

**4220 - CAMPAIGN FINANCING DISCLOSURE STATEMENT**

**LOCAL ELECTIONS CANDIDATE**



PLEASE PRINT IN BLOCK LETTERS

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

CANDIDATE'S FULL NAME <b>MARGARET LOUISE SPINA</b>		GENERAL VOTING DAY (YYYY/MM/DD) <b>2014/11/14</b>
BALLOT NAME (IF DIFFERENT FROM ABOVE) <b>MARG SPINA</b>		OFFICE SOUGHT (MAYOR, COUNCILLOR ETC.) <b>COUNCILLOR</b>
MAILING ADDRESS <b>632 FRASER STREET</b>		PHONE NO. <b>250-372-0440</b>
CITY / TOWN <b>KAMLOOPS</b>	POSTAL CODE <b>V2C 1B42</b>	EMAIL (IF AVAILABLE) <b>m.spina@telus.net</b>
JURISDICTION <b>CITY OF KAMLOOPS</b>		
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 <b>SPINA</b>	FIRST NAME <b>ROSS</b>	MIDDLE NAME <b>CARMELO</b>
FINANCIAL AGENT'S MAILING ADDRESS <b>632 FRASER STREET</b>		PHONE NO. <b>250-372-0440</b>
CITY / TOWN <b>KAMLOOPS</b>	POSTAL CODE <b>V2C 1B42</b>	EMAIL (IF AVAILABLE) <b>ross.spina@gnai.bc.ca</b>
EFFECTIVE DATE OF APPOINTMENT (YYYY/MM/DD) <b>2014/10/06</b>	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 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 type="checkbox"/>                    |
| Prohibited Campaign Contributions – Form 4225 <input type="checkbox"/>                     | Transfers Between Candidate's Own Accounts – Form 4233 <input type="checkbox"/> |
| Transfers Received from Elector Organization – Form 4226 <input type="checkbox"/>          | Disbursement of Surplus Funds – Form 4234 <input type="checkbox"/>              |
| Other Permissible Deposits – Form 4227 <input type="checkbox"/>                            | Free Advertising from Jurisdiction – Form 4235 <input type="checkbox"/>         |
| Fundraising Function Ticket Sales – Form 4228 <input checked="" type="checkbox"/>          | Previous Financial Agents – Form 4236 <input type="checkbox"/>                  |

# 4221 - DECLARATIONS AND CAMPAIGN ACCOUNTS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE <p style="font-size: 1.2em; margin: 0;">MARGARET LOUISE SPINA</p>	
<b>Declaration:</b> 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 <i>Local Elections Campaign Financing Act (LECFA)</i> .	
SIGNATURE OF CANDIDATE 	DATE: (YYYY/MM/DD) <p style="font-size: 1.2em; margin: 0;">2015/01/13</p>
PRINTED NAME OF CANDIDATE <p style="font-size: 1.2em; margin: 0;">MARGARET SPINA</p>	
SIGNATURE OF FINANCIAL AGENT 	DATE: (YYYY/MM/DD) <p style="font-size: 1.2em; margin: 0;">2015/01/13</p>
PRINTED NAME OF FINANCIAL AGENT <p style="font-size: 1.2em; margin: 0;">ROSS C. SPINA</p>	
<b>Campaign accounts:</b>	
NAME OF SAVINGS INSTITUTION <p style="font-size: 1.2em; margin: 0;">TD CANADA TRUST</p>	
ADDRESS <p style="font-size: 1.2em; margin: 0;">500 NOTRE DAME DRIVE, KAMLOOPS, BC. V2C 6T6</p>	
NAME OF SAVINGS INSTITUTION  	
ADDRESS  	
NAME OF SAVINGS INSTITUTION  	
ADDRESS  	
NAME OF SAVINGS INSTITUTION  	
ADDRESS  	

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



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NAME OF CANDIDATE

MARGARET SPINA

Total value of campaign contributions from all sources (from box C on form 4223)

Transfers received from elector organization (from box A on form 4226)

Total other permissible deposits (from box A on form 4227)

Transfers from candidate's own accounts in other jurisdictions (from box A on form 4233)

**Total Income** (sum of above boxes)  **A**

Election expenses (from box A on form 4229)

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)

