 or more, it must be paid to the jurisdiction in which the candidate ran for election. Provide the date of payment (YYYY/MM/DD).	
If the amount in Box I	D is less than \$500 provide details of how it was disbursed	·
DATE (YYYY/MM/DD)	DESCRIPTION	Типома

4235 - FREE ADVERTISING FROM JURISDICTION LOCAL ELECTIONS CANDIDATE



NAME OF CANDIDATE	Chad Eliaso	~				
Free advertising provided by jurisdiction						
DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD)	JURISDICTION	MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.)				
		*14				
Oct 15	SOLLMON ARM					
Oct 22	SULMON ARM					
Oct 21	SACURA ARM SUCMEN ARM	All Candidates Questions + Ansoneus				
NOU 5 NOU 12	SHUMON ARM	Solmon Arm Abrevian.				
7,00,10	Stropowie the	All Candidates Questions + Answers Salmon Arm Observer. - Black Press.				
		-				
	.	,				

4236 - PREVIOUS FINANCIAL AGENTS LOCAL ELECTIONS CANDIDATE

ELECTIONS An an on-partisan Office of the Legislature

			/
NAME OF CANDIDATE Chad	Eliken		
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			/
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MAPOLE NAME
FINANCIAL AGENT MAILING ADDRESS	/		PROVE NO.
СІТУ/ТОЖМ		POSTAL PODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENTS LAST NAME	FIRST NAME 4	<i></i>	MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS	/		PHONE NO.
CITY/TOWN	,	POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/OD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)			
FINANCIAL AGENT'S LAST NAME	FIRST NAME		MIDDLE NAME
FINANCIAL AGENT MAILING ADDRESS			PHONE NO.
CITY/TOWN		POSTAL CODE	EMAIL (IF AVAILABLE)
		·	