

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

Amendment # \_\_\_\_\_

|  |                               |   |
|--|-------------------------------|---|
| CANDIDATE'S FULL NAME<br><i>Jason Matthew Cadeau</i>       |                               | GENERAL VOTING DAY (YYYY/MM/DD)<br><i>2014-11-15</i>        |
| BALLOT NAME (IF DIFFERENT FROM ABOVE)<br><i>Jay Cadeau</i> |                               | OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.)<br><i>Councillor</i> |
| MAILING ADDRESS<br><i>340 1st Street SE</i>                |                               | PHONE NO.<br><i>250-804-3081</i>                            |
| CITY/TOWN<br><i>Salmon Arm, BC</i>                         | POSTAL CODE<br><i>V1E 1H5</i> | EMAIL (IF AVAILABLE)<br><i>fredhawk@shaw.ca</i>             |

JURISDICTION  
*City of Salmon Arm*

ELECTORAL AREA/LOCAL TRUST AREA/TRUSTEE ELECTORAL AREA (IF APPLICABLE)

BALLOT NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

LEGAL NAME OF ENDORSING ELECTOR ORGANIZATION (IF APPLICABLE)

|   |  |   |
|---|--|---|
| FINANCIAL AGENT'S LAST NAME<br><i>Cadeau</i>                  | FIRST NAME<br><i>Jason</i>                                   | MIDDLE NAME<br><i>Matthew</i>                   |
| FINANCIAL AGENT'S MAILING ADDRESS<br><i>340 1st Street SE</i> |  | PHONE NO.<br><i>250-804-3081</i>                |
| CITY/TOWN<br><i>SALMON ARM</i>                                | POSTAL CODE<br><i>V1E 1H5</i>                                | EMAIL (IF AVAILABLE)<br><i>fredhawk@shaw.ca</i> |
| EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD)                    | If there were previous financial 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 <input checked="" type="checkbox"/>           | Summary of Election Expenses – Form 4229 <input checked="" type="checkbox"/>               |
| Statement of Income and Expenses – Form 4222 <input checked="" type="checkbox"/>             | Transfers Given to Elector Organization – Form 4230 <input checked="" type="checkbox"/>    |
| Summary of Campaign Contributions by Class – Form 4223 <input checked="" type="checkbox"/>   | Other Permissible Payments – Form 4231 <input checked="" type="checkbox"/>                 |
| Significant Contributors (\$100 or more) – Form 4224 <input checked="" type="checkbox"/>     | Shared Election Expense – Form 4232 <input checked="" type="checkbox"/>                    |
| Prohibited Campaign Contributions – Form 4225 <input checked="" type="checkbox"/>            | Transfers Between Candidate's Own Accounts – Form 4233 <input checked="" type="checkbox"/> |
| Transfers Received from Elector Organization – Form 4226 <input checked="" type="checkbox"/> | Disbursement of Surplus Funds – Form 4234 <input checked="" type="checkbox"/>              |
| Other Permissible Deposits – Form 4227 <input checked="" type="checkbox"/>                   | Free Advertising from Jurisdiction – Form 4235 <input checked="" type="checkbox"/>         |
| Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>            | Previous Financial Agents – Form 4236 <input checked="" type="checkbox"/>                  |

# 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Jay Cadeau

### Declaration:

I, the undersigned, declare that to the best of my knowledge and belief, this disclosure statement completely and accurately discloses the information required under the *Local Elections Campaign Financing Act* (LECFA).