**Total Expenditures** (sum of above boxes)  **B**

4223 - SUMMARY OF CAMPAIGN CONTRIBUTIONS BY CLASS

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE

MARGARET SPINA

All Contributions

Individuals	\$6,989.64	
Corporations	\$3,700.00	
Unincorporated Business/Commercial Organizations	\$500.00	
Trade Unions		
Non-profit Organizations		
Other Identifiable Contributors		
Total	\$	A

Anonymous contributions \$ B

Total contributions (A + B) \$ 11,189.64 C

Total significant contributions (must equal box A on all forms 4224) \$ 7,854.64

Total contributions of less than \$100 \$ 3,335.00

Number of contributors who gave less than \$100 # 86

Number of anonymous contributors #

4224 - SIGNIFICANT CONTRIBUTORS (\$100 OR MORE)

LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE: **MARG SPINA (MARGARET)** PAGE: **1**  
OF: **1**

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
2014/09/22	MAYFAIR ROAD PROJECT INC. JEFFARNOLD + FRANK QUINN	1339 NEGILL ROAD #102 - 2647 HIGHLAND PLACE KATLOOBS, BC V2C 6K7	2	\$ 500.00
2014/10/02	MARGARET SPINA	[REDACTED]	1	\$ 2000.00
2014/10/14	JUNIPER WEST DEVELOPMENT DOUG MCKENZIE	#103 - 2049 HIGHLAND PLACE KATLOOBS, B.C V2E 0A8	2	\$ 1000.00
2014/10/15	BRAN HOLDINGS LTD. JUDY SCORRO	#300 LANS DOWNE STREET KATLOOBS, BC V2C 1Y1	2	\$ 1000.00
2014/10/18	OVERLAND PRESS LTD GEORGE CAMPBELL	441 TRANQUILLE ROAD, KATLOOBS, BC	2	\$ 100.00
2014/10/18	FRAN BOECHER + ROSS SPINA	[REDACTED]	1	\$ 100.00
2014/10/20	GILLESPE + COMPANY LLP STEVE DUBOINT	SUITE 200/121 ST. PAUL STREET KATLOOBS, B.C V2C 3K8	2	\$ 500.00
2014/10/22	REGON MANAGEMENT SERVICES BOB SIMPSON INC	975-13TH AVENUE KATLOOBS, B.C V2C 3Z1	2	\$ 250.00
2014/10/22	DAWNAL QUICKSERVE LTD DBA McDONALDS REGST. DAWN GOZDA	1465 W. TRANS CANADA HWY KATLOOBS, BC V2E 1A1	2	\$ 250.00
2014/10/23	EXCEL INDUSTRIES LTD ENZO LIZZI	670 KINGSTON AVENUE KATLOOBS, BC V2B 2C8	2	\$ 250.00
2014/10/24	FRANCO'S AUTO LTD FRANK ANNICCHIARICO	1427 LORNE STREET, KATLOOBS, BC V2C 1X3	2	\$ 350.00
2014/11/10	RUDOLPH + TRISH FLORELLI	[REDACTED]	1	\$ 100.00
2014/11/11	MARGARET SPINA	[REDACTED]	1	\$ 1354.64
2014/12/17	ANNA + ROROTHY CARSWELL	[REDACTED]	1	\$ 100.00

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 **\$ 7854.64**

# 4225 - PROHIBITED CAMPAIGN CONTRIBUTIONS

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE	PAGE <input style="width: 20px;" type="text" value="1"/>
	OF <input style="width: 20px;" type="text" value="1"/>
<p><b>INSTRUCTIONS: Complete one sheet for each prohibited campaign contribution received.</b>  <b>Attach additional forms if necessary.</b></p>	

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

NA

## 4226 - TRANSFERS RECEIVED FROM ELECTOR ORGANIZATION

### LOCAL ELECTIONS CANDIDATE

PLEASE PRINT IN BLOCK LETTERS



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

PAGE  1

OF  1

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

N/A

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





# 4228 - FUNDRAISING FUNCTION TICKET SALES

## LOCAL ELECTIONS CANDIDATE

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SUBMIT A SEPARATE FORM FOR EACH FUNCTION HELD



NAME OF CANDIDATE <b>MARG SPINA (MARGARET)</b>	PAGE <input type="text" value="1"/>
	OF <input type="text" value="1"/>

DATE OF EVENT (YYYY/MM/DD) <b>2014/10/23</b>	DESCRIPTION OF FUNDRAISING EVENT <b>COLOMBO LODGE FUNDRAISING DINNER</b>
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**Income reported as campaign contributions**

	Number of Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by organizations	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of more than \$250 worth of tickets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Purchases by individuals of tickets that are more than \$50 each	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total income reported as campaign contributions			<input type="text"/>	<input 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 Tickets Sold	Charge per Ticket	Total Charges Collected	Tick if Charge per Ticket Varies
Purchases by individuals of tickets of \$50 or less	<input type="text" value="80"/>	<input type="text" value="\$50.00"/>	<input type="text" value="\$2,650.00"/>	<input type="checkbox"/>

# 4229 - SUMMARY OF ELECTION EXPENSES

## LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE MARGARET SPINA

	Column A Election Expenses	Column B Election Proceedings Period Expenses				
<b>ADVERTISING</b>						
Brochures, pamphlets and flyers	174.93	174.93				
Internet						
Newspaper, magazine, journal	114.92	114.92				
Radio	4086.60	4032.00				
Signs and billboards	481.06	0				
Television	3751.13	3751.13				
Other advertising	45.00	45.00				
<b>CAMPAIGN ADMINISTRATION</b>						
Salaries and wages						
Rent, insurance and utilities						
Courier and postage						
Furniture and equipment						
Office supplies						
Professional services						
<i>* Service charges</i> Other campaign administration expenses	1.00	1.00				
Conventions and meetings						
Other campaign related functions	15.00	15.00				
Research and polling						
Interest						
<b>EXCLUSIONS THAT MUST BE REPORTED</b>						
Personal election expenses						
Interest on loans for election expenses						
Legal and accounting services						
Financial agent services						
Other expenses (describe)						
<b>Total Expenses</b>	<table border="1" style="display: inline-table; width: 60px; height: 30px;"> <tr> <td style="width: 20px; text-align: center;">A</td> <td style="text-align: center; font-size: 1.2em;">8669.64</td> </tr> </table>	A	8669.64	<table border="1" style="display: inline-table; width: 60px; height: 30px;"> <tr> <td style="width: 20px; text-align: center;">B</td> <td></td> </tr> </table>	B	
A	8669.64					
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



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NAME OF CANDIDATE	PAGE <input style="width:50px" type="text" value="1"/>
	OF <input style="width:50px" type="text" value="1"/>

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

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

4231 - OTHER PERMISSIBLE PAYMENTS  
FROM CAMPAIGN ACCOUNT  
LOCAL ELECTIONS CANDIDATE



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NAME OF CANDIDATE MARGARET SPINA PAGE 1  
OF 1

DATE (YYYY/MM/DD)	TYPE*	DESCRIPTION	AMOUNT
2014/10/24	F	HALL RENTAL + DINNER FOR FUNDRAISER	2520.00
		TOTAL	A 2520.00

\* 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

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SUBMIT A SEPARATE FORM FOR EACH SHARED ELECTION EXPENSE

NAME OF CANDIDATE	PAGE <input type="text" value="1"/>
	OF <input type="text" value="1"/>

DESCRIPTION OF SHARED EXPENSE
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Total value of shared election expense	<input style="width: 150px; height: 25px;" type="text"/>
Candidate's portion of shared election expense*	<input style="width: 150px; height: 25px;" type="text"/>
Amount paid directly to supplier (if applicable)	<input style="width: 150px; height: 25px;" type="text"/>
Amount of reimbursements given to other candidate(s)	<input style="width: 150px; height: 25px;" type="text"/>
Amount of reimbursements received from other candidates	<input style="width: 150px; height: 25px;" type="text"/>

**\*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
N/A		

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



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NAME OF CANDIDATE	PAGE <input style="width: 20px;" type="text" value="1"/>
	OF <input style="width: 20px;" type="text" value="1"/>

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

PURPOSE	AMOUNT

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

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

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

DATE OF TRANSFER (YYYY/MM/DD)	PURPOSE (INCLUDE NAME OF OTHER JURISDICTION)	AMOUNT
<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



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NAME OF CANDIDATE
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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).

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If the amount in Box D is less than \$500 provide details of how it was disbursed.

DATE (YYYY/MM/DD)	DESCRIPTION	AMOUNT
	N/A	

### 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.)
	NA	



# 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)