SIGNATURE OF CANDIDATE

*Jay Cadeau*

DATE: (YYYY/MM/DD)

2015/01/04

PRINTED NAME OF CANDIDATE

Jay Cadeau

SIGNATURE OF FINANCIAL AGENT

*Jay Cadeau*

DATE: (YYYY/MM/DD)

2015/01/04

PRINTED NAME OF FINANCIAL AGENT

Jay Cadeau

### Campaign accounts:

NAME OF SAVINGS INSTITUTION

Salmon Arm Savings + Credit Union

ADDRESS

370 Lakeshore Dr V1E 4P1

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

NAME OF SAVINGS INSTITUTION

ADDRESS

**4222 - STATEMENT OF INCOME AND EXPENSES**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Jay Cadeau

|  |                  |
|--|------------------|
| Total value of campaign contributions from all sources (from box C on form 4223)         | \$1696.17        |
| Transfers received from elector organization (from box A on form 4226)                   |                  |
| Total other permissible deposits (from box A on form 4227)                               | 60.00            |
| Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233) | <del>60.00</del> |
| <b>Total Income (sum of above boxes)</b>   | <b>1756.17 A</b> |
|  |                  |
| Election expenses (from box A on form 4229)  | 1791.72          |
| Transfers to elector organization (from box A on form 4230)                              |                  |
| Total other permissible payments (from box A on form 4231)                               |                  |
| Transfers to candidate's own accounts in other jurisdictions (from box B on form 4233)   |                  |
| Amount of surplus funds disbursed (from box A on form 4234)                              |                  |
| <b>Total Expenditures (sum of above boxes)</b>   | <b>1791.72 B</b> |

**4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE Jay Cadeau

|  |    | All Contributions |   |
|--|----|-------------------|---|
| Individuals                                      |    | 721.17            |   |
| Corporations                                     |    |                   |   |
| Unincorporated Business/Commercial Organizations |    |                   |   |
| Trade Unions                                     |    | 975.00            |   |
| Non-profit Organizations                         |    |                   |   |
| Other Identifiable Contributors                  |    |                   |   |
| Total  | \$ | 1696.17           | A |

Anonymous contributions \$ 0 B

Total contributions (A + B) \$ 1696.17 C

Total significant contributions (must equal box A on all forms 4224) \$ 1696.17

Total contributions of less than \$100 \$ 40.00 D

Number of contributors who gave less than \$100 # 1 E

Number of anonymous contributors # 0

**4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)**  
**LOCAL ELECTIONS CANDIDATE**



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PAGE 1  
 OF 1

NAME OF CANDIDATE Jay Cadeau

| 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 |
|-----------------------------------|--|--|--------|-----------------------|
| 2014-10-24                        | Duncan Walker  | [Redacted]   | 1      | 400.00                |
| 2014-10-17                        | Sandi Cadeau   | [Redacted]   | 1      | 321.17                |
| 2014-11-06                        | CUPE 1408  | 306 - 371 Hudson Ave<br>Salmon Arm BC V1E 4R1          | 4      | 975.00                |
|                                   |  |  |        |                       |
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IF NEEDED, ATTACH ADDITIONAL FORMS  
 \* CLASS OF CONTRIBUTOR:  
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION  
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER IDENTIFIABLE CONTRIBUTOR

TOTAL CONTRIBUTIONS A 1696.17

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



PLEASE PRINT IN BLOCK LETTERS

|  |  |
|--|--|
| NAME OF CANDIDATE<br><div style="font-size: 2em; font-family: cursive; margin-left: 100px;">Jay Cadeau</div> | PAGE <input style="width: 30px;" type="text"/><br>OF <input style="width: 30px;" type="text"/> |
|--|--|

**INSTRUCTIONS:** Complete one sheet for each prohibited campaign contribution received.  
 Attach additional forms if necessary.

| RECEIVED FROM   | DATE RECEIVED<br>(YYYY/MM/DD) | \$ VALUE | DATE RETURNED<br>(YYYY/MM/DD) | OR | DATE REMITTED TO<br>ELECTIONS BC<br>(YYYY/MM/DD) |
|---|-------------------------------|----------|-------------------------------|----|--|
| <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION<br><input type="checkbox"/> ANONYMOUS |                               |          |                               |    |  |

DESCRIPTION OF HOW THE PROHIBITED CONTRIBUTION WAS RECEIVED

**Complete this field if the prohibited campaign contribution was received from an individual:**

NAME OF INDIVIDUAL

**Complete these fields if the prohibited campaign contribution was received from an organization:**

|                      |                  |
|----------------------|------------------|
| NAME OF ORGANIZATION | CLASS*           |
| MAILING ADDRESS      |                  |
| NAME OF DIRECTOR     | NAME OF DIRECTOR |

\* CLASSES OF CONTRIBUTORS:  
 1 - INDIVIDUAL, 2 - CORPORATION, 3 - UNINCORPORATED BUSINESS/COMMERCIAL ORGANIZATION,  
 4 - TRADE UNION, 5 - NON-PROFIT ORGANIZATION, 6 - OTHER

**4226 - TRANSFERS RECEIVED  
FROM ELECTOR ORGANIZATION  
LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

|                   |      |  |
|-------------------|------|--|
| NAME OF CANDIDATE | PAGE | <input style="width: 90%;" type="text"/> |
|                   | OF   | <input style="width: 90%;" type="text"/> |

| DATE OF TRANSFER<br>(YYYY/MM/DD) | BALLOT NAME OF ELECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETARY) | VALUE OF TRANSFER |
|----------------------------------|--------------------------------------|-------------------------------|-------------------|
|                                  |                                      |                               |                   |
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| <b>TOTAL</b>                     |                                      |                               | <b>A</b>          |

\*Also include legal name if different than ballot name.





# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS

SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



|                            |                                  |  |
|----------------------------|----------------------------------|--|
| NAME OF CANDIDATE          |                                  | PAGE <input style="width: 40px;" type="text"/> |
|                            |                                  | OF <input style="width: 40px;" type="text"/>   |
| DATE OF EVENT (YYYY/MM/DD) | DESCRIPTION OF FUNDRAISING EVENT |  |

  

**Income reported as campaign contributions**

|   | Number of<br>Tickets Sold                 | Charge<br>per Ticket                      | Total Charges<br>Collected                | Tick if<br>Charge per<br>Ticket<br>Varies     |
|---|---|---|---|---|
| Purchases by organizations  | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |
| Purchases by individuals of more than<br>\$250 worth of tickets     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |
| Purchases by individuals of tickets<br>that are more than \$50 each | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |
| Total income reported as campaign contributions                     | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |

  

Remember to report all campaign contributions on form 4223 - Summary of Campaign Contributions by Class, and if applicable, on form 4224 - Significant Contributors (\$100 or more).

**Other income not reported as campaign contributions**

|  | Number of<br>Tickets Sold                 | Charge<br>per Ticket                      | Total Charges<br>Collected                | Tick if<br>Charge per<br>Ticket<br>Varies     |
|--|---|---|---|---|
| Purchases by individuals of<br>tickets of \$50 or less | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="checkbox"/> |

**4229 - SUMMARY OF ELECTION EXPENSES**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

Jay Cadeau

Column A

Column B

Election Expenses

Election Proceedings Period Expenses

**ADVERTISING**

Brochures, pamphlets and flyers  
 Internet  
 Newspaper, magazine, journal  
 Radio  
 Signs and billboards  
 Television  
 Other advertising

|        |
|--------|
| 688.80 |
|        |
| 472.75 |
|        |
| 392.00 |
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**CAMPAIGN ADMINISTRATION**

Salaries and wages  
 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

|        |
|--------|
|        |
| 32.00  |
| 206.17 |
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**EXCLUSIONS THAT MUST BE REPORTED**

Banking  
 Personal election expenses  
 Interest on loans for election expenses  
 Legal and accounting services  
 Financial agent services

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Other expenses (describe)

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Total Expenses

|   |         |
|---|---------|
| A | 1791.72 |
|---|---------|

|   |  |
|---|--|
| B |  |
|---|--|

Column A - Report the value of all election expenses for goods and services used in the campaign period. The campaign period is from January 1, 2014 to November 15, 2014.

Column B - Report the value of all election expenses for goods and services used in the election proceedings period. The election proceedings period is from September 30, 2014 to November 15, 2014.

### 4230 - TRANSFERS GIVEN TO ELECTOR ORGANIZATION LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE \_\_\_\_\_

PAGE    
 OF

| DATE OF TRANSFER (YYYY/MM/DD) | BALLOT NAME OF ELECTOR ORGANIZATION* | DESCRIPTION (IF NON-MONETARY) | VALUE OF TRANSFER |
|-------------------------------|--------------------------------------|-------------------------------|-------------------|
|                               |                                      |                               |                   |
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| <b>TOTAL</b>                  |                                      |                               | <b>A</b>          |

\*Also include legal name if different than ballot name.

## 4231 - OTHER PERMISSIBLE PAYMENTS FROM CAMPAIGN ACCOUNT LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

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|--|--|
| NAME OF CANDIDATE                            | PAGE <input style="width: 20px;" type="text"/> |
| OF <input style="width: 20px;" type="text"/> |  |

| DATE<br>(YYYY/MM/DD) | TYPE* | DESCRIPTION | AMOUNT   |
|----------------------|-------|-------------|----------|
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| <b>TOTAL</b>         |       |             | <b>A</b> |

\*TYPE:  
 B - Bank fees  
 E - Intended election expense that was not used  
 F - Payments made for fundraising purposes  
 N - Nomination deposit  
 O - Other (describe)

# 4232 - SHARED ELECTION EXPENSE

## LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE

|      |                      |
|------|----------------------|
| PAGE | <input type="text"/> |
| OF   | <input type="text"/> |

DESCRIPTION OF SHARED EXPENSE

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 |
|-----------|------------|-------------|
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**4233 - TRANSFERS BETWEEN CANDIDATE'S  
OWN CAMPAIGN ACCOUNTS**  
**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

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|-------------------|--|
| NAME OF CANDIDATE | PAGE <input style="width: 40px;" type="text"/> |
|                   | OF <input style="width: 40px;" type="text"/>   |

**Transfers between candidate's own campaign accounts in same jurisdiction**

| PURPOSE | AMOUNT |
|---------|--------|
|         |        |
|         |        |
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|         |        |

**Transfers from candidate's own campaign accounts in other jurisdictions**

| DATE OF TRANSFER<br>(YYYY/MM/DD) | PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) | AMOUNT   |
|----------------------------------|--|----------|
|                                  |  |          |
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| <b>TOTAL</b>                     |  | <b>A</b> |

**Transfers to candidate's own campaign accounts in other jurisdictions**

| DATE OF TRANSFER<br>(YYYY/MM/DD) | PURPOSE (INCLUDE NAME OF OTHER JURISDICTION) | AMOUNT   |
|----------------------------------|--|----------|
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| <b>TOTAL</b>                     |  | <b>B</b> |

The amounts in boxes A and B must be carried forward to form 4222.

## 4234 - DISBURSEMENT OF SURPLUS FUNDS LOCAL ELECTIONS CANDIDATE



PLEASE PRINT IN BLOCK LETTERS

NAME OF CANDIDATE

|   |  |   |
|---|--|---|
| Balance remaining in campaign account(s) after payment of all expenses  |  | A |
| Total amount of campaign contributions from candidate   |  | B |
| Amount reimbursed to candidate 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 D is less than \$500 provide details of how it was disbursed.

| DATE<br>(YYYY/MM/DD) | DESCRIPTION | AMOUNT |
|----------------------|-------------|--------|
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**4235 - FREE ADVERTISING FROM JURISDICTION**  
**LOCAL ELECTIONS CANDIDATE**



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NAME OF CANDIDATE

**Free advertising provided by jurisdiction**

| DATE ADVERTISING WAS TRANSMITTED (YYYY/MM/DD) | JURISDICTION | MEANS OF TRANSMISSION (WEBSITE, FLYER, ETC.) |
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**4236 - PREVIOUS FINANCIAL AGENTS  
LOCAL ELECTIONS CANDIDATE**



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|  |  |             |                      |
|--|--|-------------|----------------------|
| NAME OF CANDIDATE                          |  |             |                      |
| 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) |
| 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) |
| 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) |
| 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) |